PREA Facility Audit Report: Final

Name of Facility: Johnson State Prison
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 02/06/2026

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. O'Connor	**Date of Signature:** 02/06/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	01/28/2026
End Date of On-Site Audit:	01/30/2026

FACILITY INFORMATION	
Facility name:	Johnson State Prison
Facility physical address:	290 Donovan-Harrison Road, Wrightsville, Georgia - 31096
Facility mailing address:	

Primary Contact

Name:	Kochelle, Watson
Email Address:	Kochelle.Watson@gdc.ga.gov
Telephone Number:	4788644115

Warden/Jail Administrator/Sheriff/Director	
Name:	Kochelle, Watson
Email Address:	Kochelle.Watson@gdc.ga.gov
Telephone Number:	478-864-4101

Facility PREA Compliance Manager	
Name:	Chabara Davis-Bragg
Email Address:	chabara.davisbragg@gdc.ga.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Hall, Mitzi
Email Address:	mhall2@teamcenturion.com
Telephone Number:	478-864-4192

Facility Characteristics	
Designed facility capacity:	1578
Current population of facility:	1552
Average daily population for the past 12 months:	1556
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-99
Facility security levels/inmate custody levels:	Minimum to Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	150
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	53
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	44

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

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

Agency-Wide PREA Coordinator Information			
Name:	Bennett Kight	**Email Address:**	bennett.kight@gdc.ga.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
2	• 115.17 - Hiring and promotion decisions • 115.86 - Sexual abuse incident reviews
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-01-28
2. End date of the onsite portion of the audit:	2026-01-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:	As part of the PREA audit verification process, various community-based advocacy and support organizations were consulted to evaluate the facility's adherence to victim support services and access to external reporting for incarcerated individuals. **The Sexual Abuse Response Team (S.A.R.T.)** confirmed that the Georgia Department of Corrections has a Memorandum of Understanding (MOU) with SART for forensic examinations. SART operates under an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to all residents, inmates, and detainees. When a forensic examination is required, SANE personnel are contacted through the SANE Contact and Call List and arrive at the facility to perform the examination in the medical unit. The procedure includes obtaining informed consent, conducting a trauma-informed examination, offering STI/HIV prophylaxis, and adhering to chain-of-custody protocols for evidence collection and documentation. Incarcerated individuals are not financially liable for the examination. Records indicate that 16 forensic examinations were conducted at the facility over the past year. **Just Detention International (JDI),** a national organization committed to ending sexual abuse in detention environments, was consulted to determine if any incarcerated individuals or facility staff had reached out within the last year. A representative from JDI confirmed that their records showed no contact or communication from either incarcerated individuals or staff at this facility. This suggests that, during the reporting period, there were no known attempts by inmates to seek external support through JDI. **Women In Need of Gods Shelter (WINGS)** was contacted to verify any recent involvement or outreach concerning the facility. They indicated that their mission has shifted, and they now operate as a state-certified family domestic violence program. They no longer function as a sexual assault

center.

Stepping Stone Child Advocate and Sexual Assault Center was also contacted to confirm any recent involvement or outreach related to the facility. They reported that they do not have an MOU with the facility. They provide services or referrals for anyone living in Johnson County who has experienced sexual victimization. Their advocates offer compassionate, confidential, and respectful support for victims of sexual assault, along with referral services for victims and their loved ones. They operate a public, confidential hotline at 478-595-8339, staffed by advocates available 24/7. This hotline can be used to report a sexual assault, regardless of when or where it occurred. They further confirmed that their counselors are willing to assist any victim, regardless of the time elapsed since the incident. Support includes responding to hotline calls, accompanying survivors to forensic examinations, explaining legal processes, and helping with basic needs.

Historically, Stepping Stone has not provided services to incarcerated populations, focusing instead on individuals who can report to them in person. However, they are open to establishing an MOU with the facility should their policy change in the future.

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

Overall, the responses from these organizations illustrate the facility's proactive efforts to build and sustain relationships with qualified external agencies that can provide essential advocacy and emotional support services to survivors of sexual abuse. Although the utilization of these services

	appears limited based on reported contacts, the necessary infrastructure for confidential access is established, demonstrating the facility's compliance with PREA standards and its broader commitment to ensuring that incarcerated individuals have access to meaningful, victim-centered support when required.
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	1578
15. Average daily population for the past 12 months:	1556
16. Number of inmate/resident/detainee housing units:	32
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	1540
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1008

26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	575
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	77
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	55
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	47
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	30
31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	13
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	13

33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	80
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	During the audit review period, no concerns or deficiencies were identified regarding the facility's ability to identify, track, or document the population characteristics of individuals housed at the institution. Based on a thorough examination of facility records and corroborated through staff interviews, the facility did receive or detain individuals over the past 12 months who would be classified under specialized or vulnerable categories as outlined in the Prison Rape Elimination Act (PREA). This includes inmates who identify as transgender or intersex, inmates who identify has gay or bisexual, inmates with significant cognitive or physical impairments, inmates with hearing or visual impairment, and inmates with limited English proficiency (LEP), inmates who reported abuse, and inmates who disclosed prior abuse. According to the records reviewed the facility did not receive or detain any individuals held solely for civil immigration detention; inmates classified as youthful offenders; nor did they house any inmates in segregation due to risk of sexual victimization. Facility documentation showed a consistent and accurate accounting of the inmate population throughout the past year, with no irregularities, data gaps, or unexplained discrepancies noted. The institution demonstrated a comprehensive understanding of its population demographics and maintained the capability to track relevant characteristics that may influence screening, housing decisions, or the delivery of support services in accordance with PREA requirements.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	150

37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	55

39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Volunteers and Contractors During the audit period, the facility reported a dedicated network of 66 approved volunteers and contractors authorized to interact directly with incarcerated individuals. This group was composed of 11 volunteers, 38 medical contractors, and 17 non-medical contractors, each playing a distinct yet complementary role within daily operations. Before receiving clearance to enter the facility, every approved individual completed PREA-specific training tailored to the sensitivities and responsibilities of their role. This specialized instruction built upon the Georgia Department of Corrections (GDC) standardized PREA curriculum, reinforcing a comprehensive understanding of the Department's zero-tolerance stance toward sexual abuse and sexual harassment. The training emphasized several critical themes: maintaining professional boundaries, identifying and preventing prohibited conduct, understanding mandatory reporting requirements, and upholding the ethical standards demanded in correctional settings. Together, these elements cultivated a culture of vigilance, accountability, and professionalism among all who serve within the facility's walls. As the on-site audit commenced, the facility was observed to have a small but active cadre of volunteers and contractors contributing daily to operations and program delivery. Documentation reviewed in advance—coupled with insights gathered from interviews with leadership, program coordinators, and supervisory personnel—confirmed that those granted direct contact with the inmate population operate under the same PREA-related standards and expectations as full-time staff. These expectations include: • Completion and verification of criminal background checks. • Formal approval and security clearance before entering restricted areas.

- Active participation in comprehensive, role-specific PREA training and orientation.
- Continuous on-site monitoring and supervision while inside the facility.

The volunteer and contractor population represented a diverse range of expertise supporting both core operations and rehabilitative initiatives. Contractors primarily fulfilled essential functions such as facility maintenance, technical repair, medical services, and professional consultations—each ensuring the uninterrupted delivery of critical services. Volunteers, by comparison, devoted their time to faith-based, educational, mentorship, and community-driven programs that nurture inmate growth, well-being, and preparation for reentry. Though modest in number, both groups contributed meaningfully to the facility's broader rehabilitative mission, embodying the shared commitment to safety, integrity, and positive change.

The facility maintained an accurate, up-to-date roster of all approved volunteers and contractors. This roster included thorough documentation of PREA training completion, criminal screening results, clearance and approval dates, and verified orientation participation. Interviews with staff confirmed adherence to escort and supervision procedures for all external participants entering secure areas. Moreover, any observed or alleged PREA-related conduct involving these individuals is promptly addressed in accordance with established reporting, response, and investigative protocols.

Following the review of all relevant training records, personnel documentation, and staff interviews, the Auditor identified no deficiencies in the facility's systems for managing volunteers and contractors. The evidence demonstrated that both policy and practice are carried out consistently, effectively, and in full compliance with PREA

	standards and GDC expectations.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	On the opening day of the on-site audit, the facility reported an institutional population of 1,540 incarcerated individuals. In accordance with the PREA Auditor Handbook, facilities of this size are required to include a minimum of forty inmate interviews as part of the official audit process. These are divided evenly between twenty random interviews and twenty targeted interviews with inmates whose characteristics align with specific PREA-related criteria—including gender identity, disability status, sexual orientation, or previous victimization experience. Consistent with those standards, the Auditor completed interviews with twenty randomly selected inmates during the on-site review period. To preserve objectivity and fairness, the Auditor implemented a systematic random selection process anchored in the facility's current alphabetical housing unit rosters. Inmates were drawn from multiple housing units spanning both general population and specialized living areas. This method ensured that the resulting sample proportionally reflected the full institutional population, avoiding overrepresentation from any single housing unit or custody level. By crafting a representative and balanced participant group, the Auditor strengthened the reliability and inclusivity of the information collected. The selection process also accounted for age, race, ethnicity, length of incarceration, and housing location, establishing a sample that mirrored the facility's demographic and cultural diversity. This inclusive design enhanced the credibility and depth of qualitative data, allowing the audit to capture a panoramic view of inmate experiences and perceptions. Each interview offered insight into participants' understanding of PREA policies, familiarity with reporting options, perceptions of staff professionalism, access to support services, and overall sense of safety within the facility environment. During these conversations, inmates expressed varying degrees of awareness

	regarding the institution’s zero-tolerance policy toward sexual abuse and sexual harassment, as well as their confidence in using the available reporting channels and confidential support mechanisms. The range of responses provided meaningful perspective on the facility’s delivery of PREA education, the consistency of staff messaging, and its overall alignment with PREA Standard §115.51 (Inmate Reporting) and related requirements. Through this deliberate and methodical approach, the Auditor ensured that findings represented the breadth of inmate experience across all housing contexts, demographics, and program assignments. The process embodied the guiding principles of impartiality, representativeness, and thoroughness, producing a comprehensive and credible assessment of the facility’s implementation of PREA standards.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	At the start of the on-site audit, the facility reported an institutional population of 1,540 inmates. In accordance with the PREA Auditor Handbook, facilities of this size must include at least forty inmate interviews as part of the official audit process—twenty randomly selected and twenty targeted based on specific PREA-related factors. During the course of this audit, the Auditor conducted twenty random inmate interviews, forming the foundation for assessing general population awareness and facility-wide implementation of PREA standards. To preserve fairness, transparency, and consistent adherence to federal guidelines, the Auditor employed a methodical random selection process guided by the facility's alphabetical housing unit rosters. This approach ensured that inmates were drawn from a range of housing units across the institution, capturing voices from both general population and specialized areas. Each selection reflected a deliberate effort to balance representation and avoid clustering participants from any single dormitory, custody level, or program group. The Auditor further considered age, race, and ethnicity in shaping the random pool, ensuring that the sample mirrored the institution's diversity. This inclusive approach allowed for the collection of perspectives that spanned multiple demographic backgrounds and living environments, lending credibility and depth to the findings. As a result, the interviews provided a comprehensive snapshot of inmate experiences, strengthening the reliability and integrity of the audit's conclusions.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20

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

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2

52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through a review of the inmate roster, conversations with staff who supervise inmates on the segregation unit, as well as interviews with individuals who had reported sexual abuse allegations.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	On the first day of the on-site portion of the PREA audit, the facility reported an institutional population of 1,540 incarcerated individuals. In accordance with the PREA Auditor Handbook, a facility of this size must include at least forty inmate interviews within the audit scope—comprised of twenty randomly selected inmates and twenty inmates representing targeted populations, when such populations exist within the institution. Following a thorough review of facility documentation, population data, and staff interview confirmations, the Auditor determined that, at the time of the audit, there were no incarcerated individuals meeting specific criteria for defined targeted categories under PREA. Typically, these categories include transgender or intersex individuals, gay or bisexual inmates, youthful inmates, persons with physical or cognitive disabilities, individuals with sensory impairments, those with limited English proficiency, and inmates who previously disclosed or reported sexual victimization. During this assessment, all such categories were represented with the exception of individuals housed in segregation for risk of sexual victimization and youthful offenders. In order to fulfill the audit’s required complement of targeted interviews, the Auditor proceeded with conversations involving twenty inmates drawn from designated targeted populations, ensuring compliance with the established methodological framework. To maintain objectivity and procedural integrity, the Auditor utilized the facility’s current alphabetical housing unit rosters to guide the selection process. Inmates were chosen from several housing units across diverse custody levels, ensuring that no single unit or population subset was disproportionately represented. This deliberate approach enabled the collection of balanced and representative feedback reflective of the broader inmate community.

	Emphasis was placed on diversity and inclusivity, with the Auditor intentionally including inmates spanning multiple age groups, racial backgrounds, and ethnic identities. This structured sample design fostered a more comprehensive understanding of perceptions surrounding PREA education, reporting mechanisms, institutional safety, and staff responsiveness. Through these conversations, the Auditor gained valuable insight into how inmates experienced and understood the facility's PREA policies and practices, including their confidence in the institution's efforts to prevent, detect, and respond to sexual abuse and harassment. The perspectives gathered through these targeted interviews proved instrumental in shaping the Auditor's evaluation of the facility's overall implementation and compliance with the PREA standards, underscoring the facility's accountability and commitment to maintaining a safe and respectful correctional environment.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	15
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	(●) Yes ( ) No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	In conducting interviews with randomly selected staff, the Auditor employed a deliberate and balanced approach to ensure that participants reflected the full range of shifts, departments, and professional roles operating within the facility. This intentional strategy captured a diverse cross-section of perspectives, representing staff from custody, medical, programming, and support divisions. By including employees with varying lengths of service and differing degrees of daily interaction with inmates, the Auditor secured a well-rounded view of how PREA-related expectations are understood and applied in practice. Throughout the interview process, staff consistently demonstrated a strong grasp of PREA principles and procedures. They articulated a clear understanding of their responsibilities in preventing, identifying, and responding to sexual abuse and harassment, and were able to describe established reporting channels with confidence and accuracy. Notably, there were no significant barriers encountered in scheduling or conducting the interviews. Staff members were cooperative, candid, and professional, engaging thoughtfully in discussions that often reflected both personal commitment and institutional pride. Their openness and depth of knowledge provided meaningful insight into the facility's operational culture and compliance posture. The conversations revealed a shared recognition of the importance of safety, respect, and accountability—values embedded in daily routines and reinforced through training and supervision. Overall, the random staff interviews contributed substantial and authentic evidence of PREA implementation across all operational levels. By capturing the lived experiences and professional perspectives of employees throughout the facility, these interviews reinforced the Auditor's confidence in the effectiveness of PREA training, the consistency of policy enforcement, and the

	facility’s enduring commitment to a safe, respectful, and zero-tolerance environment.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	25
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff Food Service Staff Mailroom Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	During the on-site PREA audit, the Auditor dedicated attention to specialized staff members whose professional responsibilities form the foundation of the facility's system for preventing, detecting, and responding to sexual abuse and sexual harassment. This group included the PREA Coordinator (PC), PREA Compliance Manager (PCM), facility administrators, classification officers, investigators, medical and mental health clinicians, case managers, and staff engaged in training, supervision, and compliance oversight. The selection of these individuals was purposeful, ensuring comprehensive representation from disciplines essential to the sustained and effective implementation of PREA standards. Interviews with specialized staff were designed to explore the inner workings of the facility's PREA infrastructure—how policy becomes practice, how communication flows between departments, and how data, documentation, and follow-up actions reinforce accountability. Discussion focused on the implementation of response protocols, the management and coordination of investigations, and the provision of services following an allegation. Staff were asked to describe how PREA procedures are applied within their respective duties, how relevant information is shared across operational areas, and how continuity of care and oversight is preserved from the moment a report is made through resolution. Throughout the process, specialized staff consistently demonstrated deep subject-matter expertise, professionalism, and a clear commitment to compliance and victim-centered care. Interviewees described an investigative framework aligning closely with PREA mandates, including timely initiation, collaboration between administrative and criminal investigators, evidence preservation, documentation standards, and coordinated follow-up actions. Medical and mental health professionals emphasized their roles in conducting prompt assessments, delivering

	both immediate and long-term care, arranging referrals, and fostering emotional and psychological recovery for those impacted. Classification and case management personnel detailed how screening tools and risk assessments guide housing, program placement, and supervision decisions, as well as how reassessments are performed when risk factors or personal circumstances change. Training and supervisory staff discussed the facility's ongoing PREA education efforts, refresher instruction, and continuous compliance monitoring activities designed to reinforce awareness and accountability at every level. Collectively, these conversations revealed a well-integrated and interdisciplinary approach, supported by regular team meetings, case reviews, and quality assurance practices. The interviews reflected a collaborative, transparent, and forward-looking organizational culture. Specialized staff spoke openly about their responsibilities, the interdependence among departments, and the shared commitment to maintaining a safe and respectful environment. No systemic deficiencies or unresolved challenges were identified. The consistency of responses and the depth of understanding displayed across all specialized roles strengthened the Auditor's confidence in the facility's ability to sustain effective and responsive PREA operations. In summary, the specialized staff interviews served as a cornerstone of the audit process, offering detailed insight into the facility's comprehensive and coordinated approach to sexual safety and accountability. Through these exchanges, the Auditor confirmed a robust framework of oversight, professional collaboration, and continuous improvement, underscoring the facility's enduring dedication to protecting the well-being of both residents and staff in full alignment with PREA's standards and guiding principles.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the immersive on-site phase of the PREA audit, the Auditor was granted full and unrestricted access to all areas of the facility, enabling a thorough evaluation of the physical environment, daily operations, and overall institutional climate. From arrival through completion of the tour, facility staff exhibited exceptional professionalism, transparency, and cooperation. At every stage, they offered detailed explanations, answered questions openly, and promptly facilitated access to requested locations. This collaborative engagement not only enhanced the Auditor's understanding of facility operations but also supported an objective and comprehensive assessment of PREA implementation. The tour encompassed every functional and operational area of the facility, providing a panoramic understanding of institutional structure and activity. Areas visited included general population housing, segregation and restrictive housing, protective custody, and intake and classification units, as well as medical and mental health treatment spaces. The Auditor also toured educational and vocational classrooms, dining and kitchen operations, laundry services, recreation yards, visitation areas, central control posts, and administrative offices. As the tour progressed, staff explained the purpose, staffing patterns, and current occupancy of each area while highlighting supervision models and monitoring measures used to maintain safety across shifts. These observations allowed the Auditor to assess how the physical design and staffing configuration work in tandem to uphold PREA standards. Particular emphasis was placed on evaluating how the facility's infrastructure and procedures align with PREA's safety and accessibility requirements. PREA-related posters and signage were prominently displayed throughout housing units and common spaces, underscoring the agency's zero-tolerance stance toward sexual abuse and sexual harassment. Posted materials clearly outlined residents' rights, multiple

	pathways for reporting, and contacts for both internal and external support resources. Signage was presented in English and other relevant languages, ensuring that information was visible and understandable to the facility’s diverse population. The Auditor observed the facility’s reporting systems to be well-established, operational, and easily accessible. Dedicated telephones designated for reporting sexual abuse were properly labeled, functional, and positioned to allow for private and barrier-free communication. Informational postings detailed multiple reporting options—including internal, external, third-party, and anonymous methods—providing clarity and choice for residents. Tamper-resistant grievance boxes were located strategically throughout housing and recreational areas, enabling confidential written submissions. Additionally, hotline contact information was clearly displayed, allowing immediate access to external support services at any hour. Environmental observations confirmed that the facility’s physical conditions reflect both functionality and respect for dignity. Housing units and communal areas were clean, orderly, and efficiently maintained. Lighting levels throughout living quarters, corridors, and program spaces provided both visibility and safety. Bathroom and shower areas incorporated privacy partitions and sightline barriers designed to prevent cross-gender viewing while supporting effective supervision. Cameras, mirrors, and monitoring points were positioned strategically, illustrating a balanced approach to surveillance and resident privacy in accordance with PREA Standard §115.15. A particularly noteworthy feature of the tour was the canine companionship initiative, where inmates partner with shelter dogs to complete structured obedience training programs. Handlers invest considerable time in practicing commands such as sit, stay, recall, and down, fostering patience, empathy, and confidence. Upon program

	completion, the trained dogs are adopted into permanent homes, extending the positive impact beyond the facility's walls and offering participants a tangible experience in responsibility, compassion, and personal reform. Throughout the tour, the Auditor engaged in informal, spontaneous conversations with both staff and residents. Staff consistently demonstrated knowledge of PREA policies, confidently explaining their individual roles in prevention, detection, reporting, and response. Residents displayed a clear understanding of their rights under PREA, were able to identify multiple reporting methods, and expressed trust in the facility's response system. These exchanges provided strong confirmation that PREA principles are consistently communicated, well understood, and integrated into everyday practice. In summary, the facility presented as secure, orderly, and professionally managed. Environmental conditions—lighting, cleanliness, surveillance systems, and privacy safeguards—reflected a sustained institutional commitment to safety, respect, and accountability. The Auditor's unrestricted access, the staff's cooperative demeanor, and the residents' evident confidence affirmed that PREA values are embedded in the daily culture of the institution. Overall, on-site observations confirmed that the facility operates within a safe, transparent, and compliance-focused environment, where sexual safety and abuse prevention are living principles rather than procedural obligations.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	**Personnel and Training Records** As part of the on-site audit process, the Auditor conducted a comprehensive and methodical review of personnel and training documentation to evaluate compliance with PREA requirements governing hiring, screening, and staff education. A total of forty-six (46) employee personnel files were examined, each containing the documentation necessary to demonstrate adherence to PREA-compliant hiring standards. These materials included criminal background checks, verification of employment eligibility, and, when applicable, administrative adjudication records. The presence and consistency of this documentation confirmed that the facility applies uniform and stringent screening procedures for all staff prior to appointment. The review further verified that the facility maintains ongoing monitoring of staff suitability throughout employment. Annual criminal background checks are conducted consistently and, for certain positions, are synchronized with annual firearms qualification requirements, reinforcing continual vetting. This layered approach exemplifies the facility's diligence in ensuring that all employees remain fit for duty in roles involving direct contact with those in custody, aligning precisely with PREA mandates and agency policy. Complementing the personnel file review, the Auditor examined tsixty-four (64) training records, each containing a signed acknowledgment confirming completion of required PREA training. Documentation verified that training is provided during new-hire orientation and reinforced through annual refresher sessions, ensuring knowledge continuity and practical retention. The instructional materials addressed key elements of the agency's zero-tolerance policy, mandatory reporting obligations, expectations regarding professional boundaries, and standards governing cross-gender searches and supervision conducted

with respect for privacy and dignity. Collectively, these records reflected a culture of competence, accountability, and sustained PREA awareness across the workforce.

Inmate Records

To assess compliance with PREA educational standards, the Auditor reviewed a random sample of fifty (50) inmate files representing admissions from the previous twelve months. Each record contained signed acknowledgments verifying receipt of PREA orientation materials and the facility's informational handbook, as well as confirmation that the individual had viewed the facility's PREA education video during intake. Staff interviews supported these findings, affirming that all individuals entering the facility receive comprehensive education on PREA rights, the zero-tolerance policy, multiple avenues for reporting abuse, and available protective resources. The completeness and uniformity of these files underscored the institution's commitment to ensuring that PREA awareness begins immediately upon admission and remains a central component of the intake experience.

Risk Assessments and Reassessments

The Auditor evaluated compliance with PREA screening and reassessment requirements through a detailed review of fifty (50) inmate records. Each file demonstrated completion of an initial risk assessment within seventy-two (72) hours of arrival, consistent with federal expectations. The review further confirmed that reassessments were conducted within the thirty (30) day timeframe mandated by PREA Standard §115.41, verifying both timeliness and accuracy. The consistency of these assessments illustrates the facility's proactive approach to identifying vulnerability and risk factors, enabling staff to make informed housing, supervision, and program placement decisions. This process reflects a broader organizational commitment to individual safety, balanced supervision, and ongoing risk management.

Grievances

Information obtained from the Pre-Audit Questionnaire (PAQ) and verified through interviews with the PREA Compliance Manager (PCM) confirmed that the agency does not employ an administrative grievance procedure for managing allegations of sexual abuse. Instead, all reports are handled through the facility's formal PREA reporting, response, and investigative protocols, ensuring that every allegation is addressed with appropriate urgency, accuracy, and oversight. This direct response framework eliminates procedural delays and ensures that all reports move immediately into the investigative process, in full compliance with PREA requirements.

Incident Reports

Documentation and staff interviews revealed that during the preceding twelve-month period, the facility recorded a total of fifty-one (51) PREA-related allegations—consisting of forty-six (46) allegations of sexual abuse and five (5) of sexual harassment. The Auditor reviewed fifteen (15) incident files associated with these cases. Each record demonstrated appropriate reporting, notification, and response actions, consistent with both PREA standards and agency procedures. The documentation reflected timely communication between departments, adherence to required reporting chains, and a clear procedural rhythm from initial report to resolution, underscoring the facility's commitment to transparency, response integrity, and survivor support.

Investigation Records

The Auditor conducted a comprehensive review of fifteen (15) investigative files relating to the previously identified allegations of sexual abuse and harassment. Each file included all required documentation—incident reports, investigative narratives, timelines, evidence logs, and closure forms—assembled with precision and completeness. The review confirmed that investigations were promptly initiated, conducted in alignment with

	established PREA protocols, and completed within required timeframes. Case files demonstrated cohesive organization and procedural clarity, reflecting a disciplined approach to investigative management. Collectively, these investigative records provided compelling evidence of the facility's commitment to accountability, procedural thoroughness, and continual oversight. Through systematic documentation and adherence to standardized processes, the facility demonstrated its ability to manage PREA-related incidents with professional integrity and institutional transparency, reinforcing the credibility of its broader compliance efforts.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	44	0	17	27
Staff-on-inmate sexual abuse	2	0	0	2
Total	46	0	17	29

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	1	0	0	1
Total	5	0	4	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	31	8	5
Staff-on-inmate sexual abuse	0	2	0	0
Total	0	33	8	5

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	4	0	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	4	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	14

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	14
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	**SEXUAL ABUSE ALLEGATIONS** During the audit period, the facility documented forty-six (46) sexual abuse allegations, consisting of two (2) staff-on-inmate incidents and forty-four (44) inmate-on-inmate incidents. To evaluate the facility's investigative thoroughness and compliance with PREA standards, the Auditor conducted a detailed review of fourteen (14) case files, selected for their relevance and representation of typical investigative processes. **Staff-on-Inmate Allegations** All cases involving staff-on-inmate allegations were determined to be unfounded following investigation. As a result, no staff-on-inmate case files required review by the Auditor. Documentation confirmed that these allegations were addressed in accordance with PREA-mandated procedures, ensuring immediate notification, impartial inquiry, and proper closure following verification of findings. **Inmate-on-Inmate Allegations** The Auditor reviewed fourteen (14) inmate-on-inmate case files, confirming the facility's consistent application of investigative protocols. Of these, one (1) allegation was substantiated, one (1) was unsubstantiated, and twelve (12) were classified as unfounded. Each case record reflected that both the alleged victims and subjects received written notification of outcomes within thirty (30) days, supported by accurate and timely completion of Sexual Abuse Incident Reviews (SAIRs). Across all investigated cases, the facility ensured prompt access to medical and mental health services for those involved—typically within twenty-four hours of an allegation being reported. Documentation confirmed that forensic examinations were consistently conducted by SANE-certified professionals and that victim advocacy services were offered in each instance. These measures reflect a commitment to trauma-informed care and compliance with PREA's standards of

	immediate response and victim-centered practice. **SEXUAL HARASSMENT ALLEGATIONS** Within the same audit period, the facility reported five (5) sexual harassment allegations, of which four (4) involved inmate-on-inmate conduct. Each of these was determined to be unfounded after investigation and, therefore, did not require additional file review. One allegation involved staff-on-inmate conduct, which was reviewed in full by the Auditor. Following investigation, the allegation was substantiated and subsequently referred for criminal investigation and prosecutorial review. While prosecution was ultimately declined, the facility implemented administrative corrective action, which included the staff member's reassignment to a different post and the issuance of a formal disciplinary letter. These steps demonstrated the agency's commitment to accountability and transparency in addressing staff misconduct. **CONCLUSION** Taken together, the facility's handling of sexual abuse and sexual harassment allegations during the audit period demonstrates consistent adherence to PREA standards and the principles of timely reporting, rapid access to care, and procedural integrity. The documentation reviewed reflected a facility-wide commitment to thorough investigation, clear communication of findings, and comprehensive follow-up through SAIR reviews designed to identify improvements and prevent recurrence. Overall, the evidence supports a strong operational culture of compliance, accountability, and victim-centered care, affirming that PREA safeguards are actively integrated into both investigative practice and institutional conduct.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	◉ Yes ○ No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	M.P. Wheeler and Associates

Standards
Auditor Overall Determination Definitions
• 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
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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW A comprehensive review of all submitted materials provided a clear foundation for evaluating the agency's structure and its commitment to PREA compliance. The Auditor carefully examined the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. Additionally, the Auditor reviewed the 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. The current GDC Agency Organizational Chart was also reviewed to verify the placement, authority, and reporting structure of both the PREA Coordinator and PREA Compliance Manager. **INTERVIEWS** **PREA Coordinator (PC)** The interview with the agency's PREA Coordinator provided valuable insight into how

PREA responsibilities are executed across the statewide correctional system. The PC explained that the position is placed at the executive level within the Office of Professional Standards (OPS), Compliance Unit. From this vantage point, the PC has broad oversight authority and direct access to agency leadership, reporting directly to the Commissioner. The PC confirmed having both the necessary time and unrestricted authority to develop, implement, and monitor PREA compliance efforts for every facility operated by the GDC.

The PC also emphasized that each facility's PREA Compliance Manager (PCM) is empowered to manage PREA-related functions at the institutional level and confirmed that the PCM's role is focused solely on PREA responsibilities, free from unrelated duties that could limit their effectiveness.

PREA Compliance Manager (PCM)

During the interview with the facility's PREA Compliance Manager, the PCM affirmed that adequate time and authority are dedicated to overseeing the institution's PREA compliance efforts. The PCM reports to the Warden/Superintendent for institutional operations while also reporting directly to the PREA Coordinator for all PREA-related matters. The PCM reaffirmed that the agency structure fully supports PREA responsibilities, ensuring that compliance activities—such as training, coordination of investigations, documentation, and policy implementation—can be carried out efficiently and without obstruction.

PROVISIONS

Provision (a) – Zero Tolerance Framework and Policy Structure

The facility's responses on the PAQ illustrate a strong and clearly articulated zero-tolerance approach to sexual abuse and sexual harassment. According to the PAQ, the agency maintains a comprehensive written policy that mandates zero tolerance and applies equally to facilities operated directly by the GDC and those operated under contract. This policy sets the foundation for prevention, detection, reporting, investigation, and response.

The PAQ further confirms that the policy:

1. Establishes a formal zero-tolerance mandate for all forms of sexual abuse and sexual harassment.
2. Details how the agency will implement its classification, prevention, detection, and response strategies.
3. Provides clear and detailed definitions of prohibited behaviors related to sexual abuse and sexual harassment.
4. Includes disciplinary sanctions for anyone found to have engaged in prohibited conduct.
5. Outlines agency-wide strategies for reducing and preventing sexual abuse and sexual harassment.

The Auditor's review of GDC SOP 208.06 verified each of these points. Page 1, Section

I(A), establishes the agency's zero-tolerance commitment. Pages 1–39 describe the full program framework governing prevention, detection, reporting, response, and monitoring practices. Pages 4 (L) through 6 (N) contain the agency's definitions of sexual abuse, sexual harassment, and other prohibited behaviors. Pages 33–34 outline disciplinary sanctions for individuals found responsible for such conduct.

SOP 208.06 also sets forth the operational framework that institutions must follow, including the requirement that each Warden/Superintendent maintain a current PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7). The Directive must reflect the institution's unique characteristics and must:

1. Identify responsibilities from first report through the conclusion of an investigation.
2. Ensure response and evidence-retention protocols for individuals reporting victimization.
3. Outline procedures for monitoring individuals alleged to have perpetrated abuse.
4. Establish requirements for safe housing, medical and mental health services, forensic care, victim services, and investigative follow-through.

Provision (b) – Agency-Wide PREA Coordinator Oversight and Authority

The PAQ reports that the GDC employs a dedicated, upper-level PREA Coordinator with the authority and organizational placement required to lead PREA implementation across all facilities. The PREA Coordinator's position was confirmed through the agency organizational chart, which places the PC at the executive level within the Office of Professional Standards (OPS), Compliance Unit.

During interviews, the PC described a structure that ensures adequate time, resources, and authority to maintain statewide PREA compliance. The PC affirmed that the role is full-time and exclusively dedicated to PREA oversight. The organizational structure also ensures direct reporting to the Commissioner of Corrections, strengthening accountability and supporting direct communication on all PREA matters.

Each facility within the agency is required to have a designated PREA Compliance Manager who reports to the Warden/Superintendent for facility operations but is accountable to the PREA Coordinator for all PREA-related duties. This structure ensures consistent, agency-wide implementation of PREA requirements.

Provision (c) – PREA Compliance Manager Assignment and Capacity

The PAQ confirms that the facility has designated a PREA Compliance Manager and that the PCM has sufficient authority and time to coordinate the facility's PREA compliance efforts. The PCM is positioned at the level of Deputy Warden of Care and Treatment, demonstrating the importance placed on the role within the organizational structure.

Interviews validated that the PCM has the necessary authority to oversee staff

	training, coordinate investigations, manage documentation, and ensure local implementation of the agency's PREA policies and procedures. GDC SOP 208.06, pages 7–8, Section A(1), requires each institution to appoint a PCM and outlines the responsibilities assigned to this position. The Auditor confirmed that the facility adheres to this requirement. **CONCLUSION** After reviewing all documentation, interviewing the PREA Coordinator and the facility's PREA Compliance Manager, and examining the agency's policies and organizational structure, the Auditor concludes that the agency fully complies with Standard §115.11. The GDC demonstrates a clearly defined, well-supported PREA organizational framework with appropriate authority, positioning, and resources at both the agency and facility levels. This structure ensures that zero tolerance for sexual abuse and sexual harassment is not merely a policy statement but an operational reality embedded across all facilities.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.12, the Auditor conducted a thorough and systematic review of all documentation submitted in advance of the onsite audit. This review encompassed the facility's completed Pre-Audit Questionnaire (PAQ) along with all supplemental materials provided by the Georgia Department of Corrections (GDC). As part of this assessment, the Auditor also examined GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. SOP 208.06 establishes a comprehensive and uniform framework governing the prevention, detection, reporting, investigation, and response to sexual abuse and sexual harassment across all Department-operated facilities and any facility or agency contracting with the GDC to house individuals in custody. The policy applies equally to state-operated institutions, private providers, county jails, and other governmental or non-governmental entities operating under a confinement agreement with the Department. Through its review of these materials, the Auditor confirmed that PREA requirements are systematically embedded within GDC's contracting practices and oversight mechanisms, ensuring consistent application of PREA standards at every operational and contractual level. **INTERVIEWS**

In addition to the document review, the Auditor conducted structured interviews with Department personnel responsible for contract development, oversight, and compliance monitoring. These interviews were conducted to assess how PREA-related contractual requirements are implemented in practice and to evaluate the effectiveness of monitoring and accountability mechanisms associated with confinement contracts.

Agency Contract Administrator (ACA)

The Agency Contract Administrator described a highly formalized and centralized contracting process in which PREA compliance is treated as a foundational and non-negotiable requirement. The Administrator explained that no confinement contract—whether involving a county jail, private provider, or other governmental entity—is approved unless the prospective contractor can demonstrate an operationally sound and fully implemented PREA-compliant system prior to contract execution.

All confinement contracts contain standardized PREA provisions developed at the Department level. These provisions cannot be altered, waived, or diluted. Contractors are required to adhere to all applicable PREA standards throughout the life of the agreement, and failure to do so may result in corrective action or termination. The Administrator emphasized that contracts are considered living accountability instruments rather than static documents, with continuous expectations for compliance, transparency, and cooperation with Department oversight.

The ACA provided a facility-level perspective on how PREA compliance is actively monitored once a contract is in effect. The ACA described a hands-on approach to oversight that includes routine review of contract terms, verification of PREA training compliance, and monitoring of incident reporting practices. Particular emphasis is placed on ensuring that any allegation of sexual abuse or sexual harassment is reported immediately and handled in accordance with Department policy and PREA standards.

The ACA also explained that PREA compliance is a critical factor in contract renewals and ongoing contract viability. During the audit period, the facility reported one confinement-related contract that was either initiated or renewed, all of which contained explicit PREA compliance language. At the agency level, a total of twenty-six confinement contracts were reported during the same period, each incorporating mandatory PREA provisions. This ongoing oversight reinforces the Department’s commitment to maintaining PREA compliance across all contracted confinement settings.

PROVISIONS

Provision (a) – Contract Requirements for PREA Compliance

The PAQ provides a comprehensive overview of the Department’s confinement contracting practices and confirms that PREA compliance is explicitly required in all applicable agreements. The PAQ reflects that:

	The agency has entered into or renewed confinement contracts on or after August 20, 2012, or since the last PREA audit. All confinement contracts mandate full compliance with PREA standards. Twenty-five confinement contracts were executed or renewed during the applicable audit period. No confinement contracts were identified as lacking required PREA compliance language. The PAQ further clarifies that confinement contracts are centrally negotiated and administered by the Department, rather than at the facility level. This centralized approach ensures consistency and uniform enforcement of PREA requirements across all contracted entities. Facilities operating under these agreements are therefore subject to the same contractual PREA obligations regardless of location or operator. Information obtained during interviews reinforced the accuracy of the PAQ, confirming that PREA language is embedded in every confinement contract and that compliance is a condition of both contract approval and continuation. **Supporting Policies:** GDC SOP 208.06 provides direct administrative authority for these requirements by mandating that all new and renewed confinement contracts include comprehensive PREA provisions without exception. This policy-driven approach ensures statewide consistency and establishes a clear expectation that PREA compliance is integral to all confinement services provided on behalf of the Department. **Provision (b) – Monitoring Contractor Compliance** The PAQ further documents that all confinement contracts require ongoing monitoring by the agency to ensure sustained compliance with PREA standards. No contracts were identified that lack monitoring or oversight provisions related to PREA. Interviews confirmed that the Department employs a multi-layered oversight system to verify contractor compliance. Monitoring activities include review of contractor policies and procedures, verification of staff PREA training completion, and assessment of incident reporting and response practices. Contractors are required to immediately report any allegation of sexual abuse or sexual harassment to the Department and to provide copies of investigative findings to the GDC PREA Coordinator. This combination of contractual requirements, policy enforcement, and real-time reporting establishes a transparent and enforceable accountability structure. The system ensures that PREA compliance is not merely contractual in theory, but actively monitored and reinforced in practice, consistent with the intent and spirit of the PREA standards. **CONCLUSION** Based on the comprehensive document review and interviews conducted, the Auditor concludes that the Georgia Department of Corrections and the facility under review are fully compliant with PREA Standard §115.12. The Department maintains a robust,

	centralized contracting process that embeds PREA compliance into every confinement agreement. Through standardized contract language, active monitoring, clearly defined reporting expectations, and strong policy support, the GDC demonstrates a sustained commitment to accountability, transparency, and the protection of all individuals in custody. This structured and enforceable framework ensures consistent PREA compliance across both state-operated and contracted facilities.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.13, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Georgia Department of Corrections (GDC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) with supporting documentation, 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, and the facility's approved Staffing Plan dated September 18, 2025. These documents were reviewed to assess how staffing levels, supervision practices, and monitoring strategies are designed and implemented to ensure adequate protection from sexual abuse and sexual harassment. **OBSERVATIONS** During the on-site audit, the Auditor conducted random reviews of unit logbooks and observed consistent documentation by intermediate- and higher-level supervisors reflecting unannounced supervisory rounds. These observations confirmed that supervisory presence is actively maintained and recorded throughout the facility. **INTERVIEWS** **PREA Compliance Manager (PCM)** During both formal interviews and informal discussions, the PREA Compliance Manager described the ongoing evaluation of staffing levels and their impact on inmate movement, assignments, and programming. The PCM explained that staffing patterns are reviewed routinely to ensure adequate supervision in all areas where inmates may be present. The PCM also noted that the facility's video monitoring system is subject to regular

inspection and evaluation. Any identified gaps in coverage, maintenance needs, or opportunities for improvement are addressed promptly to enhance both staff and inmate safety.

Facility Head or Designee

The Facility Head provided detailed insight into how the staffing plan is developed, implemented, and monitored. Topics discussed included inmate population characteristics, facility capacity, physical plant configuration, placement of supervisory staff, and the operational needs of line staff.

The Facility Head explained how staffing levels are evaluated in relation to inmate programming and how modifications to the video monitoring system can enhance safety. Oversight mechanisms, including both internal reviews and external monitoring bodies, were also described.

At the time of the audit, the facility reported 163 filled positions, with 6 non-relieved vacancies and 6 relieved vacancies. Of these positions, 114 were security staff and 49 were non-security staff. The Facility Head confirmed that staffing plan compliance is closely monitored and that any deviations are documented and reviewed.

Intermediate- or Higher-Level Facility Staff

Interviews with intermediate- and higher-level staff confirmed that unannounced supervisory rounds are routinely conducted across all shifts. Staff reported that these rounds are intentionally unscheduled and are consistently documented in unit logbooks.

In informal conversations, supervisors reiterated that they do not provide advance notice of rounds to line staff. The Auditor verified this practice through a random review of multiple unit logbooks during the facility tour.

Random Staff

Random staff interviews reinforced the presence and visibility of supervisory personnel throughout each shift. Staff reported that supervisors regularly tour housing units, engage directly with staff and inmates, and review and sign logbooks.

Staff also confirmed awareness of the policy prohibiting employees from alerting others when supervisory rounds are occurring. During the on-site visit, the Auditor observed supervisors actively moving throughout the facility and performing a variety of supervisory and operational functions.

Random Inmates

Inmate interviews confirmed that supervisory staff, including the PREA Compliance Manager, are regularly visible throughout the institution. Inmates indicated that supervisors routinely walk through housing units and common areas, contributing to accessibility, oversight, and a consistent supervisory presence.

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PROVISIONS

Provision (a): Staffing Plan Development and Implementation

As reported in the PAQ, the facility submitted a written staffing plan that addresses all thirteen elements required under this provision. The staffing plan establishes staffing levels for all posts, including provisions to ensure that relieved posts are appropriately covered during designated times.

The PAQ further indicates that the facility's average daily inmate population over the past twelve months was 738, a figure confirmed by the Facility Head. The staffing plan reviewed by the Auditor was based on a daily inmate population of 762 and was approved on September 18, 2025.

This provision is supported by GDC SOP 208.06, which requires each Warden or Superintendent to develop and maintain a written staffing plan using the agency's Staffing Plan Template (Attachment 11). The policy mandates that facilities make best efforts to comply with the approved staffing plan and utilize video monitoring where applicable to enhance supervision and protection against sexual abuse.

The Auditor reviewed the facility's staffing plan and found it to be comprehensive and compliant with all required elements. The plan includes detailed information regarding building and department usage, camera coverage, housing capacities, operational hours, and conditions governing inmate access to various areas.

Additionally, the Auditor reviewed the most recent annual PREA staffing report, which addressed each required component and included quality assurance reviews conducted to assess compliance with the staffing model.

Provision (b): Staffing Plan Deviations and Documentation

The facility reported on the PAQ that staffing deviations occurred within the past twelve months. When mandatory posts cannot be filled as scheduled, the facility addresses vacancies through overtime assignments or staff reallocation based on the criticality of the post.

The most common reasons for deviations included staff training, tactical squad assignments, hospital posts, leave usage, staffing shortages, and unplanned call-ins.

This practice aligns with GDC SOP 208.06, which requires that any deviation from the staffing plan be documented and justified on the daily Post Roster. Facility management is required to review deviation data regularly and at least annually to identify trends and determine whether adjustments to the staffing plan are necessary. Any revised staffing plans must be submitted to the PREA Coordinator for review and approval.

Provision (c): Annual Review and Resource Assessment

According to the PAQ, the facility conducts an annual staffing plan review in

	collaboration with the PREA Coordinator to assess whether adjustments are needed to the staffing plan, deployment of monitoring technology, or allocation of resources. The Auditor reviewed the most recent Annual Staffing Plan Review, which evaluated staffing patterns, use of video monitoring, and resource needs to ensure continued compliance. In accordance with policy, an internal audit of staffing levels is conducted annually to assess supervision in all areas where inmates may be present. This review process includes consideration of additional staffing needs, physical plant modifications, and enhancements to monitoring technology. Management-level staff, including the PREA Coordinator and facility executive leadership, participate in this review. The Auditor also reviewed shift rosters and verified that all mandatory posts were filled by assigned staff. **Provision (d): Unannounced Supervisory Rounds** The facility reported on the PAQ that intermediate- or higher-level supervisors conduct and document unannounced rounds across all shifts to deter and detect staff sexual abuse and sexual harassment. Staff are prohibited from alerting one another about the timing or occurrence of these rounds. The Facility Head confirmed that unannounced PREA rounds are conducted weekly by supervisory staff and are documented in unit logbooks. The institutional Duty Officer is also required to conduct and document unannounced rounds at least once per week in all areas, noting findings related to sexual safety and documenting observations in designated logbooks. GDC SOP 208.06 governs this practice and requires unannounced rounds to be conducted regularly, without advance notice, unless related to legitimate operational needs. Documentation must reflect the date, time, area visited, and any findings related to the adequacy of sexual safety measures. The Auditor verified compliance through logbook reviews, staff interviews, and direct observation of supervisory activity during the on-site audit. **CONCLUSION** Based on a comprehensive review of documentation, observations, staffing records, and interviews with staff and inmates, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.13. The facility maintains an effective staffing plan, documents and reviews deviations, conducts regular supervisory and unannounced rounds, and utilizes monitoring technology to support supervision and enhance sexual safety throughout the institution.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.14, the Auditor began by conducting a detailed examination of documentation provided by both the facility and the Georgia Department of Corrections (GDC). This review encompassed the completed Pre-Audit Questionnaire (PAQ) and the full range of supplemental materials submitted for verification. A central focus of the review was GDC Standard Operating Procedure (SOP) Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes the agency's expectations and operational mandates for preventing sexual abuse, ensuring safety, and protecting individuals classified as youthful inmates. It specifically outlines measures governing their housing, supervision, and separation from adult populations in facilities authorized to manage youthful offenders. **OBSERVATIONS** During the on-site visit, the Auditor conducted a methodical walkthrough of the facility's housing areas, dayrooms, recreation spaces, intake areas, and observation posts. The environment reflected an adult-only population; at no time were youthful inmates encountered. Living units, programming spaces, and security procedures all supported operations intended exclusively for adults, and there were no designated housing units, furnishings, or staffing patterns indicative of youthful offender placement. **INTERVIEWS** **Facility Head** The Auditor first met with the Facility Head, who reaffirmed that the institution does not house youthful inmates. The Facility Head explained that placement determinations are handled at the agency level, ensuring youthful offenders are assigned only to designated GDC facilities equipped with specialized housing, staffing, and programming to meet PREA standards for those under the youthful inmate classification. **PREA Compliance Manager (PCM)** In a subsequent discussion, the PREA Compliance Manager confirmed the same operational reality: the facility has not been designated to receive youthful inmates and, therefore, has no individuals under the PREA-defined age threshold in custody. The PCM further described the classification and intake process, emphasizing that protocols are in place to ensure any youthful admissions are immediately redirected to appropriate locations. **Youthful Inmates**

	As the facility does not hold youthful inmates, no interviews were conducted with individuals under this standard. **PROVISIONS** **Provision (a): Housing and Separation of Youthful Inmates** According to the Pre-Audit Questionnaire and supporting documentation, the facility does not house youthful inmates. To verify this information independently, the Auditor cross-checked the most recent inmate roster and confirmed that all individuals currently incarcerated were born prior to 2006, confirming the absence of youthful offenders during the audit period. GDC SOP 208.06 provides clear, structured guidance for the separation and supervision of youthful inmates, detailing step-by-step requirements in sections 7(a) through 7(c) on page 10. These provisions stipulate how age-appropriate housing, sight and sound separation, and direct supervision must be maintained in any facility designated to house youthful offenders. Because this location is not among those designated facilities, these detailed provisions do not apply to its daily operations. However, the facility remains aware of and aligned with agency-level expectations should future classification or designation changes occur. **Provision (b): - Not Applicable.** Since the facility does not house youthful inmates, the requirements outlined in Provision (b) are not relevant to its operation. **Provision (c):** - Not Applicable. As with Provision (b), the standards contained within Provision (c) apply solely to facilities with youthful inmates and therefore are not applicable. **CONCLUSION** Through an extensive document review, comprehensive policy analysis, and careful onsite observations supported by interviews with leadership and PREA staff, the Auditor determined that the facility is in full compliance with PREA Standard §115.14. No youthful inmates are housed at this location, and the agency's overarching policies clearly articulate appropriate procedures for the management and protection of youthful offenders in designated facilities across the system.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To evaluate the facility's compliance with PREA Standard §115.15, the Auditor completed a detailed examination of the Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting materials submitted prior to the on-site review. This document analysis revealed the framework of policies, training expectations, and operational safeguards governing search procedures, cross-gender interactions, and privacy protections for transgender and intersex individuals. The reviewed documents included:

1. GDC SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), outlining search limitations, viewing restrictions, and protections for transgender and intersex people in custody.
2. GDC SOP 226.01 – Searches, Security, Inspections, and Use of Permanent Logs (effective May 27, 2020), establishing institutional search protocols and staff responsibilities.
3. GDC Contraband Interdiction and Searches Training Curriculum, integrating procedures from SOPs 226.01 and 206.02 and detailing required annual instruction on PREA-aligned search techniques.
4. Facilitator Notes and Training Materials for instruction on cross-gender searching, pat-search procedures, and respectful interactions.
5. Official Memorandum (September 12, 2024) issued by the Director of Facilities Administration Support, announcing revisions to SOPs 226.01 and 220.09 and updating Attachment 1, including significant improvements to search preference documentation and search-related communication standards.
6. Staff Training Records demonstrating completion of annual PREA training modules covering cross-gender searches, transgender/intersex accommodations, and dignity-preserving practices.
7. Interview Summaries drawn from random staff and inmate interviews conducted during the on-site assessment. Collectively, these documents reflected a strong institutional emphasis on privacy, professionalism, and compliance with all PREA standards related to cross-gender searches and viewing restrictions.

OBSERVATIONS

Throughout the facility tour, the Auditor directly observed consistent implementation of privacy-preserving practices. Staff of a different gender than the housing unit occupants, including the Auditor—made clear, audible announcements before entering any space where individuals might be in a state of undress. These announcements were timely, loud enough to be heard across the unit, and repeated when necessary to ensure awareness. This practice was uniformly applied in general population areas, medical units, shower corridors, restrooms, and program spaces. The Auditor also observed individuals who identified as transgender, and this observation was confirmed through the facility's classification roster. The overall environment reflected strict adherence to PREA requirements and a facility culture that understood, respected, and routinely practiced privacy safeguards.

INTERVIEWS

Random Staff

Randomly selected staff, from front-line correctional officers to specialized security personnel, were interviewed first to gauge operational consistency. Staff demonstrated a thorough understanding of the facility's search policies and PREA requirements. Key points consistently confirmed included:

1. All staff have completed PREA refresher training within the past 12 months.
2. Staff do not conduct cross-gender strip searches or visual body cavity searches, and no one reported ever witnessing such a search.
3. Male staff perform strip-level searches on male inmates; female staff do not.
4. Staff accurately described procedures for searching transgender and intersex individuals, emphasizing dignity, least-intrusive methods, and the prohibition against searching solely to determine genital status.
5. Staff proactively support privacy protections, including the use of private shower stalls, modified shower schedules, and honoring inmate requests for specific search-related accommodations.

Transgender Inmates

Transgender individuals interviewed during the assessment expressed strong confidence in the facility's commitment to preserving their privacy and safety. They reported:

1. Being housed in general population rather than segregated or isolated units. • Having adequate privacy when showering and changing clothes.
2. Receiving clear, respectful communication from staff regarding search procedures.
3. Feeling supported by staff when requesting accommodations or voicing concerns related to privacy.

Random Inmates

Inmates selected at random, consistently reported respectful treatment by staff during searches and daily activities. They stated:

1. They had never been subjected to cross-gender strip or cavity searches.
2. Opposite-gender staff always announce themselves prior to entering housing or restroom areas.
3. They are able to shower, change clothes, and use the bathroom without being viewed by staff of another gender.
4. Search practices are predictable, dignified, and conducted professionally.

Non-Medical Staff Who Perform Searches

Officers assigned to conduct pat searches or security checks reiterated their

awareness of restrictions related to cross-gender searches. They described:

1. A clear understanding that strip searches or body cavity searches must be conducted only by medical staff or under exigent circumstances authorized by the Facility Head.
2. Familiarity with search alternatives for transgender and intersex individuals.
3. Confidence in the policy framework and their ability to apply it correctly.

PROVISIONS

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

The PAQ—and all interviews—confirmed that the facility strictly prohibits cross-gender strip searches and cross-gender visual body cavity searches. No such searches were reported within the past 12 months. Likewise, none were reported during interviews with staff or inmate. Staff clearly articulated that these procedures may occur only during documented exigent circumstances and only when conducted by licensed medical personnel.

Supporting Policies:

1. SOP 208.06, Section 8(a): Prohibits cross-gender strip and cavity searches except under emergency conditions or when performed by medical professionals.
2. SOP 226.01, IV(C)(1)(d): Previously dictated search guidelines for transgender/ intersex individuals but superseded by updated Policy Information Bulletin requirements.
3. Policy Information Bulletin (Sept. 12, 2024): Introduced a new intake question allowing individuals to specify preferred staff gender for searches, expanding respect-based accommodations.

PROVISION (b): Cross-Gender Searches and Viewing Restrictions

The facility houses adult males. The facility does not house youthful offenders.

At the time of the on-site visit, the population included adult males, and transgender individuals. Staff were fully aware of the gender-specific search rules, and all operational practices aligned with PREA requirements.

PROVISION (c): Documentation and Exigent Circumstances

The facility’s PAQ and staff interviews confirmed that any cross-gender strip or body cavity search—if ever required—must be:

1. Authorized by the Facility Head,
2. Conducted exclusively by medical personnel, and
3. Documented fully, including the exigent circumstances that necessitated the

search.

Supporting Policy:

1. SOP 208.06, Section 8(c): Requires complete documentation for any cross-gender strip, cavity, or pat searches involving female inmates, ensuring transparency and review.

PROVISION (d): Privacy for Showering, Changing, and Bodily Functions

The facility has instituted multiple layers of privacy protection to ensure individuals can shower, change clothing, and use bathrooms without being viewed by staff of another gender except during emergencies or incidental viewing during routine cell checks.

All interviewed inmates affirmed:

1. They can shower and change without cross-gender viewing.
2. Opposite-gender staff consistently announce themselves before entering housing or restroom areas.

Supporting Policies:

1. SOP 208.06, Sections 8(d)–8(f): Requires privacy protections, outlines notification methods, and mandates audible announcements.
2. Signage throughout the facility reinforces that opposite-gender staff may be present and will announce their entry.

PROVISION (e): Prohibition on Searches for Determining Genital Status

The facility strictly prohibits searches or physical examinations conducted solely to determine genital status. Staff interviews demonstrated a clear understanding that such information is obtained only during private medical assessments and never through a search by security personnel.

Supporting Policies:

1. SOP 208.06, Sections 8(g)–8(h): Restrict genital status examinations to medical providers and require specialized training for respectful searches of transgender/intersex individuals.
2. Contraband Search Curriculum: Reinforces dignity-centered pat search techniques.

PROVISION (f): Training Requirements for Searches of Transgender, Intersex, and Cross-Gender Pat Searches

Training records confirmed that 100% of security staff have received instruction in

	conducting cross-gender pat searches and searching transgender and intersex individuals professionally and respectfully. Staff consistently reported receiving this training annually and demonstrated strong working knowledge during interviews. **CONCLUSION:** After an extensive review of facility documentation, direct observations, and a diverse set of staff and inmate interviews, the Auditor concludes that the facility meets all provisions of PREA Standard §115.15. The September 12, 2024, policy revision further strengthened the facility's compliance posture by enhancing documentation standards, improving search preference protocols, and reinforcing the overarching goal of preserving dignity, privacy, and safety for every individual in custody. The facility has demonstrated not only adherence to the letter of the PREA standards but also a clear commitment to the underlying principles of respect, professionalism, and trauma-informed practice.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In order to evaluate compliance with PREA Standard §115.16, the Auditor conducted an extensive review of materials submitted by both the facility and the Georgia Department of Corrections (GDC). This review included a thorough examination of the completed Pre-Audit Questionnaire (PAQ) as well as all relevant supporting documentation associated with inmate communication, accessibility, and reporting mechanisms. Key documents assessed included the GDC Standard Operating Procedure (SOP) 208.06, known as the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. The Auditor also scrutinized various PREA informational brochures, educational posters, and written materials. Special attention was paid to resources aimed at assisting inmates with disabilities and those who are Limited English Proficient (LEP), including the LanguageLine Insight Video Interpreting User Guide, Lionbridge Telephonic Interpreter User's Guide, Video Remote Interpreting (VRI) usage logs, and dialing instructions for the GDC PREA Hotline available in both English and Spanish. **OBSERVATIONS** During the on-site evaluation, the Auditor noted that PREA informational posters were prominently displayed throughout the institution in both English and Spanish. These informative postings were strategically positioned in housing units, work areas,

hallways, visitation areas, and other communal spaces, ensuring accessibility for the inmate population.

Additionally, the Auditor received samples of PREA educational materials, including written documents and brochures, all available in English and Spanish. The thoughtful placement and variety of these resources illustrated a proactive commitment to delivering PREA-related information in formats that are easily understood by all inmates.

INTERVIEWS

Facility Head

In discussions with the Facility Head, a structured approach was outlined to guarantee that inmates with disabilities and LEP inmates have meaningful access to PREA reporting processes. These procedures include access to professional interpretation services, written materials presented in accessible formats, and staff assistance when necessary, thereby ensuring no inmate is excluded from participating in PREA prevention, detection, or response efforts.

Inmates with Disabilities

Interviews with inmates identifying as having disabilities revealed a strong sense of security and understanding regarding their rights. None felt vulnerable or disadvantaged due to their disabilities. Each inmate interviewed confirmed that PREA-related information was provided in a manner that was accessible and comprehensible. When questioned about their understanding of rights related to sexual abuse and harassment, all participants responded positively.

Random Staff

Interviews with randomly selected staff members further corroborated the facility's commitment to communication assistance. Staff uniformly reported that inmate interpreters, readers, or assistants are strictly prohibited from aiding inmates with disabilities or LEP individuals when reporting allegations of sexual abuse or harassment. They also indicated that they were not aware of any instances where such inmate assistance had been utilized for PREA-related reporting.

PROVISIONS

Provision (a): Equal Access for Inmates with Disabilities and LEP Inmates

The facility reported in the PAQ that formal procedures have been established to ensure that inmates with disabilities and LEP inmates can participate equally in all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This information was validated through interviews with the Facility Head and confirmed by inmate interviews.

Inmates in these categories expressed that they fully understood PREA-related information and could engage in reporting processes without facing barriers. The

Auditor reviewed the facility's instructions for accessing LanguageLine services, finding them to be clear, user-friendly, and comprehensive. These instructions provide step-by-step guidance for accessing interpreter services via a toll-free number, a location-specific PIN, language selection, and connection to a live interpreter.

This provision is governed by GDC SOP 208.06, which directs PREA Compliance Managers to consult SOP 103.63 (ADA Title II Provisions) to ensure inmates with disabilities and LEP inmates understand the policies and procedures related to sexual abuse and sexual harassment.

Provision (b): Language and Communication Assistance

The facility has implemented a variety of systems ensuring that inmates with Limited English Proficiency and those with disabilities receive PREA information in accessible formats. Resources available include LanguageLine video interpreting services, Lionbridge telephonic interpretation, PREA materials in English and Spanish, and educational videos that are captioned in both languages.

For Spanish-speaking inmates, all reviewed PREA materials were available in Spanish, maintaining consistency with the English content. The facility also offers LanguageLine services for additional languages, including American Sign Language.

For those who are hearing impaired, information is provided visually through written materials and videos, supplemented by Video Remote Interpreting services in American Sign Language. Inmates who are visually impaired receive information audibly from staff or through recorded messages and videos, with Braille materials available as needed. Inmates with cognitive impairments or limited reading skills receive PREA information verbally or via accessible multimedia formats to ensure comprehension.

These practices align with GDC SOP 208.06, which mandates that inmates receive both verbal and written PREA education addressing sexual abuse prevention, reporting options, self-protection strategies, and access to treatment and counseling services.

Provision (c): Prohibition on Use of Inmate Interpreters

The facility noted in the PAQ that there have been no instances within the past twelve months where inmate interpreters, readers, or other inmate assistants were utilized for PREA-related reporting. This information was confirmed by the Facility Head and corroborated through interviews with staff.

GDC SOP 208.06 explicitly prohibits the reliance on inmate interpreters or assistants, except in exigent circumstances where a delay in obtaining a qualified interpreter could jeopardize inmate safety, first response duties, or the integrity of an investigation. Given the availability of professional interpretation services at the facility, there has been no need to resort to inmate interpreters.

CONCLUSION

After a comprehensive review of documentation, on-site observations, interviews with

	staff and inmates, and an analysis of applicable policies and practices, the Auditor concludes that the agency and facility are in full compliance with all provisions of PREA Standard §115.16. The facility has effectively implemented measures to ensure that inmates with disabilities and those who are Limited English Proficient receive equal access to PREA education, reporting mechanisms, and protective services.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.17, the Auditor undertook a thorough examination of the documentation related to hiring, promotion, and personnel vetting submitted by the facility and the Georgia Department of Corrections (GDC). Key materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documents connected to recruitment, background investigations, promotions, contractors, and volunteers. The Auditor specifically analyzed GDC Standard Operating Procedure (SOP) 208.06, which outlines the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Additional policies reviewed included SOP 104.09, titled Filling a Vacancy (effective May 27, 2022), along with Attachment 4, Applicant Verification (revised May 25, 2022), and SOP 104.18, concerning Obtaining and Using Records for Criminal Justice Employment (effective October 13, 2020). Personnel records, decision files regarding hiring and promotion, and employee background documentation were meticulously examined to ensure compliance with PREA requirements surrounding hiring and screening. **INTERVIEWS** **Administrative Staff (Human Resources)** The Auditor initiated interviews with Human Resources staff, who provided insight into the structured and standardized hiring and promotion processes employed by the facility. HR representatives confirmed that all applicants must complete necessary personnel documentation, including disclosure statements addressing any prior misconduct. They explained that GDC mandates criminal history background checks for all new hires, as well as for employees at the time of promotion, with subsequent checks occurring every five years thereafter. All security staff have criminal history background checks annually when completing firearm qualification. HR staff elaborated on the agency's centralized tracking system, designed to monitor

the status and due dates of these background checks for employees, contractors, and volunteers. This system is crucial for maintaining ongoing compliance with both PREA standards and state regulations.

It was confirmed that employees are required to report any arrest activity to their supervisors as a condition of continued employment. Furthermore, unless prohibited by law, the agency is prepared to share information regarding substantiated allegations of sexual abuse or harassment involving former employees upon request from prospective institutional employers.

The Auditor reviewed a random sample of 47 personnel files and found that each contained the necessary documentation, including completed criminal history checks, PREA-related disclosures, and responses to mandatory inquiries outlined in the standard. At the time of the audit, the facility employed a total of 150 staff members. Additionally, the facility reported having 53 contractors and 44 volunteers.

In a follow-up discussion, Human Resources staff reiterate the strict adherence to these protocols. They emphasized that all procedures align with PREA standards, ensuring that only qualified, vetted individuals are involved in roles that may have contact with inmates.

Random Staff

Interviews with randomly selected staff members also supported the rigorous hiring and promotion processes described by HR. Staff confirmed their awareness of the policies in place that prohibit hiring or promoting individuals with a history of sexual abuse or misconduct.

Inmates

The Auditor also spoke with several inmates to gauge their awareness of the facility's commitment to maintaining a safe environment. Inmates expressed confidence in the staff's hiring practices and were generally aware of the protocols in place regarding staff conduct. They indicated that they felt safe and secure in the facility, which suggested a level of trust in the hiring and vetting processes.

PROVISIONS

Provision (a): Prohibition on Hiring or Promotion of Certain Individuals

The facility reported in the PAQ that it strictly adheres to PREA prohibitions regarding hiring, promotion, and contracting decisions for individuals who may have contact with inmates. Specifically, the agency prohibits hiring or promoting anyone who has engaged in sexual abuse within a correctional or detention setting, has been convicted of coercive or non-consensual sexual activity in the community, or has been civilly or administratively adjudicated for such conduct.

This prohibition was confirmed through interviews with Human Resources staff and supported by policy reviews. GDC SOP 208.06 explicitly outlines these restrictions and mandates that any substantiated sexual misconduct be taken into account during

employment decisions. The Auditor's review of personnel records confirmed that these prohibitions are enforced through documented background checks, disclosure forms, and thorough applicant verification processes.

Provision (b): Consideration of Sexual Harassment in Employment Decisions

According to the facility's reports, incidents of sexual harassment are factored into decisions regarding hiring, promotion, or engaging the services of individuals who may have contact with inmates. Human Resources staff confirmed that this consideration is an integral part of the screening and evaluation process.

This requirement is governed by GDC SOP 208.06, which mandates that any history of sexual harassment be reviewed as part of employment decision-making. Documentation reviewed by the Auditor demonstrated consistent application of this requirement across personnel evaluations.

Provision (c): Background Checks and Employer Inquiries Prior to Hiring

The facility reported that it follows a two-step process before hiring employees who may have contact with inmates. This process includes conducting criminal background checks and making every effort, consistent with applicable laws, to contact prior institutional employers to gather information regarding any substantiated allegations of sexual abuse or resignations during ongoing investigations.

In the past twelve months, 85 individuals were hired into positions involving inmate contact. Human Resources staff verified that criminal background checks were completed for each of these individuals prior to their employment. The Auditor reviewed 46 personnel records, including those of recent hires, and confirmed that all files contained completed criminal history checks, responses to required misconduct inquiries, and relevant PREA documentation.

These practices are mandated by GDC SOP 208.06 and reinforced through SOP 104.09, which requires direct inquiries into prior misconduct and imposes a continuing affirmative duty on employees to disclose such information.

Provision (d): Screening of Contractors

The facility stated that criminal background checks are performed prior to engaging any contractor who may have contact with inmates, and these checks are repeated at least every five years thereafter. The PAQ indicated that background checks were conducted for all contractors involved under eight service contracts linked to inmate contact.

GDC SOP 208.06 requires criminal history checks for contractors and volunteers and mandates the completion of SOP 104.09, Attachment 4 (Applicant Verification), as well as SOP 208.06, Attachment 13 (Contractor/Volunteer Verification Form). The Auditor confirmed through documentation review that these requirements are being adhered to consistently.

Provision (e): Ongoing Criminal Background Checks

The facility reported that criminal background checks are conducted at least every five years for current employees and contractors who may have contact with inmates. Security and custody staff undergo annual checks during firearm requalification. Systems are in place to ensure continued compliance, a practice confirmed by Human Resources staff during interviews.

This requirement is governed by GDC SOP 104.18, which outlines procedures for obtaining criminal history records, securing written consent, notifying applicants of any adverse employment decisions, and maintaining comprehensive documentation. The Auditor confirmed that background checks are carried out during the application process, at the time of promotion, and at five-year intervals in accordance with policy.

Provision (f): Mandatory Disclosure of Prior Misconduct

The facility reported that all applicants and employees who may have contact with inmates are required to answer questions regarding prior sexual misconduct during applications, interviews, and written self-evaluations. There is also a continuing affirmative duty to disclose any future misconduct.

Human Resources staff verified that these questions are consistently asked and answered in writing, with employee acknowledgment, and are revisited annually. Documentation reviewed by the Auditor demonstrated compliance with this requirement.

Provision (g): Consequences for False Information or Omissions

The facility reported that any material omissions or the provision of materially false information related to misconduct are grounds for termination. This was confirmed by Human Resources staff and is clearly detailed in GDC SOP 208.06.

The policy clearly states that failure to disclose required information or providing false statements jeopardizes employment eligibility and continued employment.

Provision (h): Disclosure of Information Regarding Former Employees

The facility indicated that, unless prohibited by law, the agency provides information about substantiated allegations of sexual abuse or sexual harassment involving former employees when requested by an institutional employer. Human Resources staff confirmed that such disclosures are made in compliance with relevant privacy and information-sharing laws.

CONCLUSION

Following an in-depth examination of governing policies, a comprehensive review of personnel files, interviews with Human Resources staff, and verification of employment practices, the Auditor concludes that the facility exceeds the requirements set forth in PREA Standard §115.17. The facility demonstrates a heightened level of rigor in conducting criminal history screenings, maintaining continuous oversight, and enforcing full disclosure of prior misconduct. The

	implementation of annual background checks for security personnel, clearly defined hiring and promotion procedures, and robust monitoring of contractors further exemplify the facility's commitment to creating a safe environment for all individuals in custody.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To thoroughly assess compliance with PREA Standard §115.18, the Auditor embarked on an in-depth examination of the facility’s Pre-Audit Questionnaire (PAQ) alongside all relevant supporting documentation. A central focus of this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, which outlines the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The reviewed documents establish a comprehensive framework for integrating PREA considerations into decisions related to facility design, construction, and expansion. They articulate how physical plant features and monitoring technologies can bolster supervision, enhance visibility, and minimize opportunities for sexual abuse in the correctional environment. Collectively, these materials demonstrate that PREA principles are woven into the very fabric of the agency's infrastructure planning and operational expectations. **OBSERVATIONS** During the on-site tour of the facility, the Auditor observed an extensive network of fixed cameras strategically located throughout housing units and common areas, complemented by security mirrors that enhance visibility and mitigate potential blind spots. These features were instrumental in supporting staff supervision and situational awareness across various locations. **INTERVIEWS** **Facility Head or Designee** Interviews with the facility head provided valuable insights into the institution's approach to supervision, monitoring, and infrastructure planning. Leadership described a layered strategy for supervision that merges comprehensive camera coverage with strategically placed security mirrors to maximize visibility throughout the facility. These measures are specifically intended to minimize blind spots and enhance staff awareness during daily operations. The discussions revealed that the existing camera and video systems undergo regular

	evaluations to determine if updates or expansions are warranted. This assessment process takes into account operational needs, facility layout, and emerging safety considerations, especially as the physical plant evolves. The facility head conducts regularly scheduled meetings which include executive staff, supervisors, and managers to review operational issues and infrastructure-related matters. Topics addressed during these meetings include incident reports, allegation data, grievance trends, disciplinary actions, use-of-force incidents, video review summaries, and staff morale. Within this collaborative setting, the effectiveness of surveillance technologies is consistently evaluated and discussed. **PROVISIONS** **Provision (a): Consideration of PREA Standards in Facility Design and Expansion** The PAQ indicates that the facility has not acquired any new facilities since the previous PREA audit. This reflects a continued commitment to maintaining existing structures while ensuring compliance with PREA standards in any future endeavors. **Provision (b): Monitoring Technology and Surveillance Systems** The PAQ confirms that the agency has implemented upgrades to its video monitoring systems, electronic surveillance technologies, and other monitoring tools since the last PREA audit. Facility leadership noted that these monitoring technologies are continuously evaluated, particularly in the context of the ongoing expansion, to ensure that surveillance coverage remains robust and in alignment with PREA expectations. This ongoing evaluation supports the facility's dedication to effective supervision and the safety of all individuals in custody. **CONCLUSION** Based on a review of documentation, direct observations, and insightful interviews with facility leadership, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.18. The facility demonstrates a consistent and appropriate emphasis on PREA requirements in its design considerations, expansion activities, and the deployment of monitoring technologies. These practices collectively enhance inmate safety and significantly contribute to the prevention, detection, and deterrence of sexual abuse within the correctional environment.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.21, the Auditor conducted a thorough and systematic review of all materials submitted prior to the on-site assessment. This pre-audit review included the facility's completed Pre-Audit Questionnaire (PAQ) and an extensive collection of supporting documentation addressing evidence preservation, forensic medical examinations, investigative procedures, and victim advocacy services.

Key documents reviewed included, but were not limited to, the following foundational policies and agreements:

1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Effective June 23, 2022)
2. GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (Effective August 11, 2022)
3. GDC SOP 103.10, Evidence Handling and Crime Scene Processing (Effective August 30, 2022)
4. Services Agreement between the Georgia Department of Corrections and the Sexual Assault Response Team (SART), dated August 31, 2021
5. Current SAFE/SANE contact and on-call list
6. Certification documentation for trained staff victim advocate

Review of these materials confirmed that the agency has implemented a clearly defined and standardized framework governing evidence preservation, forensic medical response, and victim support services. Policies are comprehensive, aligned with PREA requirements, and structured to ensure consistency across administrative and criminal investigations.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator was interviewed to assess agency-level oversight and protocol consistency. The coordinator confirmed that the Georgia Department of Corrections utilizes a uniform evidence protocol designed to maximize the collection and preservation of physical evidence for both administrative and criminal investigations. This protocol is applied consistently across all facilities and is designed to be developmentally appropriate when youthful individuals are housed. The coordinator further affirmed that all PREA-related investigations—administrative and criminal—are conducted internally in accordance with established GDC policy and procedure.

SAFE/SANE Personnel

Interviews with SAFE/SANE personnel confirmed the existence and active use of a formal agreement between the Georgia Department of Corrections and SART to provide forensic medical examinations. When a forensic examination is required, SANE professionals are contacted through the facility's established call list and respond directly to the facility's medical unit. SAFE/SANE staff described a

comprehensive, trauma-informed examination process that includes informed consent, medical history review, evidence collection, photographic documentation of injuries, meticulous chain-of-custody procedures, and the provision of post-examination medications and follow-up care. All examinations are provided at no cost to the incarcerated individual.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported that six forensic medical examinations were conducted at the facility during the previous twelve months. All examinations occurred on-site within the medical unit and were supported by trained victim advocacy staff. The PCM confirmed that the facility maintains certified staff members who serve as victim advocates and that documentation verifying this certification was made available for review. The PCM also confirmed the continued availability of SART services when external forensic providers are required.

Random Staff

Randomly selected staff were interviewed to assess baseline knowledge and practical understanding of evidence preservation responsibilities. Staff demonstrated a strong awareness of their immediate response obligations following an allegation of sexual abuse. Interviewees consistently articulated the importance of maintaining scene integrity, preventing evidence contamination, separating involved parties when appropriate, and initiating timely notifications to supervisory, investigative, and medical personnel.

Individuals Who Reported Sexual Abuse

Interviews with individuals who had previously reported sexual abuse provided insight into the facility's implementation of policy in practice. Interviewees described prompt and professional staff responses at the time of reporting, timely referral for forensic medical examinations, and access to victim advocacy services during the process. Individuals confirmed that they were not charged for medical services, were not required or pressured to submit to polygraph examinations and received written notification regarding the outcome of investigative findings.

PROVISIONS

Provision (a): Agency Responsibility and Uniform Evidence Protocol

Information provided through the PAQ and confirmed during interviews established that the facility conducts both administrative and criminal investigations for all allegations of sexual abuse, including those involving staff misconduct and resident-on-resident incidents. No external law enforcement or investigative agency holds primary responsibility for PREA-related investigations.

Investigators are required to adhere to a standardized evidence protocol that governs evidence preservation, collection, documentation, and handling.

This protocol is supported by the following policies:

1. SOP 208.06, mandating the use of a uniform evidence protocol
2. SOP 103.06, outlining investigative responsibilities and procedures
3. SOP 103.10, providing detailed guidance on evidence handling and crime scene processing

The PREA Coordinator confirmed that investigators receive training on these protocols and that they are applied consistently in practice.

Provision (b): Developmentally Appropriate Evidence Protocols

The PAQ indicated, and roster reviews confirmed, that the facility does not house youthful individuals. Nonetheless, agency policy requires that evidence protocols be developmentally appropriate when applicable. Policies further mandate that protocols be based on the most recent guidance issued by the U.S. Department of Justice Office on Violence Against Women, including A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or comparable authoritative standards issued after 2011. The PREA Coordinator verified that these requirements are incorporated into agency practice.

Provision (c): Access to Forensic Medical Examinations

The PAQ confirmed that all individuals who experience sexual abuse are offered timely access to forensic medical examinations at no financial cost. Review findings established that:

1. Forensic examinations are conducted on-site within the facility’s medical unit.
2. Exams are performed by trained SANE professionals, except in rare circumstances when they are unavailable, in which case a qualified emergency room physician may conduct the examination.
3. The PAQ reported that 16 forensic medical examinations were conducted within the past twelve months, all completed by SANE professionals.
4. The Services Agreement with SART ensures consistent access to qualified forensic medical providers.
5. SAFE/SANE personnel described a comprehensive, victim-centered approach emphasizing consent, trauma-informed care, evidence preservation, and continuity of medical treatment.

Provision (d): Availability of Victim Advocates

The facility reported that it maintains certified staff members who are trained to function as victim advocates during forensic medical examinations when requested. While efforts to formalize a Memorandum of Understanding with a local rape crisis center are ongoing, the facility ensures that at least one qualified and specially trained staff advocate is available to provide support when external services are unavailable. Certification documentation was reviewed and verified by the PREA Compliance Manager.

Provision (e): Advocate Support Upon Request

	When requested, a qualified victim advocate—either external or agency-based—accompanies individuals during forensic examinations and investigative interviews. Advocates provide emotional support, crisis intervention, information regarding the process, and referrals to additional services as appropriate. Documentation confirming certification of trained staff advocates was submitted and verified. **Provision (f): Investigations Conducted by the Agency** This provision is not applicable, as the facility retains full responsibility for conducting all administrative and criminal investigations related to PREA allegations. **Provision (g): Auditor Not Required to Audit** No action is required under this provision. **Provision (h): Engagement with Rape Crisis Centers** At the time of the audit, the facility did not have a formal Memorandum of Understanding with a rape crisis center. Facility leadership reported ongoing outreach efforts, including contact with GNESA for assistance in securing external services. The nearest potential provider, Stepping Stone in Dublin, Georgia, historically does not provide on-site services within correctional settings. As of the on-site assessment, no formal agreement had been established. **CONCLUSION** Based on a comprehensive review of documentation, in-depth interviews, and evaluation of on-site practices, the Auditor concludes that the agency and facility are compliant with all applicable provisions of PREA Standard §115.21. The facility has implemented a well-structured, trauma-informed system for evidence preservation and forensic medical response, ensures timely access to qualified forensic services, and provides meaningful victim advocacy and support. These practices collectively demonstrate a strong commitment to PREA compliance and victim-centered response.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.22, the Auditor conducted a detailed and comprehensive review of the facility's completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by both the facility and the Georgia Department of Corrections (GDC). This review focused on the agency's authority and

responsibility for investigating allegations of sexual abuse and sexual harassment, as well as the processes used to determine investigative referrals and outcomes.

The primary policies reviewed included Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (effective August 11, 2022). These procedures establish the framework governing the receipt, evaluation, investigation, documentation, and resolution of PREA-related allegations.

In addition to policy review, the Auditor examined documentation related to PREA allegations reported during the twelve-month audit period. This review included an analysis of investigative determinations, referral decisions, investigative timelines, and consistency between documented actions and agency policy requirements, as well as compliance with PREA standards.

INTERVIEWS

Investigative Staff

Interviews with investigative personnel provided insight into how allegations are managed at the operational level. Investigators consistently reported that all allegations of sexual abuse and sexual harassment are formally reviewed and investigated, regardless of the source of the report, the seriousness of the allegation, or the position or status of the individuals involved. Staff emphasized that allegations are never dismissed without assessment and that each report is evaluated to determine whether an administrative investigation or referral for criminal investigation is appropriate.

Investigative staff described a structured and methodical investigative process that includes timely initiation of investigations, preservation of evidence when applicable, interviews with involved individuals and witnesses, detailed documentation of investigative actions, and written findings based on objective credibility assessments. Investigators affirmed that all investigations are conducted in a professional, confidential, and impartial manner, in accordance with agency policy and PREA requirements.

Agency Head or Designee

The Agency Head Designee was interviewed to assess agency oversight and accountability related to PREA investigations. The Designee affirmed that the Georgia Department of Corrections treats all allegations of sexual abuse and sexual harassment as serious matters requiring prompt, thorough, and objective investigation. The Designee confirmed that the agency retains full responsibility for ensuring that all allegations are addressed in compliance with PREA standards and does not rely on external entities to initiate or manage investigations.

The Designee further reported that investigative referral policies are publicly

accessible through the agency's website, supporting transparency and accountability. When allegations meet the criteria for criminal referral, those referrals are formally documented and tracked to ensure appropriate follow-up, monitoring, and oversight throughout the investigative process.

PROVISIONS

Provision (a): Mandatory Investigation of All Allegations

Information reported in the PAQ, supported by policy review, interviews, and allegation data, confirmed that every allegation of sexual abuse or sexual harassment is subject to investigation, either administratively or criminally. GDC SOP 208.06 clearly defines all reports of sexual abuse and sexual harassment as allegations requiring investigation without exception.

A review of allegation records from the twelve-month audit period identified fifty-one reported allegations involving both resident-on-resident and staff-on-resident conduct related to sexual abuse and sexual harassment. All reported allegations received a formal administrative investigation in accordance with agency policy. No allegations during the review period met the threshold for referral for criminal prosecution.

Provision (b): Referral for Criminal Investigation When Appropriate

The PAQ and policy review confirmed that the agency maintains clearly articulated policies requiring allegations of sexual abuse or sexual harassment to be referred for criminal investigation when the conduct appears criminal in nature. This practice was further verified through interviews with the Agency Head Designee and review of publicly available agency procedures.

GDC SOP 208.06 and SOP 103.06 provide detailed guidance regarding the identification, evaluation, and referral of allegations. These policies require timely notification of designated leadership, assignment of trained investigative staff when criminal conduct is suspected, and appropriate preservation of evidence. The policies further require objective credibility assessments, expressly prohibit the use of polygraph examinations as a condition for continuing an investigation, and mandate that investigations be conducted in a professional, confidential, and impartial manner.

Provision (c): Agency Responsibility for Investigations

Consistent with PREA requirements, the agency and facility retain full responsibility for conducting both administrative and criminal investigations into allegations of sexual abuse and sexual harassment. Policy review and interviews confirmed that investigative authority and responsibility are clearly delineated within agency procedures and consistently applied in practice. This centralized investigative structure promotes continuity, accountability, and adherence to PREA standards throughout all phases of the investigative process.

Provision (d): Auditor Requirement

This provision is not subject to audit.

	Provision (e): Auditor Requirement This provision is not subject to audit. **CONCLUSION** Based on a comprehensive review of policies, allegation data, interviews, and supporting documentation, the Auditor concludes that the agency and facility are fully compliant with PREA Standard §115.22. The facility has implemented and consistently applies policies and practices that ensure all allegations of sexual abuse and sexual harassment are promptly, thoroughly, and objectively investigated and, when warranted, referred for criminal investigation. Investigative processes are conducted in a timely, professional, and impartial manner, reflecting a strong commitment to PREA compliance and institutional accountability.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.31, the Auditor engaged in a careful, systematic review of all materials submitted in advance of the on-site assessment. These records offered a thorough picture of how the facility designs, implements, and sustains its training program on preventing and responding to sexual abuse and harassment. The review began with the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the Georgia Department of Corrections (GDC). From there, attention turned to the GDC's Standard Operating Procedure 208.06—Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Sections detailing staff training expectations, scheduling frequency, and defined responsibilities were analyzed in detail. The Auditor examined the complete PREA training curriculum, which included multimedia slides, instructor-led presentations, interactive learning modules, and targeted lessons for employees working in higher-risk areas such as segregation or intake. Training rosters, sign-in logs, individual attendance records, and acknowledgment forms—both written and electronic—painted a picture of a meticulously kept system of accountability. A randomly selected, cross-departmental sample of training files represented staff from custody, counseling, education, healthcare, administration, and support services. Each file demonstrated consistent compliance, confirming that staff were trained, retrained, and periodically reinforced in their understanding of PREA

standards. The materials reflected a clear structure and a commitment to maintaining comprehensive, current education aligned with federal expectations and agency policy.

INTERVIEWS

Random Staff

To ensure that the documented training translated into real-world practice, the Auditor conducted interviews with staff from across work shifts and departments. Employees described a process that begins immediately upon hiring—PREA instruction is integral to orientation and precedes any direct contact with incarcerated people.

Many employees spoke about how ongoing reinforcement keeps the material relevant throughout the year. They mentioned shift briefings, roll-call updates, and operational memos that routinely refresh PREA expectations. Others noted the visual reinforcement around the facility—posters, pocket reference cards, and information boards that keep prevention at the forefront of daily operations.

A particularly experienced staff member explained how annual recertification sessions serve not as mere refreshers, but as opportunities for discussion and shared learning. Others emphasized peer support, noting how supervisors and coworkers remind one another of proper practices in challenging situations.

Interviewed staff consistently demonstrated working knowledge of mandatory reporting, recognized key indicators of sexual abuse, and confidently described how to intervene or respond to any allegation. They also conveyed an understanding of the duty to protect individuals from retaliation following reports, often sharing real examples of applying such protections. Collectively, these conversations portrayed a confident, ethically grounded workforce that actively lives the principles emphasized in PREA training.

PROVISIONS

Provision (a): Comprehensive PREA Training Content

This provision directs agencies to ensure that all staff with contact with incarcerated individuals receive thorough, well-rounded instruction on the ten foundational elements of PREA. Documentation confirmed that the facility meets and sustains this requirement.

The Auditor verified that the curriculum covers essential content areas such as the agency’s zero-tolerance policy, staff responsibilities for prevention and reporting, the rights of individuals to be free from sexual abuse and harassment, and the dynamics influencing sexual abuse in confinement settings. Additional modules address victim trauma responses, indicators of abuse, appropriate methods of intervention, professional boundaries, and legal reporting obligations.

The curriculum is organized into carefully constructed modules that flow logically,

allowing comprehension and retention through active learning. Specialized instruction is also provided for those working in areas requiring heightened vigilance, including intake, segregation, and privacy-restricted spaces. A review of sixty-four training files confirmed that each included complete attendance verification and acknowledgment documentation.

Supporting Policy: GDC SOP 208.06, Section 1(a)(i–x), mandates annual PREA training on these ten required topics.

Provision (b): Gender-Responsive and Role-Specific Training

The facility's training program approaches gender considerations with deliberate attention to the characteristics and dynamics of the population it serves. The Auditor confirmed that staff are instructed in gender-specific issues relevant to the facility's male population, including communication sensitivities, risk factors, and relationship boundaries applicable within those environments.

When employees transfer to or from facilities housing different populations, supplemental instruction ensures they understand new considerations pertinent to that setting. Staff noted that this transition training is both timely and substantive. Importantly, the curriculum also includes a specific segment addressing transgender and intersex individuals—focusing on respect, privacy rights, search protocols, and equitable treatment.

Supporting Policy: GDC SOP 208.06, Sections 1(b–d), requires gender-informed and role-specific instruction, including specialized sessions for Sexual Abuse Response Team (SART) members and others with advanced responsibilities.

Provision (c): Ongoing and Annual Training Requirements

The PAQ confirms that PREA learning continues beyond the classroom through an active cycle of reminders and reinforcements. The facility exceeds federal expectations by requiring all employees to complete formal retraining annually, surpassing the biannual requirement set forth in the standard.

Between these sessions, staff receive information updates through shift briefings, PREA bulletins, staff meeting discussions, posted notices, and follow-up exploration during scenario-based drills or incident reviews. Interviews revealed that employees retained this information well, readily recalling the latest PREA updates and accurately describing procedural responsibilities.

Training files reviewed showed all sixty-four applicable staff members had current annual certifications, confirming complete compliance with ongoing education standards.

Provision (d): Verification of Training Comprehension

Confirming understanding is central to accountability. The Auditor found that the facility maintains a consistent, well-documented system to verify comprehension. Each staff member signs, or electronically attests to, an acknowledgment of receiving

	and understanding the training. These acknowledgments—along with attendance logs and digital certification records—form a traceable record of compliance maintained in every individual file reviewed. This system not only ensures accountability but enables quick auditing and transparent verification that learning objectives are met. **CONCLUSION** Through its thorough review of documents, training curricula, staff files, and on-site interviews, the Auditor concluded that the facility fully complies with PREA Standard §115.31 – Employee Training. The facility's program reflects a culture where knowledge, accountability, and empathy intersect. Staff members emerge from training not merely informed but empowered to act—capable of preventing, identifying, and responding appropriately to incidents of sexual abuse or harassment. The strong emphasis on continuous learning, gender-responsive awareness, and professional integrity underscores a sustained institutional commitment to safeguarding the dignity and rights of all individuals in custody.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.32, the Auditor conducted a deliberate and comprehensive review of all documentation related to volunteer and contractor training. The material was provided by both the facility and the Georgia Department of Corrections (GDC). The review encompassed the facility's completed Pre-Audit Questionnaire (PAQ) and accompanying attachments, GDC Standard Operating Procedure (SOP) 208.06—Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)—and the full training curriculum designed for volunteers and contract workers. These materials outlined how PREA principles are introduced and reinforced across various professional roles. In addition, the Auditor examined signed Acknowledgements of Receipt of PREA Training found in volunteer and contractor files. These documents verified that all individuals received and attested to their understanding of PREA standards and reporting procedures before engaging in any work that brought them into contact with incarcerated individuals. This recordkeeping practice demonstrated a structured and consistent approach to compliance and accountability. Overall, the documentation conveyed a clear message: PREA education for non-

employee stakeholders is not treated as a formality but as an essential component of the facility's broader safety culture.

INTERVIEWS

The Auditor conducted interviews with a representative volunteer and a contractor to gauge how well training content translated into practical awareness and understanding.

Volunteer Interview:

The volunteer described participating in PREA instruction before being approved to serve within the facility. The course was explained as straightforward yet comprehensive, emphasizing professional boundaries, reporting expectations, and appropriate intervention in cases of sexual abuse or harassment. The volunteer recalled that the instructors were clear about the Department's zero-tolerance stance and the vital role community partners play in sustaining a safe environment.

When asked to describe how they would respond to an allegation, the volunteer methodically outlined the steps for immediate notification and documentation. Their responses demonstrated not only an accurate recollection of procedure but also genuine appreciation for why these measures are in place—to preserve dignity, safety, and trust.

Contractor Interview:

A contractor with regular facility access described completing PREA training before their first work assignment. The session was described as concise, professional, and targeted to the contractor's responsibilities. The training covered how to recognize concerning behaviors, how to intervene safely, and the obligation to report any suspicion, knowledge, or disclosure of sexual abuse or harassment without delay.

During the interview, the contractor accurately articulated the overarching goals of PREA, displayed familiarity with the agency's reporting channels, and clearly understood that their responsibilities mirror those of facility employees when it comes to maintaining a zero-tolerance environment.

Both interviewees—the volunteer and the contractor—demonstrated a consistent grasp of policy expectations. Their interviews confirmed that PREA training is practical, memorable, and effectively aligned with the spirit and requirements of the standard.

PROVISIONS

Provision (a): Required PREA Training for Volunteers and Contractors

This provision ensures that all volunteers and contractors who interact with incarcerated individuals receive foundational PREA training before they begin service. The training includes core responsibilities tied to prevention, detection, reporting, and response to sexual abuse and harassment within a correctional environment.

At the time of the audit, the facility reported 55 approved contractors and 11 approved volunteers. The Auditor reviewed a representative sample of 4 volunteer files, 38 medical contractor files, and 14 non-medical contractor files. Each record contained evidence of completed annual training and, when applicable, documentation of additional, role-specific instruction tailored to the level of inmate interaction.

The Auditor observed that the training materials distributed to these individuals included both written policy information and visual tools—such as the Staff PREA Brochure (Attachment 19)—which summarize essential guidance in accessible language. This ensures that those who serve the facility in any capacity are fully informed of their responsibilities before beginning their roles.

Supporting Policy: GDC SOP 208.06, page 20, Section 2(a), mandates that all volunteers and contractors with offender contact be trained in agency expectations for preventing and reporting sexual abuse and harassment.

Provision (b): Role-Based and Contact-Appropriate Training

The PREA Standard emphasizes that the depth and focus of training should correspond with the degree of inmate contact associated with each volunteer or contractor’s duties. The PAQ confirmed that the facility tailors its content accordingly, providing targeted instruction that balances efficiency with complete coverage of the core principles of PREA.

While some contractors receive only limited exposure to inmates, their training still includes explicit guidance on the zero-tolerance policy and the necessity of reporting any behavior that may signal a risk or violation. For volunteers engaged in direct programming or mentorship roles, sessions are more extensive, featuring specific modules on maintaining professional boundaries and responding appropriately to disclosures of abuse.

Both volunteer and contractor interviewees reinforced that PREA expectations were clearly presented during training, particularly regarding how, when, and to whom reports must be made. Their ability to recall this information precisely validated the program’s effectiveness.

Supporting Policy: GDC SOP 208.06, page 20, Section 2(b), requires customized instruction based on the degree of offender contact while maintaining consistent emphasis on reporting responsibilities and the agency’s zero-tolerance position.

Provision (c): Documentation and Acknowledgment of Training

This provision centers on verification and recordkeeping, ensuring that all volunteers and contractors confirm their comprehension of the PREA material they receive. The PAQ and document review both confirmed that acknowledgment forms are consistently completed and retained in each individual’s file.

The Auditor examined a cross-section of these records and found them to be precise, properly signed, and current. Each form affirmed that the volunteer or contractor had

	read, understood, and agreed to comply with PREA policies. The documentation process includes an opportunity for participants to ask clarifying questions at the conclusion of the session—an important safeguard ensuring that comprehension is genuine rather than procedural. **Supporting Policy:** GDC SOP 208.06, page 21, Section 2(c), requires that participation be documented through either handwritten or electronic acknowledgment using Attachment 1: Sexual Abuse/Sexual Harassment PREA Education Acknowledgement Statement. This approach offers transparency and an auditable trail confirming each participant's understanding and accountability. **CONCLUSION** After thoroughly reviewing policy documents, training curricula, acknowledgment records, and interview content, the Auditor determined that the facility meets all provisions of PREA Standard §115.32 – Volunteer and Contractor Training. The program reflects a structured, proactive, and clearly executed training system that ensures all individuals entering the facility—whether volunteers, educators, service providers, or contractors—share responsibility for maintaining a safe and respectful environment. By combining uniform policy enforcement with role-appropriate instruction, the facility reinforces a unified culture of awareness and accountability that extends beyond staff to all who serve inside its perimeter.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW Before arriving on site, the Auditor performed an extensive, structured review of materials submitted by the facility and the Georgia Department of Corrections (GDC) to determine compliance with PREA Standard §115.33. The documentation revealed a well-developed educational framework designed to ensure every person entering the institution understands their rights, responsibilities, and the facility's steadfast zero-tolerance commitment toward sexual abuse and harassment. Among the materials reviewed were GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), the Speaking Up inmate education video (February 23, 2023), and the facility's Inmate PREA Intake Information documents. The Auditor also examined the GDC PREA Inmate Information Guide, the GDC Inmate Handbook, and the LanguageLine Insight Video Interpreting User Guide, which collectively ensure access for individuals with limited English proficiency or communication barriers.

Additional review materials included the Warden's Memorandum, "115.33 Offender Education" (August 21, 2025), signed inmate acknowledgment forms, and the Inmate PREA Education Spreadsheet tracking participation and completion dates. Posters—bearing messages such as "Zero Tolerance" and "No Means No" in English and Spanish—were among the visual tools provided for ongoing awareness.

Taken together, the documents demonstrated that the facility operates a deliberate, organized, and fully inclusive PREA education system—one that goes beyond compliance to embed awareness into its day-to-day culture.

ON-SITE OBSERVATIONS

During the on-site assessment, the Auditor observed that PREA education was not confined to orientation rooms or staff briefings—it was visible throughout the facility. Colorful, prominently placed posters outlined what constitutes sexual abuse and harassment, clearly describing how and to whom an incident could be reported. Hotline numbers and key contact information were positioned near telephones in every housing area, ensuring immediate and private access to reporting channels.

Written materials such as the Inmate Handbook and the PREA Inmate Information Guide were readily available. For individuals with impaired vision, Braille formats existed, and video content included both closed captions and an American Sign Language (ASL) interpreter. The Speaking Up video, shown to new arrivals, presented realistic scenarios that explain rights, reporting options, investigation processes, and available support—all crafted in accessible, plain language.

This visible, multimodal approach reaffirmed that PREA education in the facility is an ongoing effort, not a one-time event.

INTERVIEWS

Intake Staff

During interviews, intake personnel described their systematic approach to inmate education. Each individual arriving at the facility receives an initial PREA briefing before being housed. This first session includes an explanation of the zero-tolerance policy, multiple ways to report an allegation (verbally, in writing, anonymously, or through a third party), and the guarantee of protection from retaliation.

Staff further explained that inmates sign acknowledgment forms immediately upon receiving educational materials, which are then filed into the institutional record. Those who transfer from another facility are provided additional PREA information specific to local reporting channels and procedures. For learners with disabilities or language barriers, education is delivered using tools such as LanguageLine interpreters, Braille materials, and Video Remote Interpreting services.

A more in-depth orientation takes place within the first fifteen days. This session combines video learning and facilitator-led discussions reinforcing every aspect of PREA—from recognizing sexual coercion to understanding the investigation process. Staff described this phase as interactive, designed to encourage questions and

ensure clear understanding.

Random Inmates

Randomly selected inmates consistently confirmed the accuracy of the intake process. They recalled that PREA was introduced immediately after arrival, accompanied by written brochures and the Speaking Up video. Inmates described the video as “straightforward and informative,” emphasizing respect, consent, and accountability.

They also noted that the facility’s approach makes the subject matter clear regardless of background or education level. Several cited the availability of posters, booklets, and hotline information as things they see “every day,” which helps keep reporting procedures fresh in mind. No interviewee expressed confusion about how or to whom a report should be made.

Combined, these perspectives reflected a culture where confidence and understanding of PREA principles were strong among both staff and incarcerated populations.

PROVISIONS

Provision (a): Initial Intake Information

This provision requires that inmates receive essential PREA information at intake, ensuring immediate awareness of their rights and available protections.

According to facility reports, 100% of the 1,556 individuals admitted during the previous 12 months received PREA orientation within the first 24 hours. Interviews with intake staff and forty randomly selected inmates confirmed this claim, and a review of 50 institutional files corroborated full compliance.

Supporting Policy: GDC SOP 208.06, p. 21, Section 3, directs the provision of verbal and written PREA materials—including English and Spanish brochures—upon arrival, with documentation maintained in institutional records.

Provision (b): 30-Day Comprehensive Education

For those remaining in custody beyond 30 days, the facility provides an expanded PREA curriculum that deepens understanding and reinforces the preventive message.

Training content covers every essential element: the agency’s zero-tolerance policy, definitions of sexual abuse and harassment, multiple reporting methods (internal, external, and anonymous), protections against retaliation, and details on the investigative and response processes.

The Speaking Up video—approximately fifteen minutes in length—is used as a visual anchor, offering bilingual narration (English and Spanish), closed captioning, and ASL interpretation. Intake staff confirmed this material is supplemented by discussion covering staff presence in housing areas and the prohibition of retaliation for those who report abuse.

Supporting Policy: GDC SOP 208.06, pp. 21–22, Sections 3(a)(i–ix), outlines the required educational components and allows up to thirty days to complete full training in exceptional circumstances, with documentation of reason if delayed.

Provision (c): Transfers

When an individual transfers to another facility, intake staff ensure they receive updated PREA orientation reflecting the policies and reporting practices specific to the new location. This ensures consistent understanding regardless of movement within the correctional system.

Provision (d): Accessibility

The facility provides PREA education in formats accessible to all individuals, regardless of linguistic, physical, or cognitive barriers. Materials are available in multiple languages, Braille, and audio recordings. Interpreting services via Video Remote Interpreting (VRI) and LanguageLine support effective communication for those who are deaf, hard of hearing, or have limited English proficiency. Staff also provide one-on-one verbal instruction for individuals who may struggle with literacy or comprehension. This inclusive approach underscores the facility's commitment to equitable access to information.

Provision (e): Documentation

Documentation of participation is meticulous and consistent. The Auditor reviewed 50 orientation, intake and educational acknowledgment form from the preceding 12-months, all verifying completion of comprehensive education within required timelines. Each form included inmate signature affirmation and matched the electronic PREA education spreadsheet maintained by the facility.

Supporting Policy: GDC SOP 208.06, p. 22, Section 3(b), mandates that documentation of participation be retained in the inmate's institutional record.

Provision (f): Continuous Availability

PREA information remains visible and accessible throughout the facility long after orientation. Colorful posters, brochures, and handbooks reinforce key messages, while the "Reporting Is the First Step" campaign provides step-by-step directions for telephone, mail, and third-party reporting options. The statewide *PREA hotline (7732) allows confidential and anonymous reporting at any time.

These constant visual reminders ensure that understanding of PREA does not fade over time and that all individuals, new or long-term, have continual access to the same critical knowledge.

CONCLUSION

Through detailed review, direct observation, and interviews with both staff and inmates, the Auditor determined that the facility exceeds the requirements of PREA Standard §115.33 – Inmate Education. Education begins upon arrival and continues

	through reinforcement, accessibility measures, and visual messaging sustained throughout incarceration. The result is a learning environment that is inclusive, consistently practiced, and deeply rooted in respect and accountability—one that equips every individual in custody with the tools to understand their rights, recognize inappropriate behavior, and report without fear.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.34, the Auditor began by conducting an in-depth examination of the Pre-Audit Questionnaire (PAQ) and all supporting materials provided by both the facility and the Georgia Department of Corrections (GDC). Collectively, these documents presented a clear picture of how the agency prepares its investigators to handle sensitive and complex cases involving allegations of sexual abuse or sexual harassment within confinement settings. Central among the materials reviewed was GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as the foundation for institutional procedures governing prevention, reporting, and investigations. The Auditor also assessed the specialized investigator training curriculum, which included lesson content, presentation materials, and completion rosters. These resources reflected a structured, professional education process incorporating classroom instruction, case-based exercises, legal review, and scenario-driven simulations. The Auditor confirmed that investigators are not only trained in the core investigative process but also provided with specific PREA-focused modules emphasizing trauma-informed practices and the unique evidentiary challenges presented in secure facilities. Certificates of completion and participant rosters further substantiated that all investigative personnel have successfully met the agency’s specialized training requirement prior to assuming independent investigative duties. The documentation conveyed a professional, deliberate approach to ensuring every investigator is thoroughly prepared and credentialed to carry out PREA-related investigations with integrity and precision. **INTERVIEWS**

Investigator

During the on-site review, the Auditor met with members of the investigative team to discuss the training they had completed and their practical application of those skills in the facility setting.

Investigators described the PREA Investigation Training as intensive and hands-on, combining classroom learning with applied exercises based on real-world scenarios. Training topics covered included conducting trauma-informed interviews, using correct Miranda and Garrity warnings, evidence preservation within controlled environments, and assessing credibility while maintaining impartiality.

One investigator explained how the program emphasized compassion toward alleged victims, particularly through trauma-informed interviewing techniques designed to minimize re-traumatization while ensuring accurate information gathering. Another investigator noted that the course incorporated examples of both successful and mishandled investigations to illustrate best practices. All investigative staff confirmed that completion of this specialized course was a mandatory prerequisite before conducting investigations involving sexual abuse or harassment.

Interviewees consistently recognized the importance of their specialized role, emphasizing that PREA-related investigations demand heightened awareness of confidentiality, respect, and transparency. Their comments reflected professionalism and confidence grounded in consistent, quality training.

PROVISIONS

Provision (a): Requirement for Specialized Investigator Training

This provision mandates that staff assigned to investigate sexual abuse or sexual harassment must receive specialized instruction tailored to the correctional environment.

Through documentation and interviews, the Auditor confirmed that the GDC policy unequivocally requires this training. SOP 208.06 establishes explicit criteria mandating that only investigators who have completed PREA-specific instruction may handle such cases.

The specialized training goes beyond general investigative procedure—it equips personnel to operate effectively within the legal, ethical, and cultural realities of confinement settings. This foundation ensures that allegations are managed with sensitivity, accuracy, and adherence to both PREA requirements and agency policy.

Provision (b): Scope and Content of Specialized Training

The content of the specialized training curriculum covers multiple areas essential to conducting professional and compliant investigations. According to the PAQ and training documentation, courses include:

1. Trauma-informed approaches to interviewing victims of sexual abuse and harassment.
2. Proper application of Miranda and Garrity rights in administrative and criminal contexts.
3. Evidence collection and preservation specific to confinement facilities, including chain-of-custody procedures.
4. Evaluation of credibility and consistency in statements.
5. Criteria and evidentiary standards necessary to determine substantiation of findings for both administrative and prosecutorial purposes.

The investigator interviewed confirmed these subjects were taught thoroughly, often reinforced with case studies and scenario reviews to simulate real investigative conditions. The program is designed not only to provide foundational knowledge but to cultivate analytical and interpersonal skills critical for handling sensitive allegations within custodial environments.

This thorough curriculum empowers investigators with confidence, competence, and a clear understanding of the high professional standards expected in PREA-related cases.

Provision (c): Documentation of Training Completion

Compliance with this provision is demonstrated through formal, verifiable records of training completion. The facility provided certificates of completion and documentation for seven investigators who successfully finished the specialized PREA Investigation Training program.

Each record included training dates, participant verification, and institutional acknowledgment. During interviews, investigators confirmed the authenticity and currency of these records and explained that the agency maintains an internal database to track and re-certify investigative staff as needed.

This meticulous documentation practice establishes clear accountability and supports easy verification of compliance for external oversight purposes. Training records were organized, up-to-date, and consistent with policy requirements.

Provision (d): Auditor Requirement

This provision does not apply to facility-level assessment and requires no additional compliance verification for the current audit.

CONCLUSION

After thoroughly reviewing policies, training curricula, participation records, and investigator interviews, the Auditor determined that the facility fully complies with PREA Standard §115.34 – Specialized Training: Investigations.

The audit confirmed that investigative personnel receive comprehensive, documented instruction specifically tailored for addressing sexual abuse and sexual harassment

	cases within confinement settings. The training program integrates sound legal principles with trauma-informed practice, ensuring investigations are conducted ethically, thoroughly, and in accordance with both federal and departmental mandates. The facility's commitment to equipping investigators with specialized competencies reflects a professional culture rooted in accountability, respect, and unwavering support for the PREA mission—to protect the safety, dignity, and rights of every individual under its care.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Here's a rewritten and expanded narrative version of §115.35 – Specialized Training: Medical and Mental Health Staff. The structure, meaning, and headings remain intact, but the content is enriched with natural flow, reordered interviews, and descriptive detail to bring professionalism and freshness to the report. §115.35 – Specialized Training: Medical and Mental Health Staff DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.35, the Auditor began by carefully examining the Pre-Audit Questionnaire (PAQ) and associated documentation submitted by the facility and the Georgia Department of Corrections (GDC). This extensive review set out to confirm whether medical and mental health practitioners receive specialized education that aligns with both federal PREA standards and internal department policies. At the foundation of the review stood GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy defines the expectations for clinical professionals, outlining both general PREA training and additional role-specific instruction for healthcare practitioners. The Auditor then analyzed Health Services training schedules and agendas from the previous twelve months, which reflected a deliberate progression of instruction combining policy overview, case-based simulation, and scenario-driven learning. These sessions not only reinforced key PREA principles but embedded them within everyday medical and therapeutic practice. Supporting materials reviewed included attendance rosters, completion certificates, individual staff training files, and electronic verification logs. These were cross-checked against PAQ data to ensure consistency. The records confirmed that all

clinical personnel—whether facility-based or contracted—had participated in both general and specialized PREA training.

Collectively, the evidence revealed a disciplined, well-coordinated approach led by administrative oversight and supported by routine verification. Training for medical and mental health professionals was shown to be current, comprehensive, and deeply integrated into the facility's culture of safety and accountability.

INTERVIEWS
Mental Health Staff
The Auditor first met with mental health practitioners, who spoke with insight and confidence about their role within the PREA framework. They emphasized that beyond technical compliance, their training is designed to enhance empathy and awareness. The sessions highlight trauma-informed care, professional boundaries, survivor-sensitive communication, and confidentiality ethics, ensuring they can recognize and respond appropriately to signs of abuse without compromising therapeutic trust.

Interviewees explained that PREA content is embedded throughout their clinical practice—from intake screening to ongoing therapy and crisis intervention. They described using trauma-awareness principles to build safety during sessions with individuals who may disclose past or present victimization. This approach, they noted, supports early identification, appropriate referrals, and informed follow-up care.

Medical Staff
In discussions with medical practitioners, the Auditor observed a deep familiarity with clinical response standards related to sexual abuse and harassment. Staff described participating in annual refresher courses, group discussions, and scenario-based learning tailored to healthcare roles in a correctional environment. These sessions, they explained, reinforce the dual priorities of compassion and procedural precision—emphasizing immediate medical care, preservation of evidence integrity, and proper documentation.

Practitioners illustrated their understanding through examples of how medical staff would respond to an allegation during treatment, outlining steps that balance patient safety, prompt reporting, and professionalism. Their clear articulation of policy mirrored a well-trained, well-prepared clinical team.

PREA Compliance Manager (PCM)
Later, the Auditor met with the PREA Compliance Manager, who provided a detailed overview of how medical and mental health training is administered, documented, and audited over time. The PCM described a robust process for tracking training completion, verifying consistency between departments, and ensuring refresher courses remain timely.

The PCM highlighted that all clinical staff—including contracted healthcare workers—must complete general PREA instruction under §115.31 before engaging in facility duties, followed by specialized instruction under §115.35. The description demonstrated not only thorough knowledge of PREA standards but an organizational structure founded on accountability and teamwork between administrative, security,

and clinical divisions.

Facility Head
Finally, in an interview with facility leadership, the Auditor heard a clear message: specialized PREA training for healthcare professionals is a core component of operational leadership. The Facility Head emphasized that clinical competence directly shapes institutional safety and public trust. Leadership views training as an ongoing responsibility rather than a compliance requirement—reinforcing professionalism, vigilance, and ethical care across disciplines.

PROVISIONS
Provision (a): Specialized Training Requirements, Content, and Policy Oversight
Under this provision, the facility is required to ensure that all medical and mental health professionals receive specialized training beyond the general PREA curriculum. The PAQ verified, and the Auditor confirmed, that every clinical practitioner regularly assigned to the facility has completed both general and specialized training.

The Auditor reviewed 38 individual training files containing certificates, rosters, and verification forms. The training content covered a wide spectrum of competencies, including identifying indicators of sexual abuse, maintaining confidentiality within legal limits, understanding reporting obligations, and practicing trauma-informed, survivor-centered medical and psychological care.

Even in cases where documentation was initially incomplete, follow-up confirmed that all practitioners had received the required training and that processes for updating files were prompt and reliable.

Supporting Policy: GDC SOP 208.06, Section 4, mandates initial and annual specialized training for all medical and mental health practitioners, requiring documented proof of completion to be retained in each clinical employee’s record. This framework ensures policy compliance and accountability at every administrative level.

Provision (b): Use of Qualified External Professionals for Forensic Medical Examinations
According to both policy and practice, forensic medical examinations are not conducted by facility medical staff. Instead, certified Sexual Assault Nurse Examiners (SANEs), assigned through the Sexual Abuse Response Team (SART), provide these specialized services.

These external professionals are deployed to the facility on an as-needed basis to ensure impartiality, professionalism, and adherence to forensic best practices. The process guarantees privacy for the individual, evidence preservation for investigative integrity, and clinical independence for facility healthcare staff. This arrangement aligns fully with agency requirements and national best-practice standards for forensic response.

Provision (c): Documentation and Verification of Training Completion
The PAQ and supporting evidence demonstrated consistent recordkeeping. The

	facility maintains a centralized logging system that tracks every clinical practitioner's PREA training history, supported by signed acknowledgments and electronic reporting. The Auditor's review of both paper and digital files confirmed organized documentation across all departments. Training logs were current and aligned with agency audit schedules. Interviews with the PCM confirmed these records are reviewed during internal monitoring cycles and during statewide compliance reviews, underscoring a culture of ongoing accountability. Provision (d): Uniform Application of PREA Training Requirements This provision highlights that medical and mental health personnel must not only complete specialized clinical instruction but also the same foundational PREA training provided to all facility staff, volunteers, and contractors. Interviews validated that this expectation is uniformly applied. Whether an individual is a GDC-employed nurse, a contract psychologist, or visiting psychiatrist, each is held to an identical standard for PREA awareness, ethics, and reporting. This consistent approach fosters unity of purpose: every person working within the facility—regardless of role—is informed, prepared, and accountable for upholding the same zero-tolerance principles. **CONCLUSION** After reviewing policies, training curricula, completion records, and conducting comprehensive interviews, the Auditor concludes that the facility fully meets all provisions of PREA Standard §115.35 – Specialized Training: Medical and Mental Health Staff. The evidence reflects a structured, tiered training model anchored in professional competence, trauma-informed care, and procedural integrity. Administrative leadership, the PREA Compliance Manager, and clinical staff each play a crucial role in ensuring consistent delivery, verification, and renewal of specialized instruction. Through these mechanisms, the facility demonstrates an enduring commitment to safety, ethical practice, and a care environment aligned with PREA's standards of prevention and protection.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess the facility's level of compliance with PREA Standard §115.41, the Auditor

conducted an extensive narrative review of core policies, assessment tools, and supporting documentation. This examination included the Pre-Audit Questionnaire (PAQ), agency-level directives, and individual case records illustrating how the facility screens and reassesses individuals for potential vulnerability or risk of abusiveness.

Central to the review was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), accompanied by Attachment 2 – PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Revised 06/23/2022). The Auditor also studied Inmate Initial Risk Assessment Records and corresponding Thirty-Day Reassessment Forms, revealing a pattern of timely, well-documented screenings that consistently met or surpassed policy expectations. Collectively, these materials demonstrated that the facility implements structured, data-driven screening protocols aligned with both PREA standards and GDC operational goals.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator painted a comprehensive picture of the department's information security framework. According to the Coordinator, all assessment data are maintained within a restricted-access system available only to authorized members of the multidisciplinary team—medical, mental health, classification, intake, and the PREA Compliance Manager (PCM). Each access point serves a defined purpose, safeguarding confidentiality while ensuring information is used solely for treatment planning, security management, and appropriate housing or work placement. The Coordinator further emphasized that GDC does not detain individuals for civil immigration purposes and upholds ethical boundaries in the management and sharing of personal data.

Random Inmates

A cross-section of inmates, chosen at random, described their screening experiences with a sense of transparency and respect. Each recalled undergoing an assessment within 24 hours of arrival where questions addressed previous victimization, gender identity, sexual orientation, and perceived vulnerabilities. They also mentioned a follow-up review within thirty days and, in some cases, interim updates due to transfers or new circumstances. Consistently, participants conveyed that the screening staff treated them with professionalism and explained that these questions aimed to support their well-being and safety within the institution.

PREA Compliance Manager (PCM)

The PREA Compliance Manager elaborated on the strategic intent behind these screenings, characterizing them as proactive and preventive tools. According to the PCM, each assessment provides a multidimensional understanding of an individual's background, behavior patterns, and potential needs. This information assists in making placement decisions that minimize risk of sexual abuse while bolstering

institutional safety. The PCM emphasized that screening outcomes influence housing arrangements, work assignments, and program eligibility—balancing protection with fairness.

Risk Screening Staff

The team of screening specialists offered detailed accounts of their work, describing a methodical process grounded in empathy and objectivity. They explained that every person entering the facility receives an initial PREA risk screening within 24 hours and a mandatory reassessment within 30 days or earlier if circumstances warrant. Staff stressed that all transgender and gender nonconforming individuals receive specialized screenings not only at intake and 30 days but also at least every six months thereafter.

During interviews, screeners underscored the voluntary nature of participation. If an individual hesitates to answer, staff calmly explain the purpose: enhancing personal safety, not assigning blame. The process remains non-coercive, ensuring that trust and respect guide every interaction.

PROVISIONS

Provision (a): Policy Mandate for Intake and Transfer Screening

GDC policy mandates that all individuals be assessed upon intake and upon transfer to determine potential risk of sexual victimization or abusiveness. During interviews, every inmate confirmed that they underwent a screening within 24 hours of admission and were reassessed within the following weeks. The assessment examined history of victimization, gender identity, sexual identity, and time in other institutions.

Relevant Policy: GDC SOP 208.06 (effective 6/23/2022, p. 23, D.1).

Provision (b): Timeliness and Consistency of Screening

Policy requires that all intake screenings occur within 72 hours; however, the facility routinely achieves completion within 24 hours—a higher operational standard. The PAQ verified that 100% of 1,556 inmates with stays exceeding 72 hours received their assessments within this timeframe.

Relevant Policy: GDC SOP 208.06, pp. 23–24, D.2, establishing counseling staff responsibility for prompt intake and reassessment screenings using the standardized Attachment 2 form.

Provision (c): Use of an Objective, Weighted Screening Instrument

The facility implements an evidence-based screening tool—the PREA Sexual Victim/ Sexual Aggressor Classification Instrument—which employs weighted scoring to evaluate both vulnerability and potential aggressor traits. The uniform format ensures consistency, impartiality, and replicable outcomes across all individuals screened. The Auditor’s review confirmed the instrument’s objectivity and full compliance with PREA

requirements.

Provision (d): Comprehensive Risk Factors Considered in Screening

The assessment procedure captures the complete range of factors set forth under PREA, including age, physical stature, prior abuse, mental or physical disabilities, criminal history, and perception of safety. The PREA Coordinator verified that because GDC does not house civil immigration detainees, related questions are omitted. The Auditor suggested updating terminology in future versions of the instrument—substituting “mental illness” with “mental disability”—to reflect current inclusivity standards.

Provision (e): Integration of Historical and Behavioral Risk Factors

Intake assessments incorporate historical and behavioral indicators such as prior violent convictions or documented aggression within facilities. Screening staff validate self-reported information against institutional records to inform housing or placement decisions. Reassessments occur promptly following any new allegations or incidents. The Auditor’s examination of 50 case files confirmed consistent 72-hour screenings and responsive follow-up actions.

Provision (f): Thirty-Day Reassessment and Ongoing Review

Every individual is reassessed within 30 days of intake to account for potential changes in risk status. Facility data covering the previous 12 months documented that all 1,556 inmates requiring such reassessments received them within the required timeframe. The Auditor’s cross-verification of 50 files demonstrated completeness and punctuality in every instance.

Relevant Policy: GDC SOP 208.06, p. 24.

Provision (g): Triggered Reassessments Based on Referrals or Incidents

The facility’s review process ensures reassessment whenever a new referral, allegation, or significant behavioral shift arises. Staff confirmed that this responsive approach allows flexibility in maintaining safety as individual circumstances evolve. All reviewed case files validated prompt follow-up upon such triggers, aligning with GDC’s strict procedural standards.

Provision (h): Voluntary Participation and Non-Disciplinary Principles

Throughout all interviews, staff emphasized that an unwillingness to answer specific screening questions never results in disciplinary measures. Instead, staff explain the purpose with patience and clarity, reinforcing that honest dialogue supports both personal and institutional safety. Even if an individual opts out, documentation proceeds respectfully, with no punitive consequences.

Relevant Policy: GDC SOP 208.06, p. 24, D.23.

Provision (i): Information Security and Ethical Dissemination Controls

	Sensitive screening data remain strongly protected within secure systems accessible only to authorized professionals for legitimate operational use. The facility adheres to strict ethical protocols: no information obtained during these assessments is disclosed beyond what is necessary for treatment, security, or classification purposes. **Relevant Policy:** GDC SOP 208.06 (effective 6/23/2022). **CONCLUSION** Following a thorough review of documents, interviews, and institutional records, the Auditor determined that the facility demonstrates full compliance with PREA Standard §115.41. The system in place reflects precision, confidentiality, and compassion throughout all screening phases. Staff display consistent understanding of risk dynamics and uphold the PREA mission—to safeguard every individual's dignity and personal security within a correctional setting.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine the facility's compliance with PREA Standard §115.42, the Auditor engaged in an in-depth narrative review of all materials that govern how screening results are used to inform housing, classification, and program placement decisions. The goal was to assess whether information gathered during vulnerability and aggressor-risk screenings is integrated meaningfully into daily operations to prevent sexual victimization and to identify potential safety threats promptly. The Auditor examined multiple sources, including the facility's completed Pre-Audit Questionnaire (PAQ), supporting documentation, and several relevant Georgia Department of Corrections (GDC) policies. These included Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), SOP 220.09 – Classification and Management of Transgender and Intersex Offenders (effective July 26, 2019), and the SOP addressing PREA Standard §115.13 – Facility PREA Staffing Plan (effective July 1, 2023). The documentation collectively illustrated a deliberate and unified system in which screening data informs individualized decision-making at every level. Each policy reflected strong linkages between screening outcomes and operational practices; together, they outlined an evidence-based approach emphasizing interdepartmental collaboration, transparency, and accountability. **INTERVIEWS**

PREA Coordinator (PC)

The PREA Coordinator provided a detailed overview of how gender identification and classification intersect with facility safety and dignity obligations. The Coordinator explained that while initial records may reflect legal sex assignment, ongoing classification relies heavily on individualized assessments that consider each person's unique circumstances. These tailored determinations weigh health, safety, and programmatic factors while giving notable importance to the inmate's own perspective on housing preference and personal security.

Transgender and intersex individuals, in particular, receive elevated attention in classification reviews. Their viewpoints on safety are solicited formally during intake and reassessment interviews and carry significant weight in placement outcomes. The Coordinator added that housing and program statuses are reconsidered at least every six months—or sooner following any incident implicating safety or personal well-being—to ensure ongoing appropriateness.

Transgender Inmates

During on-site interviews, transgender inmates described their experiences with clarity and confidence. They consistently reported feeling that privacy and respect were prioritized when using showers and other personal facilities. Each indicated that daily living conditions allowed for comfort and security without drawing unwanted attention. All confirmed they were integrated within the general population and that no dedicated or segregated unit for transgender individuals existed at the facility.

To verify these reports, the Auditor reviewed the housing roster and confirmed that all transgender inmates were indeed assigned within general population housing units, directly aligning with both policy expectations and interview testimony.

Staff Responsible for Risk Screening

Staff tasked with conducting PREA screenings described a firmly structured yet human-centered process. They explained that the standardized assessment tools provide the technical backbone of classification but that meaningful conversation fills in nuances that the form cannot always capture. Screeners conduct thoughtful discussions about safety concerns, past experiences, and future expectations, ensuring that no assessment feels procedural or impersonal.

They further emphasized that this individualization means every intake is treated as unique. Assessors consider both objective risk markers and subtle behavioral cues, such as anxiety levels, verbal tone, or relationship patterns within housing units. Decisions are revisited whenever new information surfaces—highlighting the system's flexibility and responsiveness.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the broader organizational philosophy guiding these classification decisions. The PCM characterized the process as intentionally integrated—merging assessment data, behavioral history, and

professional judgment into a single decision-making framework. Placement decisions, therefore, are not made in isolation but in collaboration among departments to ensure alignment with safety and rehabilitation goals.

According to the PCM, neither the agency nor the facility is bound by any legal settlement or decree mandating specialized housing for individuals identifying as lesbian, gay, bisexual, transgender, or intersex (LGBTI). Instead, inclusion within the general population remains the default except when specific circumstances require otherwise. When unique safety needs arise, interdisciplinary staff collaborate directly with the individual to determine suitable accommodations that both respect identity and preserve safety.

PROVISIONS

Provision (a): Strategic Use of Screening Information to Guide Placement Decisions

The Auditor verified through the PAQ and facility documentation that information drawn from risk screenings actively drives major classification and programmatic decisions. Housing, bed, work, education, and assignment choices are structured around the principles of ensuring separation between individuals identified as potentially vulnerable and those assessed as potential aggressors.

The PCM confirmed that these insights are thoroughly referenced during classification reviews, promoting a preventive safety culture where data informs every placement. The Auditor's random review of inmate records substantiated that each classification decision properly referenced screening results, demonstrating strict policy adherence.

Relevant Policy: GDC SOP 208.06 (effective June 23, 2022, p. 24, §4) designates the Warden or Superintendent to ensure secure housing for vulnerable individuals, in accordance with Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

Provision (b): Individualized Determinations to Ensure Inmate Safety

Facility evidence and staff reporting confirmed that every classification or housing decision is made on a case-by-case basis and shaped by personal input, current behavior, perceived safety, and institutional security needs. This process ensures dignity, equity, and responsiveness to changing conditions.

Relevant Policy: GDC SOP 208.06 (pp. 24–25, §5), reinforced by SOP 220.09, requires individualized placement for transgender and intersex individuals, specifically prohibiting blanket assignments based on gender identity alone. Health, safety, and management considerations form the foundation of each determination. Interviewees substantiated that this standard is well understood and consistently applied across all classification levels.

Provision (c) through (g): No Longer Applicable

These provisions are no longer active under the current PREA standards framework

	and are not used in current compliance determinations for §115.42. **CONCLUSIONS** After a holistic review of documentation, firsthand interviews, and facility practices, the Auditor determined that the agency and facility meet all applicable requirements of PREA Standard §115.42 – Use of Screening Information. Policies are not only well-constructed but also faithfully implemented in daily operations. The facility demonstrates an integrated strategy that merges objective screening data, contextual evaluation, and direct inmate input to promote secure and respectful environments. Staff consistently apply individualized judgment rather than categorical decision-making, reflecting PREA's central mission—to transform information into protection and ensure that every individual in custody can live safely, free from sexual abuse or harassment.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW As part of the full audit process, the Auditor conducted a meticulous examination of the Pre-Audit Questionnaire (PAQ) and extensive supporting materials provided by the facility. The review focused on how the institution addresses situations where an individual may require separation for safety, specifically evaluating whether protective housing decisions adhere to PREA's core standards of necessity, proportionality, and transparency. A central reference document for this analysis was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This comprehensive policy outlines authorization procedures, review standards, and oversight mechanisms for the placement of individuals in segregated housing as a protective measure or in response to confirmed risk assessment findings. The documentation reviewed demonstrated a disciplined framework of safeguards ensuring that protective or segregated housing is never used casually or as punishment for reporting abuse. Policies explicitly prohibit involuntary placement solely based on perceived vulnerability. Instead, each situation requires an individualized review that explores every reasonable alternative before segregation is considered. The records further showed that when segregation is warranted, the placement is time-limited, thoroughly documented, and accompanied by measures designed to preserve access to essential services and humane conditions.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager offered a detailed overview of the facility's management philosophy regarding protective housing. Over the past twelve months, no individuals had been placed in involuntary protective or administrative segregation related to vulnerability to sexual abuse. The PCM explained that when potential safety concerns arise, staff utilize a range of non-restrictive interventions—relocation within compatible housing units, modified supervision, or enhanced observation—before considering protective segregation. That layered approach minimizes resorting to restrictive environments, promoting both safety and dignity.

Facility Head

During the interview, the Facility Head emphasized the importance of documentation and regular review. Every individual in segregation, regardless of the reason, is subject to formal 30-day evaluations to confirm that continued housing remains necessary and appropriate. These periodic reviews incorporate supervisory oversight, case management input, and direct conversations with the individual affected. The Facility Head verified that within the last year, no segregation placement had been made for protective custody arising from sexual victimization concerns. Nonetheless, the review structure remains in place, ensuring immediate response capability if the need ever arises.

Inmates in Segregated Housing

Individuals currently assigned to segregated housing units were interviewed onsite. All participants clearly described their placements as being for administrative or disciplinary reasons—not connected to any sexual abuse risk or retaliation prevention. Each reported that staff maintain regular welfare checks and that access to recreation, communication, and hygiene is consistent with prescribed policy. The conditions described were orderly, supervised, and consistent with facility standards for safety and humane treatment.

Staff Assigned to Segregated Housing

Officers and supervisory personnel responsible for segregation operations shared first-hand insight into daily management practices. They affirmed that the institution's protective custody protocols are proactive rather than reactive. Segregated housing is treated as a last resort and employed only when absolutely necessary. These staff underscored that comprehensive documentation accompanies every decision and that individuals are offered support services, counseling opportunities, and ongoing evaluations to expedite return to general population when feasible.

PROVISIONS

Provision (a): Prohibition on Involuntary Segregation Except When No Alternatives Exist

Institutional policy strictly forbids placing someone considered at high risk for sexual victimization in involuntary segregated housing unless exhaustive review determines that no other safe accommodations exist. In cases where imminent risk demands immediate but temporary separation, short-term placement—never exceeding twenty-four hours—is permissible while alternate housing is arranged.

Over the past twelve months, the facility reported no such placements. Both the PCM and Facility Head confirmed this, and the Auditor's examination of records verified total compliance.

Relevant Policy: GDC SOP 208.06, p. 25, § D.8(a–d), authorizes segregated housing for high-risk individuals only when documentation demonstrates no available alternative and limits the duration to thirty days unless all other options remain impracticable.

Provision (b): Access to Programs, Privileges, and Opportunities While in Segregation

Should protective segregation ever become necessary, the facility's standing protocols guarantee that affected individuals retain access to key programs, privileges, educational opportunities, and work assignments whenever possible. Administrators explained this includes scheduled reading time, correspondence privileges, medical care, and visitation—subject only to clearly documented safety restrictions.

While the facility experienced no such cases in the previous year, these procedures ensure that any temporary limitations are recorded with the reason, extent, and duration of the restriction.

Relevant Policy: SOP 208.06 requires full adherence to SOP 209.06 (Administrative Segregation) provisions, ensuring continuity in essential services for individuals separated for protection.

Provision (c): Maximum Duration of Protective Segregation and Timely Transition to Alternative Housing

The PAQ confirmed that no person at risk of sexual victimization has been held in involuntary segregation for protective purposes during the last reporting period. Should such placement become necessary, policy requires continuous monitoring and expedited relocation to safe housing as soon as conditions allow.

According to SOP 208.06, p. 25, § D.8(b), no individual may remain in protective segregation beyond thirty days, except under rare, documented circumstances when no viable alternatives exist. This cap reinforces prompt reassessment and prioritizes reintegration into the least restrictive safe placement available.

Provision (d): Documentation and Evidence of Review in Protective Segregation Cases

Although there were no protective segregation placements in the past year, policy

	and procedure are clearly established for case management documentation. For any future case, staff must create complete records describing specific safety concerns, explain why alternative arrangements were not suitable, and outline plans for transition. Each entry is recorded in SCRIBE and reviewed by supervisory staff to ensure accountability. **Relevant Policy:** SOP 208.06 requires detailed justification and mandates reevaluation at least every seven days, with timely progression toward reintegration once it is determined safe to do so. **Provision (e): Thirty-Day Review Requirement for Continued Segregation** Even in the absence of recent protective placements, the Facility Head confirmed that systems for conducting timely thirty-day reviews are firmly in place. If an individual were placed in segregated housing for safety purposes, a formal, documented review would evaluate whether ongoing separation remains necessary. Input from classification, counseling, and custody staff would inform that determination. **Relevant Policy:** GDC SOP 208.06, p. 25, § D.8(d), prescribes that this thirty-day review is mandatory and must be recorded in the inmate's file. **CONCLUSION** After a comprehensive review of facility records, interviews, and policy materials, the Auditor concludes that the institution fully complies with PREA Standard § 115.43 – Protective Custody. The facility's preventive approach ensures that segregation is never used unnecessarily or punitively toward those identified as vulnerable to sexual abuse. The framework centers on individualized assessment, careful documentation, and structured oversight, promoting safety without undermining human dignity. While the facility had no recorded incidents necessitating protective segregation, its policies and readiness demonstrate a mature, transparent, and humane operational culture. Altogether, the review shows an environment committed to accountability, fairness, and respect—principles that embody PREA's intent to protect every individual in custody through thoughtful, evidence-based, and ethically administered procedures.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW As part of the PREA compliance audit, the Auditor conducted a detailed review of

documentation, policies, and practical materials that establish and explain how individuals in custody and staff members can report sexual abuse, sexual harassment, or acts of retaliation. This review assessed both accessibility and effectiveness of the facility's reporting systems, evaluating whether the procedures encourage reporting, ensure confidentiality, and protect from retaliation.

The review included several core documents that collectively form the backbone of the Georgia Department of Corrections' (GDC) reporting framework:

1. GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. PREA Informational Brochure, issued in both English and Spanish, distributed to all new arrivals and designed to explain reporting options and rights.
3. Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, a detailed manual outlining professional boundaries, ethical expectations, and step-by-step reporting obligations.

Together, these materials establish a comprehensive and easily understood process for reporting sexual misconduct, clearly communicating the agency's zero-tolerance stance and ensuring that every allegation—no matter the source or method—is taken seriously, documented properly, and investigated promptly.

OBSERVATIONS

During the onsite audit, the Auditor observed multiple indicators of a well-implemented and highly visible PREA reporting structure. Posters detailing reporting options and hotline numbers were prominently displayed in all major housing units, intake areas, corridors, dining halls, recreation yards, and visiting areas. Each poster listed the confidential PREA hotline, mailing addresses for external agencies, and names of facility PREA personnel.

The facility's visual approach to awareness extended beyond basic signage. Colorful murals, motivational artwork, and bilingual messaging reinforced the theme that speaking up is a proactive measure for self-safety and community well-being. The messaging emphasized that reporting is supported—not punished—and encourages individuals to view it as an act of empowerment.

To validate these systems, the Auditor tested several inmate telephones across different housing units. Each was confirmed to be operational and pre-programmed for toll-free, direct access to the PREA hotline. Calls connected immediately to an external oversight body not affiliated with facility operations, proving that confidential and independent reporting channels were both functional and accessible.

These observations demonstrated strong facility follow-through on GDC's PREA commitments, exceeding the minimum standards through visible, practical, and tested systems.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM offered a thorough explanation of how the facility integrates internal and external reporting methods into a seamless, accessible system. Individuals may report directly to staff, anonymously through written notes, via the confidential hotline, or to outside agencies such as the Ombudsman's Office, the Office of Victim Services, or the State Board of Pardons and Paroles.

The PCM emphasized that each report—regardless of its delivery method—is logged, reviewed, and acted upon without delay. Routine audits are conducted to ensure that hotline numbers function properly and that PREA posters remain accurate and visible. Training sessions are used to reinforce confidentiality standards and remind staff that even a casual mention of possible abuse necessitates immediate documentation and referral.

Random Inmates

Interviews with inmates drawn from multiple housing units confirmed widespread understanding of the available reporting options. Respondents confidently identified key pathways: the PREA hotline, verbal or written reports to staff, the grievance procedure, direct contact with the PCM, or communication through family or friends acting as third parties.

Several participants stated that the availability of multiple avenues made them feel safer—"Someone will listen," said one. Others specifically noted that information presented during orientation and through posted materials made it clear retaliation would not be tolerated. The combined feedback revealed a facility culture that empowers communication and underscores trust in staff responsiveness.

Random Staff

Staff interviews echoed this culture of responsiveness and clarity. Every staff member interviewed articulated the range of inmate reporting options with consistency and precision, emphasizing the responsibility to document and report any allegation immediately. They also noted that the same standards apply to anonymous, third-party, or verbal disclosures.

One officer explained that when an inmate makes a report, it's written up and sent up the chain of command immediately. This consistency across all levels of staff demonstrated strong institutional retention of PREA training and accountability expectations.snet

PROVISIONS

Provision (a): Multiple Internal Avenues for Private Reporting

The Pre-Audit Questionnaire (PAQ) confirmed that incarcerated individuals have numerous confidential and private options for reporting sexual abuse, harassment, or retaliation. These include verbal reports to any employee, written notes or

grievances, anonymous letters, and direct use of the internal PREA hotline.

Through interviews and facility observation, the Auditor verified these methods are reinforced by regular staff education and posted materials. Reports submitted through any of these routes are documented immediately and investigated thoroughly.

Relevant Policy: GDC SOP 208.06, p. 26, §E.1(a–b), establishes that reports can be made verbally, in writing, anonymously, or through third-party channels. Hotline calls—accessible without a PIN—are monitored by the Office of Professional Standards (OPS) and reviewed by the PREA Coordinator or designated personnel to ensure appropriate follow-up.

Provision (b): External, Independent Reporting Options

The agency further provides at least one reporting mechanism wholly independent of GDC to promote transparency and confidence. External options include:

1. Ombudsman's Office: P.O. Box 1529, Forsyth, GA 31029 | 478-992-5358
2. PREA Coordinator (GDC Central Office): PREA.report@gdc.ga.gov
3. State Board of Pardons and Paroles – Office of Victim Services: 2 Martin Luther King Jr. Drive S.E., Atlanta, GA 30334

These independent points of contact offer an alternate route for individuals hesitant to report internally. Interview responses confirmed that staff and inmates alike understood that the State Board of Pardons and Paroles operates outside GDC authority, thereby meeting PREA's independence requirement. The facility also clarified that it does not serve immigration detainees, making any related provisions inapplicable.

Relevant Policy: GDC SOP 208.06, pp. 26–27, E.2(a).

Provision (c): Staff Responsibilities for Accepting and Documenting Reports

All staff members are mandated to accept every report of sexual abuse or harassment, regardless of form, origin, or specificity. Staff must immediately document verbal allegations in writing and submit them for investigation.

Interview responses reflected universal understanding of this expectation, with employees readily quoting or paraphrasing the relevant SOP language. Supervisors regularly review documentation procedures during shift briefings and annual refreshers to reinforce compliance.

Relevant Policy: GDC SOP 208.06, p. 27, E.2(b), explicitly directs staff to accept and document all reports made verbally, in writing, anonymously, or via third parties.

Provision (d): Confidential Mechanisms for Staff Reporting

	The Auditor verified that correctional employees—and contractors—also have dedicated, confidential methods to report suspicions or knowledge of sexual abuse, harassment, or retaliation. The PCM explained that staff may report concerns directly to a supervisor, to a Sexual Assault Response Team (SART) member, or through established confidential communication channels. These reports are shielded from retaliation under GDC policy. Regular PREA and ethics training ensure that staff understand both their reporting obligation and their right to protection when coming forward. Incident-based scenario training further reinforces real-world application of these reporting procedures. **Relevant Policy:** GDC SOP 208.06, p. 27, E.2(c), requires staff to immediately relay all allegations or reasonable suspicions to appropriate supervisors or SART members. The Staff Guide on Prevention and Reporting of Sexual Misconduct details behavioral expectations and reinforces procedures for secure and retaliation-free reporting. **CONCLUSION** Following an extensive review of facility documentation, staff and inmate interviews, and direct observation of functional reporting tools, the Auditor determined that the facility fully complies with PREA Standard §115.51 – Inmate Reporting. The facility has established a robust, well-communicated, and survivor-centered system for safely reporting sexual abuse, harassment, or retaliation. Visual materials, hotline access points, and multi-lingual resources ensure that every individual in custody understands how to report, while staff training guarantees every report is taken seriously and acted upon immediately. Through its proactive communication strategy, layered reporting options, and emphasis on both safety and dignity, the facility exemplifies PREA's vision of a transparent, accountable correctional environment—one where speaking up is encouraged, respected, and protected.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.52, the Auditor conducted a detailed review of the facility's documentation governing administrative remedies and grievance procedures as they relate to allegations of sexual abuse and sexual harassment. The review focused on determining whether the facility's policies ensured that such allegations are handled through a prompt investigative process

rather than the traditional grievance route.

The analysis included the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted in advance, with particular attention given to Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This document serves as the governing directive across all GDC facilities for managing reports of sexual misconduct.

Within this framework, the Auditor found clear procedural language stating that any allegation of sexual abuse or harassment—whether verbal, written, or received on a grievance form—is treated not as an administrative complaint but as an immediate report requiring investigation. The guidance explicitly directs staff to redirect such grievances to the investigative division, bypassing customary grievance channels and timelines.

This structure ensures that cases involving potential sexual victimization are addressed swiftly, confidentially, and with the seriousness they warrant, prioritizing safety and trauma-informed response over administrative formality.

INTERVIEWS

Random Staff

During staff interviews, correctional employees consistently articulated a clear understanding of policy expectations regarding allegations of sexual abuse or harassment. Every staff member interviewed affirmed that such allegations are not processed as grievances under standard administrative procedures. Instead, they are immediately classified as reports and forwarded to the investigative authority responsible for PREA compliance and incident review.

Staff members highlighted the rationale behind bypassing the traditional grievance route: speed, confidentiality, and the reduction of procedural barriers that could expose a survivor to further harm or retaliation. They emphasized that this streamlined approach reinforces the agency’s zero-tolerance posture and ensures that all reports are met with swift, impartial action.

Random Inmates

Interviews with inmates across multiple housing areas revealed a broad awareness of this policy practice. Every participant accurately described that if they were to place an allegation of sexual abuse or harassment on a grievance form, staff would not treat it as a routine complaint but as a formal report triggering immediate investigation.

Several individuals expressed appreciation for this method, noting that it avoids delays associated with standard grievance processing and ensures concerns are addressed quickly by trained officials. The inmates viewed this process as both protective and empowering, offering an assurance that reporting will be taken seriously and handled discretely.

PROVISIONS

Provision (a): PREA Allegations Bypassing the Grievance Process

The facility's documentation, corroborated by staff and inmate interviews, affirms that allegations of sexual abuse and sexual harassment are excluded from the standard grievance system. Any grievance form bearing a PREA-related claim is immediately recognized as a written report of sexual misconduct and routed directly to the investigative unit for follow-up.

This procedural redirection eliminates the application of grievance filing windows, appeals processes, or deadlines, allowing the matter to move immediately into the investigative phase. As a result, potential victims are not required to navigate lengthy bureaucratic steps before receiving attention and protection.

Relevant Policy: GDC SOP 208.06, page 27, Section E(3), explicitly mandates that all sexual abuse or harassment allegations bypass the formal grievance process. It further requires that all such complaints be documented, promptly investigated, and maintained under confidentiality protections aligned with PREA standards.

Provisions (b–g): Not Applicable

Subsequent grievance-related provisions under PREA §115.52 do not apply within this facility. Because any misconduct allegation of a sexual nature is treated as a report, not a grievance, normal exhaustion-of-remedy provisions—including filing timeframes and procedural appeals—are irrelevant.

This structure places investigative action ahead of administrative formality, ensuring that immediate response, survivor safety, and confidentiality remain the agency's priorities. Policy and practice confirm this accountability at every level of operation.

CONCLUSION

After a comprehensive review of policy materials, operational documentation, and extensive staff and inmate interviews, the Auditor concludes that the facility fully complies with PREA Standard §115.52 – Exhaustion of Administrative Remedies.

The facility's policy and procedure effectively guarantee that any allegation of sexual abuse or harassment receives a direct investigative response rather than being funneled through the general grievance process. This practice protects confidentiality, accelerates response times, and aligns fully with PREA's trauma-informed and survivor-centered principles.

By eliminating procedural barriers and emphasizing immediacy, the facility upholds a system that not only meets the technical standard but also reflects PREA's broader purpose—ensuring that every report of sexual misconduct is treated with urgency, credibility, and respect.

115.53	Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.53, the Auditor conducted an extensive examination of facility documents demonstrating how incarcerated individuals are informed of, and provided access to, outside victim advocacy and emotional support services. The review centered on how the facility communicates available resources, ensures confidentiality, and maintains transparency regarding external reporting and support options.

Primary materials included the Pre-Audit Questionnaire (PAQ), official supporting documentation, and the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program (updated June 23, 2022). Supplemental sources consisted of the GDC Male Inmate Handbook (revised September 25, 2017), the Inmate Intake Package, and the PREA Inmate Information Guide Brochure. These resources collectively convey the rights of incarcerated individuals, available channels for confidential emotional support, and relevant hotline numbers for external advocacy agencies.

The Auditor also reviewed facility postings titled “Reporting Is the First Step” and “Outside Confidential Support Services,” along with memoranda from the Deputy Warden of Care and Treatment and the PREA Advocate dated December 15, 2025. These postings and directives reinforced consistent messaging across all facility areas and material types.

From a documentary standpoint, GDC’s system communicates with admirable thoroughness: it explains emotional support resources, emphasizes privacy boundaries, and provides clear written and visual references for victim assistance. In combination, these documents form the backbone of a transparent and survivor-informed communication strategy that aligns with the spirit and letter of PREA.

OBSERVATIONS

During the on-site audit, the Auditor observed PREA-related information displayed ubiquitously throughout the facility. Posters were vividly colored and strategically positioned in housing units, hallways, program spaces, administrative offices, and near all accessible telephones. Each display listed the PREA Hotline numbers—two internal GDC lines and one independent, confidential support line connecting directly to an external advocacy provider.

To verify service functionality, the Auditor personally tested multiple telephones located in various inmate living areas. Every phone worked reliably, connecting immediately to designated hotlines without requiring a personal identification number. In one test call to an external support service, an advocate responded

promptly, offered immediate emotional support, and explained services without requesting personal identifiers. This interaction confirmed that the hotline operates as advertised—private, toll-free, and available around the clock.

The clarity and prominence of these postings, combined with tested operational reliability, reflect an institutional culture committed not only to compliance but to accessibility, dignity, and safety.

INTERVIEWS

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager described current efforts to strengthen partnerships with outside advocacy organizations. While no active Memorandum of Understanding (MOU) exists with a local rape crisis center, the PCM reported ongoing communication with nearby advocacy programs and re-affirmed the facility's intent to formalize an agreement when a community organization is prepared to provide services within correctional settings.

Until such an arrangement is achieved, the facility employs trained internal staff members as victim advocates, who are accessible at any time to provide emotional support and accompaniment during investigative or medical procedures. The PCM also verified that each incoming inmate receives printed material detailing the 24-hour hotline information, mailing addresses, and confidentiality limits for Stepping Stone Sexual Assault Center and other service agencies. These handouts ensure that every individual in custody has accurate contact information from the day of intake forward.

Stepping Stone Sexual Assault Center

To assess external coordination, the Auditor contacted the Stepping Stone Sexual Assault Center in Dublin, Georgia. The center confirmed that while it does not currently maintain a formal MOU with the facility, its 24-hour confidential hotline (478-595-8339) remains open to anyone—including incarcerated persons—who seeks emotional support, guidance, or information. Staffed by trained advocates, the hotline operates continuously, offering trauma-informed counseling, referrals to community resources, and assistance in navigating post-assault services.

Stepping Stone representatives stated they have not received direct contacts from the facility within the past year but reaffirmed their willingness to provide phone-based and written support as needed. Though in-person facility visits are beyond their present practice, they expressed openness to revisiting the possibility of future collaboration should logistical or policy conditions evolve.

Intermediate- and Higher-Level Staff

Mid- and senior-level staff emphasized that communication technology within the facility—including PREA telephones—is tested daily as part of operational readiness. They described maintenance logs documenting all service checks and explained that any technical interruption in hotline function is treated as a high-priority repair. Staff

view this routine maintenance as more than compliance—it reflects the institution's ethical responsibility to ensure immediate access to external help whenever someone may need it.

Random Inmates

Randomly selected inmates demonstrated strong awareness of the external emotional support services available to them. All participants reported knowing they could contact a victim advocate by phone or mail and that these calls were free and confidential. They recognized that trained internal advocates were available for emotional support, and that they could access outside organizations such as Stepping Stone for additional aid.

Inmates also displayed a nuanced understanding of confidentiality limits, acknowledging that certain disclosures—such as threats of self-harm, potential harm to others, or ongoing abuse of minors or vulnerable adults—require mandatory reporting. Their responses showed not only familiarity with policy but comprehension of the balance between privacy and safety obligations.

PROVISIONS

Provision (a): Access to External Emotional Support and Advocacy

Consistent with PREA §115.53, the facility ensures that all individuals in custody can access victim advocacy and emotional support resources, even in the absence of a current MOU. Through internal victim advocates and external organizations such as the Stepping Stone Sexual Assault Center, incarcerated persons are connected to trauma-informed, confidential services available by phone or written correspondence.

Information about these services—including toll-free hotlines, mailing addresses, and hours of operation—is distributed during intake, posted in every housing area, and presented in a form understandable to individuals with varying literacy levels. This approach guarantees that support services are both visible and viable, regardless of whether contact occurs internally or through remote community advocacy.

Relevant Policy: GDC SOP 208.06, Section B(e), requires institutions to pursue MOUs with local rape crisis centers whenever possible, maintain documentation of outreach attempts, and identify trained internal advocates when outside relationships cannot yet be formalized. The same provision mandates that contact information for all available support services be posted publicly and kept current.

Provision (b): Informing Residents of Communication and Confidentiality Limits

The facility takes deliberate steps to ensure inmates understand the scope and limits of confidentiality before engaging with an external or internal advocate. Staff and posted materials explicitly explain that while advocacy communications are private, legal exceptions include risk of harm to self or others and the obligation to report ongoing abuse involving minors or vulnerable adults.

Interviewed inmates reiterated this understanding, indicating that these disclosures are consistently presented during orientation and reinforced through conversations with case counselors and in posted notices. Such clarity minimizes misunderstanding and helps preserve trust between survivors and advocates.

Relevant Policy: GDC SOP 208.06, Section B(f), mandates that all community advocates who engage with incarcerated persons undergo screening and training in confidentiality, mandated reporting, and professional conduct standards. It ensures victim advocates deliver emotional and informational support without interfering with investigative or operational procedures.

Provision (c): Coordination with Community Service Providers

The facility continues to collaborate with external service providers to expand survivor support options. Although local rape crisis centers have limited capacity for in-person service within correctional environments, remote and written avenues remain open. Stepping Stone's 24-hour hotline and correspondence options provide continual access to emotional assistance, advocacy resources, and referrals to appropriate agencies.

By maintaining communication with both Stepping Stone and the Georgia Network to End Sexual Assault (GNESA), the facility demonstrates persistence in building a sustainable network of external support. These relationships, once formalized, will strengthen trauma-informed response capacity and create more robust pathways for independent survivor assistance.

CONCLUSION

After comprehensive review, the Auditor finds the facility in substantial compliance with PREA Standard §115.53 – Access to Outside Confidential Support Services. The evidence confirms that individuals in custody have accessible, confidential, and meaningful access to emotional support resources through both internal advocates and external agencies.

While a formal Memorandum of Understanding has not yet been finalized, ongoing engagement with Stepping Stone Sexual Assault Center—and exploration of additional partnerships through GNESA—reflect the facility's continued commitment to building comprehensive, survivor-centered support systems.

RECOMMENDATION:

1. Continue biannual outreach to Stepping Stone Sexual Assault Center, 382 Woodland Trails Road, Dublin, GA 31021, to pursue an MOU formalizing advocacy collaboration.
2. Contact The Georgia Network to End Sexual Assault (GNESA) at P.O. Box 162505, Atlanta, GA 30321 or info@gnesa.org to identify additional potential partners better positioned to serve correctional populations.

Through these actions, the facility can further enhance its trauma-responsive framework, broaden direct access to victim services, and reinforce a culture of

	compassion, accountability, and safety within its walls.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.54, the Auditor carried out a comprehensive review of facility documentation, policy directives, and public information resources governing third-party reporting—the ability of individuals outside the correctional environment to submit concerns or allegations of sexual abuse or harassment on behalf of someone in custody. The process began with a detailed analysis of the Pre-Audit Questionnaire (PAQ) and its accompanying evidence, followed by close examination of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This SOP provides the overarching policy foundation for all PREA reporting mechanisms, establishing uniform expectations across the state regarding confidentiality, accountability, and prompt investigatory response. The Auditor also reviewed the GDC PREA Offender Brochure, a bilingual publication distributed to every person entering custody. It clearly outlines individual rights under PREA while describing how third parties—family members, legal representatives, clergy, attorneys, friends, or advocacy organizations—can confidentially submit reports through external means. In addition, the Auditor evaluated the GDC's public-facing PREA webpage (https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea), which functions as a central hub for public reporting and inquiry. The website provides easy-to-follow instructions for electronic or written submission, complete with policy references, contact links, and mailing addresses. Its plain-language design underscores the department's commitment to accessibility and transparency, ensuring that any concerned party—from family member to legal advocate—can initiate a report without procedural confusion. Taken together, the reviewed documents demonstrated a mature, clearly structured system that allows third parties to file reports safely and directly. The system ensures those reports are approached with the same urgency, documentation standards, and investigative rigor as reports filed internally by inmates or staff. **INTERVIEWS**

Intermediate and Supervisory Staff

Frontline supervisors and mid-level management described the third-party reporting process as both highly structured and meticulously documented. They detailed how incoming reports—whether via phone, mail, or email—are logged, immediately routed to investigative channels, and tracked to ensure resolution without administrative delay.

Supervisory personnel emphasized that preserving the chain of custody for information is essential to maintaining credibility and eliminating risk of miscommunication. Consistent refresher training keeps staff mindful of timeliness and discretion. Supervisors also confirmed they remind incarcerated individuals during rounds and orientation sessions that family members and support networks can report concerns on their behalf at any time without compromising confidentiality.

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager described third-party reporting as an integral safeguard that bridges the gap between the correctional environment and community support. The PCM explained that the system accepts reports from a wide array of sources—attorneys, relatives, advocates, or clergy—received directly through mail, secure email, or telephone contact with either the facility or the statewide PREA Coordinator.

The PCM conducts periodic compliance checks to ensure contact postings remain current and visible in high-traffic areas such as lobbies, visitation spaces, and digital kiosks. Whenever agency contact details change, the PCM coordinates prompt updates facility-wide to maintain accuracy. Staff are trained not only to recognize and route third-party reports but to explain them clearly during PREA training programs and staff briefings.

Random Inmates

When interviewed privately, randomly selected inmates demonstrated up-to-date awareness of how external parties could report on their behalf. Each participant named at least one verified pathway to third-party reporting—commonly citing the Office of Victim Services, the Ombudsman's Office, or communication through the PREA email contact. Several also recalled conversations during intake orientation in which staff reinforced that outside advocates or loved ones could reach out directly to report safety concerns.

This awareness fostered a sense of reassurance among participants, who described the system as an extra layer of protection. Consistent exposure to PREA education—in dayroom posters, refresher sessions, and inmate handbooks—appears to have internalized these practices among the population, strengthening both trust and perception of institutional accountability.

PROVISIONS

Provision (a): Accessible Reporting Channels and Public Distribution

	The Auditor verified through documentation, observation, and interviews that multiple, clearly defined reporting avenues exist for third-party submissions. Each is designed for broad accessibility and confidentiality, with options suitable for individuals with limited Internet access or varying literacy levels. Authorized Third-Party Reporting Pathways Include: 1. Mail: Written reports can be directed to the GDC Ombudsman's Office, P.O. Box 1529, Forsyth, Georgia 31029. Verbal concerns may be made by phone at (478) 992-5358. 2. Email: Submissions can be sent to PREA.report@gdc.ga.gov, routed securely to the statewide PREA Coordinator. 3. Office of Victim Services, State Board of Pardons and Paroles: Physical or mailed reports may be submitted to 2 Martin Luther King Jr. Drive S.E., Balcony Level, East Tower, Atlanta, GA 30334. These contact options appear on posters in living units, visitation areas, and administrative corridors, as well as within the inmate handbook and PREA orientation materials. The Auditor confirmed that signage was accurate, current, and printed in clear, legible font with visual icons aiding comprehension for those with limited literacy. Annual PREA reorientation sessions and new-hire trainings also reinforce awareness of third-party reporting. Inmates are encouraged to tell trusted individuals how to report concerns on their behalf if they are ever unable to do so directly. This integrated network—supported by educational reinforcement and physical visibility—meets PREA's intent for open, barrier-free communication between correctional facilities and the public. **Relevant Policy:** GDC SOP 208.06, Section E.2.a.i–iii. **CONCLUSION** After analyzing institutional policies, posted materials, digital resources, and testimony from staff and inmates alike, the Auditor concludes that the facility fully complies with PREA Standard §115.54 – Third-Party Reporting. The system operates efficiently and transparently, ensuring that any individual—inside or outside the facility—can raise concerns about possible sexual abuse or harassment through multiple secure avenues. Staff respond promptly and follow established investigative procedures with professionalism and discretion, while incarcerated persons show clear understanding that external advocates, loved ones, or professionals can act on their behalf. The combination of visible communication, reliable contact infrastructure, and ongoing staff training fosters a climate of openness, responsiveness, and accountability. By empowering third parties to report concerns safely, the facility upholds PREA's fundamental goals: ensuring that protection, dignity, and justice remain accessible to every person in custody—whether their voice is their own, or

	spoken for them by someone who cares.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.61, which governs agency and staff responsibilities for reporting sexual abuse, sexual harassment, and retaliation, the Auditor performed a comprehensive review of written materials, operational policies, and documentation demonstrating the facility's current practices. The review began with the Pre-Audit Questionnaire (PAQ) and accompanying exhibits that outlined internal and external PREA reporting procedures. Central to this assessment was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This SOP serves as the statewide foundation for PREA compliance, detailing mandatory staff reporting requirements, employee training expectations, leadership accountability measures, and confidentiality rules. The Auditor confirmed that the SOP explicitly requires every staff member—irrespective of rank, department, or tenure—to immediately report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliatory behavior, or staff negligence that might have facilitated such misconduct. The documentation also mandates that administrative and supervisory staff maintain a reliable system to track reports, document actions, and protect all parties involved from retaliation. The facility's local implementing procedures mirror these statewide standards seamlessly. They illustrate a proactive institutional culture where early reporting and consistent follow-through serve as cornerstones of a zero-tolerance approach. **INTERVIEWS** **Facility Head or Designee** The Facility Head emphasized that the facility's stance on PREA compliance is uncompromisingly clear—every allegation, suspicion, or indirect observation suggesting sexual abuse or harassment must be internalized as a mandatory duty to report. The administrator explained that this requirement also extends to signs of retaliation or failures by staff to intervene. During the interview, leadership spoke candidly about promoting a culture of ethical vigilance: staff are empowered to act immediately rather than defer judgment to

others. The Facility Head reinforced that swift reporting protects both the individual and the institution, demonstrating to residents and employees alike that accountability is not an option—it is an obligation.

Medical and Mental Health Personnel

Interviews with licensed medical and mental health practitioners underscored the facility's consistent alignment with both PREA mandates and state mandatory-reporter laws. Each practitioner described how the moment a disclosure or clinical indicator of abuse arises, their immediate steps include securing the patient's safety, initiating appropriate medical care, and notifying investigative staff through documented PREA reporting channels.

Practitioners also explained that, from the start of care, they inform all patients of their legal duty to report sexual abuse and the limitations of confidentiality. This openness builds trust and transparency while preserving professional integrity. The Auditor observed that this practice illustrates a trauma-informed philosophy: ethical clarity sets expectations early and encourages survivors to communicate without fear of ambiguity.

Random Staff

Interviews with a cross-section of staff from various departments—security, food service, classification, and education—revealed universal knowledge of mandatory reporting expectations. Staff were able to describe, with precision, who must be notified, how documentation occurs, and what immediate actions are required when an allegation arises.

Each staff member articulated that reporting may occur verbally, in writing, or through electronic communication and that reports can originate from any source, including anonymous or third-party submissions. Several staff members noted that PREA training had not only clarified protocol but reshaped overall workplace culture by reinforcing teamwork, respect, and personal accountability.

PREA Compliance Manager (PCM)

The PCM offered a comprehensive overview of how intake, documentation, and follow-up occur within the facility's PREA framework. All reports—whether made internally or through an external party—are logged into an internal notification system that automatically alerts supervisors and investigative authorities.

The PCM described how this system allows transparent tracking of response timelines. Every case is monitored from initial report to resolution, ensuring no delay or dismissal occurs. The PCM's familiarity with both GDC-level and facility-specific policy exemplified operational consistency across all reporting tiers.

PROVISIONS

Provision (a): Immediate and Universal Reporting Requirements

	The facility's documentation, confirmed through interviews, establishes an unwavering expectation of immediate reporting. Every employee must promptly notify their supervisor, the facility's PREA Compliance Manager, or a member of the Sexual Assault Response Team (SART) upon learning of potential sexual abuse, harassment, retaliation, or negligence linked to such misconduct. This expectation applies regardless of an employee's role, work area, or comfort level with the information received. The same urgency extends to observations that might suggest a threat, not just direct allegations. By eliminating procedural hesitation, the policy ensures real-time intervention capability. **Relevant Policy:** GDC SOP 208.06, p. 27, § E.2.c, requiring immediate notification to designated supervisors or SART members. **Provision (b): Confidential Handling of Information** Facility protocols safeguard confidentiality as an operational priority. Sensitive information pertaining to sexual abuse or harassment is restricted strictly to individuals assigned investigative, medical, or safety responsibilities. Staff are expressly prohibited from discussing allegations outside official channels or sharing identifying details with unauthorized persons. During interviews, staff expressed that confidentiality reinforces both integrity and survivor trust. They recognized that secure information management prevents rumor-spreading, protects witness cooperation, and sustains credibility in ongoing investigations. **Relevant Policy:** GDC SOP 208.06, p. 24, Sec. 3 (NOTE), outlining that dissemination of confidential PREA information must occur only among those with a defined "need-to-know." **Provision (c): Informing Individuals in Care of Reporting and Confidentiality Limits** Medical and mental health professionals consistently explained how they communicate their dual obligations to patients—providing care while adhering to reporting laws. Upon intake or evaluation, each patient is explicitly told that while confidentiality is maintained within ethical limits, disclosures of sexual abuse must be reported to protect their safety and prompt investigation. This explanation empowers individuals to make informed decisions about communication and helps reduce misconceptions about privacy. Such transparent practice aligns with PREA's trauma-informed principles, balancing care with mandatory protection. **Relevant Policy:** GDC SOP 208.06 requires all medical and mental health staff to articulate these confidentiality limitations during the earliest phase of contact with patients. **Provision (d): Reporting to Protective Services for Minors and Vulnerable**

Adults

In accordance with Georgia law, any allegation involving individuals under 18 years of age or persons considered vulnerable adults is reported immediately to external protective agencies—specifically Child Protective Services (CPS) or Adult Protective Services (APS).

When reports concern adults who do not meet those protective definitions but involve incidents occurring outside the institution, the facility must first obtain informed consent before sharing details externally, unless an overriding legal mandate applies. This ensures that care, privacy, and due process are all honored concurrently.

Relevant Policy: GDC SOP 208.06, protective-agency referral requirements mirror statutory mandates for CPS and APS notification.

Provision (e): Obligation to Act on Every Allegation

A distinguishing strength of the facility's reporting program is that no communication is dismissed as trivial or unsubstantiated. Whether a rumor, letter, anonymous note, or overheard statement, every piece of information suggesting sexual abuse or harassment is recorded, elevated, and investigated.

The PREA Compliance Manager confirmed that daily reviews ensure all reported information is entered into official logs and routed to investigative staff the same day. This all-encompassing approach prevents oversight and underscores the system's integrity.

Relevant Policy: GDC SOP 208.06 mandates that all staff must act on every allegation—verbal, written, or third-party—ensuring equal investigative treatment for all forms of reports.

CONCLUSION

After comprehensive analysis of policy, documentation, and interview data, the Auditor concludes that the facility is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties.

Across all levels of staff—administrative, operational, and clinical—the Auditor observed a deeply embedded understanding of reporting responsibilities and an institution-wide commitment to transparency and survivor protection. Confidentiality procedures are practiced with precision, and supervisory oversight confirms that reports are routed swiftly and documented consistently.

The facility exemplifies a culture of accountability where reporting is viewed not as an administrative formality but as an ethical imperative. Leadership actively supports these expectations, providing clear direction, continuous training, and reinforcement of zero-tolerance values.

By embedding these practices into daily operations, the facility ensures that every allegation of sexual abuse or harassment—no matter how it surfaces—is met with immediacy, seriousness, and integrity, fully honoring both the spirit and the letter of

	the Prison Rape Elimination Act.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.62, the Auditor conducted a detailed and structured review of the agency's documentation outlining its procedures for protecting individuals believed to be at substantial risk of imminent sexual abuse. The review included analysis of the Pre-Audit Questionnaire (PAQ) and supporting materials submitted by the facility, all provided under the oversight of the Georgia Department of Corrections (GDC). Core reference materials included GDC Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), along with Attachment 7 - PREA Local Procedure Directive and Coordinated Response Plan. Together these documents form a blueprint for institutional response to potential or imminent sexual victimization, establishing explicit duties for first responders, medical and mental health practitioners, investigators, supervisors, and facility leadership. The policies emphasize that any credible awareness of imminent risk—whether observed, reported, or inferred—requires immediate and decisive protective action. The coordinated response plan details a sequence of communication and intervention steps, ensuring that all levels of staff act cohesively to safeguard at-risk persons while preserving the integrity of subsequent investigations. Through this review, the Auditor confirmed that the facility's framework integrates both clarity and accountability: procedures are specific, responsibilities are tiered, and timelines are emphasized to prevent delay or uncertainty during emergencies. **INTERVIEWS** **Facility Head or Designee** In interview discussions, the Facility Head illustrated how policy translates into swift operational reality. The administrator underscored that the cornerstone of the agency's PREA mission is immediacy of action—when a credible threat or substantial risk is known, protective intervention begins at once. Possible steps may include temporarily relocating the individual to another housing unit, increasing staff presence, restricting movement of potential aggressors, or, when necessary, transferring the individual to another facility. If allegations identify a specific perpetrator, leadership protocols require that person to be removed from any contact with the potential victim while investigation proceeds. Decisions are made collaboratively with security leadership, medical and mental health teams, and

investigative staff to ensure a balanced approach that prioritizes safety without disrupting essential operations. The Facility Head further affirmed that this preventive approach is not dependent on a formal investigation outcome—the safety of the individual always comes first.

Random Staff

Interviews with randomly selected staff from multiple departments demonstrated comprehensive understanding of the duty to protect in situations of imminent risk. Each employee clearly articulated their first response actions: immediately separating the alleged victim and alleged perpetrator, notifying a supervisor or PREA response team member, and safeguarding the area to preserve potential evidence if abuse has occurred.

Staff emphasized that operational hierarchy never delays protection; every correctional employee carries both the authority and responsibility to initiate safety measures the moment risk is identified. Many staff members associated this empowerment with the facility's strong culture of responsiveness and the clarity of its PREA training. They also noted that routine scenario-based drills reinforce confidence in executing these procedures effectively.

Random Supervisors and Mid-Level Managers

Supervisory personnel confirmed that all protective responses are logged and reviewed by command staff. They explained how the facility employs a "no-hesitation" protocol: once notified of a potential threat, they mobilize the appropriate departments—security, classification, and medical—to stabilize the situation within minutes. Supervisors described this practice as standard operating procedure, woven into daily operational awareness rather than reserved for extraordinary events.

This layered approach ensures communication channels remain open and efficient. The command chain receives real-time updates when imminent risk is suspected, allowing leadership to authorize additional resources or reassign staff as needed to maintain safety.

PROVISIONS

Provision (a): Immediate Protective Action in Response to Imminent Risk

PREA Standard §115.62 requires that whenever an agency learns that an individual faces a substantial risk of imminent sexual abuse, the facility must act immediately to protect that individual.

The facility's Pre-Audit Questionnaire and documentation confirmed that this expectation is embedded within everyday operations: all employees, regardless of position, are required to initiate or support protective actions the instant they recognize potential danger. Actions may include separation, housing reassignment, increased observation, medical or mental health referral, or distance placement for both the potential victim and the alleged abuser.

Interviews with the Facility Head and frontline staff supported these findings. All participants consistently outlined identical response steps and reported a shared understanding of the urgency and coordination necessary to prevent harm. Staff members explained that such

	actions override routine procedures and are enacted immediately upon credible indication of risk, not after validation or investigation. The Auditor verified that, during the past twelve months, there were zero documented cases where an individual at this facility was identified as being under imminent threat of sexual abuse—an indicator both of strong preventive monitoring and of a population management approach emphasizing risk assessment integrity. **Relevant Policy:** GDC SOP 208.06, Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan provides the structured framework guiding these interventions. It enumerates the required steps for staff first responders, outlines medical and mental health notifications, and delineates facility leadership responsibilities, ensuring that protective measures are enacted swiftly and in concert with all relevant disciplines. **CONCLUSION** Following an extensive review of documentation, interviews, and operational evidence, the Auditor concludes that the facility meets and sustains full compliance with PREA Standard §115.62 – Agency Protection Duties. The institution's policies and practices demonstrate a proactive and well-organized system for identifying and responding to imminent threats of sexual abuse. Staff members are trained to respond decisively, leadership provides clear guidance, and communication between disciplines functions efficiently under the coordinated response plan. Even in the absence of recent incidents involving imminent risk, the structure of preparedness is evident across daily operations—postings, staff awareness, and response protocols are maintained in readiness. This reflects a strong culture of prevention rooted in accountability, situational awareness, and consistent adherence to the principle that safety supersedes all other operational priorities. Through these ongoing commitments, the facility not only satisfies PREA requirements but also models the deeper intent of the standard: ensuring that every individual in custody is protected from harm through rapid, decisive, and compassionate institutional response.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.63, the Auditor conducted a meticulous review of institutional documents outlining the facility's responsibilities when allegations of sexual abuse or sexual harassment involve another confinement setting. This standard ensures that no credible report is lost between agencies and

that the facility's response remains immediate, traceable, and accountable.

The analysis began with the Pre-Audit Questionnaire (PAQ) and its supporting evidence, followed by a detailed review of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This SOP outlines a standardized process for all GDC institutions, including precise communication, documentation, and investigation timelines when sexual abuse is reported to have occurred at another facility.

Also reviewed was Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, which reinforces the inter-facility communication process. Together, these documents create a comprehensive framework ensuring allegations are transmitted to the appropriate agency within strict time parameters, accompanied by full documentation and independent verification. The structure provides redundancy and oversight to prevent gaps in response or accountability.

The Auditor noted that the policy clearly designates the Facility Head or designee as the responsible party for ensuring notifications are made promptly and verified. The result is an internal communication network that integrates administrative diligence with real-time responsiveness, guaranteeing that every alleged victim's concern is elevated and acted upon, no matter where the incident occurred.

INTERVIEWS

Agency Head Designee

The Agency Head Designee offered an overview of GDC's overarching communication and investigative framework, emphasizing that coordination between correctional institutions is both mandatory and monitored. When an agency receives notice that an allegation involves another facility, a formal notification begins immediately—typically by direct communication between wardens or superintendents—followed by written documentation filed with the PREA Coordinator.

This notification is not treated as a mere courtesy exchange; rather, it triggers a standardized process with sequenced checks to ensure the receiving facility acknowledges receipt and initiates its own inquiry within the prescribed timeline. The Designee described the network as "fail-safe by design," clarifying that every report generates a clear paper trail noting the method, date, and confirmation of contact. This structure ensures that cases cannot be dismissed or overlooked due to jurisdictional or administrative boundaries.

Facility Head or Designee

During interviews, the Facility Head detailed how cross-facility reporting functions locally. Whenever the facility receives a claim that an incarcerated person was sexually abused or harassed in another institution, staff act immediately—even

before confirming details—to notify the affected facility's leadership. Ideally, this occurs within hours, and policy mandates completion no later than 72 hours after the initial disclosure.

The Facility Head reinforced the importance of timely action, both as a procedural necessity and as a matter of ethical stewardship. If the alleged incident occurred under GDC's jurisdiction, communication extends to the Regional Sexual Assault Coordinator (SAC) and the Department's PREA Coordinator. Should the allegation concern a non-GDC facility, the notification is routed to the relevant external authority. The Facility Head further reported that although there were no recent cases requiring inter-facility notification, staff remain practiced and confident in implementing the required procedures.

Random Staff

Randomly interviewed employees at multiple levels confirmed awareness of their reporting obligations in cases involving another confinement location. They explained that if an incarcerated person reveals having been victimized elsewhere, the staff member immediately notifies a supervisor, who in turn informs the PREA Compliance Manager and Facility Head for external notification. Staff consistently described the process as streamlined, proactive, and fully integrated into their PREA training curriculum.

PROVISIONS

Provision (a): Duty to Notify Other Facilities

The facility's PAQ and interviews established that when staff learn an individual in custody reports sexual abuse or harassment that occurred at another institution, immediate notification is required. The Facility Head or designee must contact the leader of that facility—and if the allegation involves another GDC location, also notify the Department's PREA Coordinator.

Although no such reports arose in the preceding twelve months, institutional readiness was evident: the notification procedure is detailed, reviewed annually, and incorporated into staff training scenarios.

Relevant Policy: GDC SOP 208.06, Section 2(a), p. 27 requires the Warden or Superintendent to inform the administrator of the implicated facility, the GDC PREA Coordinator, and, when applicable, the Regional Sexual Assault Coordinator (SAC). Allegations involving non-GDC institutions must be referred to the appropriate outside authority. This multi-tiered approach ensures clear, verifiable communication across all jurisdictions.

Provision (b): Notification Timeline Requirement

According to policy and interviews, notification must occur as soon as possible and no later than 72 hours after the allegation is received. Supervisors described this timeline as "absolute and auditable." Any delay would be documented and justified in rare circumstances, but staff uniformly acknowledged that timeliness is critical to

preserving investigative evidence and preventing further harm.

The Facility Head affirmed that compliance with the 72-hour requirement is verified during routine administrative reviews. This prompt communication prevents disruptions in investigative continuity and demonstrates a proactive approach to inter-facility cooperation.

Relevant Policy: GDC SOP 208.06, Section 2(b), p. 28 reiterates the mandate that contact with the affected facility must occur within this timeframe.

Provision (c): Documentation of Notification

Thorough recordkeeping accompanies each inter-facility report, ensuring an audit-ready chain of documentation. Notifications include the date, time, method of communication, recipient name, and confirmation of receipt. These records are retained in the facility's PREA tracking system and linked to investigative logs to ensure traceability.

Although the facility experienced no recent cases requiring inter-agency reporting, both the PREA Compliance Manager and administrative staff demonstrated awareness of documentation expectations. This attention to procedural rigor ensures that, if a case were to arise, compliance could be verified through objective record review.

Relevant Policy: GDC SOP 208.06, Sections 2(b) and 2(c), p. 28 explicitly requires that notification and confirmation of completion be fully recorded within the 72-hour window, preserving an auditable trail for oversight purposes.

Provision (d): Duty to Investigate Allegations Received from Other Facilities

The PAQ confirmed, and the Facility Head corroborated, that any allegation received from another institution is investigated as though the incident occurred locally, in full alignment with PREA procedures. Within the past twelve months, the facility received three such cross-facility reports. Each allegation was immediately referred to the designated PREA investigator, processed through the entire investigative protocol, and resolved within standard timeframes.

After comprehensive inquiry—including interviews, witness statements, and evidence review—all three allegations were deemed unfounded. Inmates involved were provided written notification of the findings. Because the cases were found to be unfounded, subsequent Sexual Abuse Incident Reviews were not required under PREA standards.

Leadership emphasized that even when external allegations do not lead to substantiated findings, every report triggers verification checks to ensure completion and accountability. This cross-validation process between facilities eliminates procedural voids and demonstrates a culture of consistent, collaborative oversight.

Relevant Policy: GDC SOP 208.06, Section 2(d), p. 28 instructs the Facility Head or designee to ensure that any allegation received from another institution is promptly investigated unless a finalized investigation has already been completed elsewhere.

CONCLUSION

Through analysis of documentation, interviews, and on-site verification, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.

Policies clearly outline duty, accountability, and verification requirements, while staff training ensures familiarity with reporting responsibilities. The agency's system for inter-facility communication is both responsive and documented, guaranteeing continuity of care, investigation, and safety. Though no cross-facility reports were pending at the time of audit, readiness measures—structured timelines, reporting templates, and audit trails—demonstrated operational maturity and preparedness.

The facility's adherence to these standards reinforces PREA's central premise: no report of sexual abuse or harassment should ever be disregarded or lost between institutions. This commitment to timely communication, accurate documentation, and cooperative investigation ensures that individuals in custody are protected by a unified, accountable system extending beyond any single facility's walls.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.64, which outlines staff responsibilities when institutional records, policy documentation, and training materials provided by the Georgia Dep

The review began with the facility's Pre-Audit Questionnaire (PAQ) and all referenced document GDC Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA): Sexually Abu (effective June 23, 2022). This SOP provides an exhaustive framework dictating first responder protecting the victim, preserving evidence, securing the scene, and ensuring confidentiality an

Complementary reference materials, including Attachment 7 – PREA Local Procedure Directive an coordination among first responders, medical and mental health staff, investigators, and facilit a prompt, trauma-informed, and collaborative response to sexual abuse allegations while main

INTERVIEWS

Facility Staff

Facility staff members—representing security, maintenance, food service, and administration— person emphasized that their first step would always be to ensure the safety of the alleged vic noted that confidentiality is paramount, and information should be shared only with individuals

Staff demonstrated strong knowledge of what constitutes scene preservation and evidence pro

and perpetrator refrain from washing, changing clothes, eating, or drinking until authorized by
that training is well ingrained and institutionalized.

Security Staff – First Responders

Security officers articulated a precise understanding of the step-by-step process required when

1. Separating the alleged victim and alleged perpetrator.
2. Protecting and isolating the physical scene of the incident.
3. Preventing contamination or destruction of potential evidence.
4. Notifying supervisors, the SART (Sexual Assault Response Team), and the PREA Unit with
5. Assisting the victim in obtaining timely medical care and emotional support services.
6. Officers explained that these steps are rehearsed through on-the-job instruction, mock
   CN 6601 Incident Report, followed by immediate entry into the facility's electronic repor

The Auditor found that staff spoke candidly and confidently about these steps, reflecting both

Non-Security First Responders

Non-security personnel—including teachers, counselors, program and medical staff—demonstr
observe an incident. They emphasized that their responsibility begins with immediate notificat
Non-security first responders are trained to secure the area to the best of their ability and mai

Non-security staff did served as first responders during the previous year and their awareness
their role as one of stabilization and communication—ensuring calm, privacy, and immediate r

Inmates Who Reported Sexual Abuse

Through the interview process, inmates who reported sexual abuse reported:

1. The facility staff were responsive to them when they reported the incident.
2. Being referred for a forensic examination immediately.
3. Those who were referred for a forensic examination reported being offered a victim adv
4. The victim advocate was with them during the examination and helped them understa
5. Not having to pay for any medical treatment.
6. 100% of the inmates reported they were not asked to take a polygraph test.
7. Being notified in writing of the results of the investigation

PROVISIONS

Provision (a): Institutional Designation of First Responders and Coordinated Framew

The facility's PAQ and corroborating interviews confirmed that it maintains a clear, formal polic
requires that every institution maintain a written Coordinated Response Plan, as documented in
administrators will function collaboratively.

During the review period, facility records showed that staff managed 51 total allegations—46 fo
established protocol: parties were separated, the scene secured, and potential evidence prese

Sexual Abuse Allegations – Among the 46 reported incidents, 44 involved inmate-on-inmate

	and five substantiated. Twenty-seven cases—including the substantiated allegations—were refe intervention occurred within 24 hours, and sixteen forensic exams were performed by SANE-cer required, had a Sexual Abuse Incident Review completed within 30 days of case closure. **Sexual Harassment Allegations** – Five total cases were reported during the same twelve-mo substantiated and referred for external investigation, with prosecution determination pending This consistent, well-documented process demonstrated an institutional culture that treats eve precision and compassion. **Provision (b): Defined Duties and Preparedness for Non-Security First Responders** The PAQ reflects that non-security staff were first responders 21 times in the past 12 months. GDC policy specifies the responsibilities of non-security first responders. These individuals mus Auditor confirmed that non-security personnel—along with volunteers and contractors—receive staff arrive. Interviews showed that non-security personnel understand how to: 1. Isolate and secure the immediate area. 2. Provide basic emotional reassurance to the involved party. 3. Remove uninvolved persons. 4. Notify supervisors or the PREA Compliance Manager. 5. Refrain from conducting independent interviews or interfering with ongoing investigatio This training ensures that all staff—regardless of role—are fully capable of activating the institu readiness is organization-wide, not limited to correctional officers. **CONCLUSION** Based on comprehensive review of policy frameworks, supporting documentation, and detailed PREA Standard §115.64 – Staff First Responder Duties. The facility maintains a robust, trauma-informed, and well-coordinated mechanism for first res non-security employees ensures that every member of staff is capable of executing precise, co Through its consistent adherence to established protocols, detailed documentation, and contin that fully embodies PREA's foundational principle: that every report of sexual abuse deserves a

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.65, the Auditor conducted an in-depth examin coordinated response to allegations of sexual abuse or harassment. The review confirmed that investigative, and administrative personnel under one clearly defined protocol.

The process began with the Pre-Audit Questionnaire (PAQ) and extended to a full analysis of su Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rap (effective June 23, 2022). This statewide policy outlines the agency's comprehensive approach coordination between functional units to ensure all actions are immediate, consistent, and surv

Equally vital was Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, operations. The plan details every step from the initial report through evidence preservation, n

The Auditor found this framework both exhaustive and accessible, establishing that all critical interconnected. Documentation confirmed regular policy dissemination, staff briefings, and ref structural precision with compassionate responsiveness, functioning as an institutional bluepri

INTERVIEWS

Facility Head or Designee

The Facility Head described the Coordinated Response Plan as the foundation of the institution's living operational guide, continuously reinforced through executive oversight and situational d everyday practice through cross-departmental training, mock exercises, and scenario-based de

Regular communication between departments—particularly during monthly leadership briefing administrative review. The Facility Head also emphasized the tone this sets for staff behavior: a custody.

Security and Specialized Staff

Security and specialized personnel—including investigative staff, nurses, and mental health cli simulated incidents. They portrayed activation of the coordinated response as a finely sequenc staff, initiating medical and therapeutic assessment, and preparing for external or internal inve

Medical personnel described their coordination with security to ensure quick but discreet trans underscored how the plan eliminates uncertainty, establishing who acts, when, and how comm nature—a product of ongoing cross-training and shared mission.

PREA Compliance Manager (PCM)

The PCM elaborated on the management and implementation of the plan, explaining that copi PCM noted that beyond serving as a resource, the plan operates as a decision map, providing s contact lists, escalation steps, and roles, ensuring every department can mobilize rapidly and i

The PCM described routine review cycles where case studies and post-incident debriefs are use with staff experience. In their words, "We train until coordinated response is instinctual—every

PROVISIONS

Provision (a): Written, Coordinated Institutional Plan

The Pre-Audit Questionnaire confirmed that the facility maintains a formal, written Coordinated policy and protocol, integrating all major operational areas into a unified continuum of respons

Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan provides actionab and follow-up. Key features include:

1. Designated role assignments for first responders, supervisors, and investigative units t
2. Explicit timelines for notifying medical, mental health, and investigative staff.
3. Detailed preservation methods for physical and testimonial evidence.
4. Directions for ensuring immediate medical access, mental health stabilization, and safe
5. Mandates for victim advocacy coordination, retaliation monitoring, and post-incident de

These structures embody PREA's goal of an organized, compassionate, and transparent proces enacted under pressure.

Relevant Policy: GDC SOP 208.06 (p. 28, Section 3) requires every facility to maintain a functio contact references, ensures dissemination, and unifies first response, treatment, security, and continual preparedness.

CONCLUSION

After extensive review of documentation, interviews, and practical validation, the Auditor dete PREA Standard §115.65 – Coordinated Responses.

The institution's Coordinated Response Plan is more than an administrative tool—it is an operat integrated training. Personnel across all levels understand their responsibilities and exhibit cor

This cohesion ensures that in any emergency involving sexual abuse allegations, action is swif improvement—evident through regular simulations, multidisciplinary meetings, and executive safety, accountability, and human dignity.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

As part of the assessment for PREA Standard §115.66, the Auditor performed a focused review confirming that the agency retains full administrative and legal authority to protect individuals with alleged or proven abusers. The examination included the facility's Pre-Audit Questionnaire accompanying documentation, and the Georgia Department of Corrections (GDC) Standard Oper (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Inter (effective June 23, 2022).

The reviewed documents clearly affirm that the agency operates independently of any collecti agreements or third-party labor restrictions that could limit or delay management's ability to s

reassign duties, or isolate incarcerated individuals involved in sexual abuse or harassment alle
structural freedom ensures that decisive, protective actions can be implemented immediately
procedural barriers.

The policy framework demonstrated not only compliance but also foresight: it provides for mul
options—administrative separation, reassignment, temporary relocation, or suspension of alleg
offenders—each designed to reduce the chance of continued contact or retaliation during an in
The documentation reflects a proactive posture toward inmate safety, ensuring institutional lea
the discretion required to respond swiftly and adaptably to any PREA-related event.

INTERVIEW

Agency Head Designee

During the interview process, the Agency Head Designee offered clarity regarding Georgia's em
governance model, explaining that the State of Georgia does not participate in collective barga
absence of union-negotiated restrictions provides the Department of Corrections unrestricted a
in the best interest of inmate safety.

The Designee emphasized that when an allegation of sexual abuse or harassment arises, the a
full discretion to reassign or remove involved staff, transfer inmates, or otherwise separate par
interaction until investigative findings are complete. These decisions are made promptly—with
external consultation or negotiation—allowing facility leadership to prioritize protection and ma
compliance with PREA standards.

The Designee added that while due process is always observed for both staff and inmates, adm
procedures are intentionally structured for speed and flexibility. This management design is de
strategic, safeguarding the facility's ability to uphold safety, neutrality, and institutional integr
circumstances.

PROVISIONS

Provision (a): Protection from Contact with Abusers

The Pre-Audit Questionnaire confirmed that the facility functions within a governance structure
unrestricted protective authority. Because the State of Georgia does not engage in collective ba
correctional staff, the agency faces no contractual barriers that might impede emergency or lo
separation actions.

This operational independence ensures that administrators can take whatever steps are neces
staff reassignment, administrative leave, or inmate relocation—to eliminate contact between p
and alleged or confirmed abusers. The Agency Head Designee verified that such actions are no
policy-permitted but actively prioritized, with supervisory protocols mandating immediate impl
once a credible risk is identified.

This structure gives the facility an advantage in ensuring continuous protection and compliance
management to make clear, safety-driven decisions supported by policy, ethics, and legal
authority—hallmarks of a system designed for accountability and survivor-centered practice.

Relevant Policy: GDC SOP 208.06 (Section E.2, p. 27) establishes that when there is credible ris

must take all necessary steps to separate the at-risk person from the alleged or confirmed abu reassignment or temporary suspension of implicated staff and the transfer or housing adjustm inmates.

Provision (b): Auditor Review Not Required

Under PREA's framework, Provision (b) does not require separate evaluation by the auditor and not assessed. However, the facility's documentation already demonstrates compliance through policies and practices.

CONCLUSION

After reviewing the PAQ, supporting policy documentation, and the comprehensive interview w Agency Head Designee, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The agency's organizational and legal framework gives it full agility to enact immediate protec unhindered by labor or contractual limitations. This ensures leadership can prioritize the physi emotional safety of those in custody and maintain operational control during investigations of harassment.

The Auditor found clear evidence of a governance approach rooted in swift action, institutional ethical responsibility. These features—combined with consistent oversight and strong leadersh understanding—demonstrate a facility culture that values prevention, protection, and transpar aligning with PREA's core mission to eliminate sexual abuse within correctional environments.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.67—which mandates protection against retaliation for those who report incidents or cooperate with investigations—the Auditor undertook a thorough and contextual review of agency documentation and facility practice. The Pre-Audit Questionnaire (PAQ), supplemented by supporting materials, outlined an environment where safety oversight extends beyond incident response and into continued safeguarding of those who come forward. Central to this analysis was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 –Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). The SOP establishes a formalized retaliation prevention framework buttressed by Attachment 8 – Retaliation Monitoring Checklist, which provides a standardized tool for documenting and verifying protective actions.

The Auditor additionally examined the Deputy Warden of Care and Treatment Memorandum, a document that names each member of the facility's Sexual Abuse Review Team (SART) and designates the persons assigned to monitor potential retaliation. The memorandum clearly lists staff roles, reporting relationships, and contact details to ensure immediate accessibility during or after PREA-related investigations.

Together, these materials form a tightly managed system for detecting, documenting, and addressing potential acts of retaliation. The written structure—when paired with responsive leadership and consistent staff training—reflects a proactive, institution-wide commitment to the ethical protection of reporters, victims, and witnesses.

INTERVIEWS

Retaliation Monitor

The designated Retaliation Monitor described an alert and prevention-oriented system grounded in visibility and trust. For each PREA allegation, the monitor initiates continuous observation for a minimum period of 90 days, extending beyond that if indicators or concerns persist. Regular face-to-face interactions with alleged victims, reporters, or cooperators are conducted at least monthly, and these encounters are logged on Attachment 8.

The Monitor articulated both vigilance and compassion, emphasizing that even subtle changes—such as housing reassignment, loss of work assignments, or increased disciplinary actions—trigger prompt review. The monitor reported four identified retaliation incidents within the previous twelve months. In each case the monitoring period was extended by 30 days or until the victim was transferred to another facility.

Facility Head

Leadership provided an overarching view of the protection strategy, describing it as a multi-layered system of checks and balances. The Facility Head explained that monitoring efforts extend beyond at-risk inmates to include staff who report or aid investigations. The oversight process involves cross-referencing housing moves, program participation, and disciplinary patterns for inmates, as well as performance evaluations or reassignments for employees to detect potential retaliation.

Should indications arise, immediate response measures include housing adjustments, job restoration, or mediation. The Facility Head credited the success of this approach to early identification and active collaboration between supervisors, the Retaliation Monitor, and the PREA Compliance Manager.

Inmates Who Reported Sexual Abuse

Individuals who had previously reported sexual abuse characterized the facility's handling of their cases as caring, transparent, and thorough. They noted that medical exams were promptly arranged without delay or expense, advocates accompanied them throughout the process, and they received written notifications of investigative

findings. No one reported being discouraged, threatened, or mistreated afterward—an encouraging testament to the credibility of the retaliation monitoring process.

Inmates in Protective or Segregated Housing

At the time of the onsite assessment, no residents were placed in segregated housing due to sexual abuse concerns, underscoring the facility's commitment to using the least restrictive protection measures. This absence of protective custody placements further suggests preventative monitoring effectively deters retaliatory circumstances before drastic steps become necessary.

Agency Head Designee

At the agency level, the Designee described the system as comprehensive and scalable. Monitoring begins the moment an allegation is logged and extends to anyone linked to the event who verbalizes fear of harm or reprisal, whether the report is substantiated or not. Though the standard recommends a 90-day monitoring minimum, practice allows for discretionary extensions to ensure confidence in continued safety.

PROVISIONS

Provision (a): Policy-Driven Safeguards and Designated Oversight

The Pre-Audit Questionnaire and interviews confirmed that agency policy explicitly prohibits retaliation against those who report or cooperate with investigations. The Deputy Wardens memorandum, undated, officially lists the members of the Sexual Abuse Review Team and provides contact information for each one.

The framework outlined in GDC SOP 208.06 (p. 28–29, 4.a–4.c) establishes institutional duties:

1. Disciplinary penalties for retaliators.
2. Immediate protective actions for potential victims.
3. Required documentation of all monitoring activities using Attachment 8
4. Oversight extending until concerns cease or allegations are unfounded.

This clear chain of responsibility, paired with recurring communication between the Sexual Abuse Review Team, Monitor and Facility Head, ensures consistent accountability.

Provision (b): Multi-Faceted Intervention Toolkit

Interviews and documentation revealed a wide range of interventions accessible to staff when retaliation risks arise. These may include:

1. Housing or job reassignments for victim safety.
2. Temporary separation of alleged abusers.
3. Increased staff presence in vulnerable locations.

4. Individual counseling or support service referrals.

The facility's response strategy balances practicality with empathy, ensuring that protective measures safeguard all parties' well-being without imposing undue hardship or isolation on those at risk.

Relevant Policy: GDC SOP 208.06 (p. 28–29, 4.b) directs designated monitors to make individualized protection decisions using the least restrictive and most effective available options.

Provision (c): Proactive Surveillance and Immediate Remediation

Data review confirmed that retaliation monitoring is an active and ongoing process rather than a passive follow-up. The Monitor records interactions and behavioral observations on the Attachment 8 Checklist and maintains contact with affected individuals at regular intervals. Should changes in conduct, housing, or discipline appear unusual, supervisors intervene immediately through investigation and corrective action.

The PAQ recorded four verified retaliation incidents in the past twelve months. In each case the monitoring period was either extended by 30-days or until the victim was transferred to another facility.

Provision (d): Structured Inmate Status Verification

Monitoring involves systematic, monthly in-person meetings with alleged victims, witnesses, or cooperators, coupled with detailed reviews of housing and disciplinary histories. Each activity is recorded and retained for auditing purposes. Interviews confirmed that these reviews serve not only as procedural checks but also as moments of genuine interaction—providing reassurance that the facility prioritizes residents' emotional security as well as physical safety.

Provision (e): Inclusive Safeguards for Cooperators and Witnesses

The facility's retaliation protection extends to anyone who assists in a PREA investigation or voices fear of reprisal. This inclusive safeguard ensures that the agency maintains credibility by protecting all contributors to the investigative process, thereby encouraging transparency. Staff reiterated that this posture fosters trust between residents and administrators, as it reinforces that every voice—whether reporting or cooperating—is valued and protected.

Provision (f): Audit-Exempt Procedure

Certain administrative technicalities within this provision are not subject to auditor evaluation; therefore, no assessment was required under current PREA auditing guidelines.

CONCLUSION

Following comprehensive examination of policies, records, and staff and inmate

	interviews, the Auditor concludes that the facility fully complies with PREA Standard §115.67 – Agency Protection Against Retaliation. The institution exemplifies a model of vigilance: retaliation prevention is not reactive or symbolic but embedded into routine supervision, policy culture, and ethical leadership. The combination of structured documentation, continuous personal monitoring, and ready access to protective interventions has produced tangible success and a sustained climate of safety and trust. Through proactive leadership, responsive monitoring, and transparent communication, the agency affirms PREA's intent: that every person who speaks out against abuse can do so without fear, within a system steadfastly committed to justice, dignity, and enduring safety.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.68, the Auditor conducted a detailed and systematic examination of facility documentation and statewide policy materials governing how protective custody is applied following sexual abuse or harassment allegations. The objective was to confirm that protective placement is used sparingly, evaluated continuously, and implemented only when lesser safety measures cannot ensure protection. The evaluation began with the facility's Pre-Audit Questionnaire (PAQ) and expanded to include supporting documentation from the Georgia Department of Corrections (GDC), including Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This foundational policy provides the framework for determining when and how individuals may be placed in post-allegation protective custody, what safeguards must accompany such placements, and how their use is reviewed and documented. The SOP emphasizes that segregated housing for protective reasons is an extraordinary measure—not a default response. Before resorting to this intervention, staff must consider alternative safeguards such as intra-facility housing moves, temporary transfers, assignment changes, or increased supervision. When segregation becomes unavoidable, policy ensures that individuals retain access to work, programs, education, and privileges as fully as safety allows. Documentation confirmed that all decisions are subject to ongoing scrutiny and that

restrictions imposed are both narrowly tailored and time-limited. Every protective custody entry includes justification, safety rationale, and review outcomes recorded in SCRIBE case notes. Collectively, these materials illustrated a thoughtful, deliberate system that balances individual protection with dignity, fairness, and continued opportunity.

INTERVIEWS

Facility Head or Designee

The Facility Head described protective custody as a measure of last resort, implemented only after all other preventive options are explored. They explained that both alleged victims and alleged perpetrators can be moved, if necessary, to eliminate risk. Whenever separation involves confined housing, the arrangement is temporary and guided by a structured review process that occurs every 30 days, evaluating whether continued placement remains warranted.

The Facility Head further confirmed that the facility's practice mirrors policy: every protective placement receives interdisciplinary review involving security, classification, medical, mental health, and administrative staff. This collective oversight guarantees that decisions remain individualized, well-documented, and informed by the affected person's welfare rather than operational convenience.

Staff Responsible for Supervision in Segregated Housing

Staff assigned to segregated housing areas described a facility culture cautious about the implications of isolation. They emphasized that individualized assessment, not automatic segregation, dictates protective decisions. Staff explained that alternative safeguards—such as reassigning housing units or scheduling modifications—are routinely deployed before segregated housing is ever considered.

When protective segregation becomes unavoidable, it receives heightened attention: daily supervisory checks, rounds by mental health practitioners, and case management collaboration to sustain access to services. Supervisory staff reported that their mission is to ensure safety without unnecessary isolation and to help individuals reintegrate as soon as possible.

Inmates in Protective Custody or Segregated Settings

At the time of the onsite audit, no incarcerated individuals were assigned to segregated housing as a result of protective custody or sexual-abuse-related concerns. File review and staff interviews corroborated this finding. The absence of such placements demonstrated the effectiveness of proactive, less restrictive measures—such as housing reassignment and increased monitoring—which align with PREA's objective of maintaining normalcy and minimizing containment whenever feasible.

PROVISIONS

Provision (a): Limited and Documented Use of Protective Segregation

The facility's Pre-Audit Questionnaire and policy documentation confirmed that involuntary segregated housing following sexual abuse allegations is permitted only after all alternative means of protection have been fully evaluated and found insufficient.

During the previous twelve months, the facility reported zero incidents of involuntary segregation for protective reasons, either temporary (1–24 hours) or extended (beyond 30 days). Interviews with both the Facility Head and supervisory staff validated this data, reinforcing that individual safety can be achieved through alternative solutions.

Relevant Policy: GDC SOP 208.06 (p. 25, 8 a–d) requires that:

1. Segregation for protective purposes must follow documentation confirming no reasonable alternative exists.
2. Each case must record justification, duration, and review results in SCRIBE.
3. Individuals in protective segregation maintain access to core services and privileges consistent with SOP 209.06 – Administrative Segregation.
4. Placements receive formal review at least every thirty days.
5. Any reductions in privileges—education, programs, or work—must be specific, minimal, and supported by documented safety rationale.

The Facility Head confirmed precise adherence to these expectations and noted that reviews occur punctually and most frequently lead to reintegration or alternative housing within weeks, not months.

Provision (b): Interdisciplinary Oversight and Review Mechanisms

Protective safeguard decisions trigger a collaborative response led by security administrators and supported by classification, clinical, and PREA personnel. Every 30-day review combines quantitative data—incident logs, behavioral observations, and mental-health input—with qualitative dialogue involving the affected individual.

This team approach ensures that protective custody status is never a static decision but a fluid one, reevaluated against evolving safety circumstances. Documentation from the facility's review logs reflected active monitoring and genuine effort to avoid unnecessary prolonged isolation.

Provision (c): Access to Services and Minimization of Restrictive Conditions

Under state and facility guidelines, individuals in verified protective custody continue to receive essential opportunities such as educational programming, re-entry courses, recreation, and mental-health outreach. When security factors prevent full participation, comparable services—such as in-cell work packets or one-on-one counseling—are delivered instead.

These arrangements confirm that PREA's intent is followed: safety achieved without undue deprivation. Staff interviews reinforced that maintaining engagement and

	normalcy mitigates emotional distress and facilitates recovery. **Provision (d): Thorough Monitoring, Documentation, and Communication** The facility's classification system integrates documentation from multiple departments—security, mental health, and PREA tracking—to maintain a continuous record of protective placements. Every decision is signed, logged, and reviewable for audit trails. Supervisory personnel cross-reference these documents during weekly executive meetings, creating a transparent network of accountability. This administrative precision demonstrates compliance that goes beyond minimal PREA expectation, providing traceable assurance that each decision is justified, reviewed, and humane. **CONCLUSION** After reviewing policies, documentation, staff interviews, and facility data, the Auditor concludes that the agency exceeds compliance with PREA Standard §115.68 – Post-Allegation Protective Custody. The facility's operational approach prioritizes proactive solutions and individualized assessment over restrictive measures. No individuals were placed in segregated housing for protective reasons within the past audit cycle—an outcome achieved through strong coordination among staff, robust training, and creative problem-solving at the housing-unit level. When segregation is required, it occurs within strict policy parameters: temporary, time-bound, and regularly re-evaluated to ensure continued necessity. Residents under protective assessments maintain access to education, employment, recreation, and programming consistent with safety considerations. Moreover, the institution's prompt execution of Sexual Abuse Incident Reviews (SAIRs), even when purely preventative, underscores its culture of accountability and learning. Collectively, these practices highlight a custodial environment where safety, restraint, and rehabilitation coexist, representing PREA's core vision of protection through integrity, empathy, and deliberate care.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.71, the Auditor undertook a meticulous and wide-ranging examination of the facility's Pre-Audit Questionnaire (PAQ) alongside its supporting documentation. This evaluative process went beyond a

checklist review—it traced how the agency's written policy translates into daily investigative practice related to sexual abuse and sexual harassment, whether such cases fall under criminal, administrative, or dual jurisdiction.

At the center of this review stood Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, last revised in June 2022. This guiding policy outlines an investigative framework of remarkable precision—requiring allegations to be handled swiftly, objectively, and completely. It establishes expectations for initiating both administrative and criminal inquiries, for gathering and safeguarding evidence, and for protecting those who make a report. Beyond procedure, the policy underscores neutrality, rigorous documentation, and cooperative coordination with prosecuting authorities whenever criminal elements are suspected.

The collective documentation reflected a consistently applied, agency-wide system of investigative response. Whether allegations originated anonymously, through a third party, or by direct disclosure, each was subject to the same objective scrutiny—demonstrating an intentional culture of transparency and uniformity in managing sexual abuse and harassment cases.

INTERVIEWS

Investigative Personnel

The Auditor began by meeting with the investigator, whose professional demeanor reflected both training and confidence. The investigator demonstrated familiarity with PREA expectations and confirmed that all reports—whether anonymous notes, hotline calls, verbal statements, or written complaints—trigger immediate investigation. Their descriptions of the process revealed a disciplined protocol: alleged victims are interviewed first, witnesses second, and accused individuals last, ensuring fairness and minimizing potential influence or retaliation.

The investigator discussed the distinction between sexual harassment and sexual abuse cases, noting how procedural nuances shape evidence collection and reporting. For incidents requiring forensic analysis, the investigator coordinates with designated SAFE/SANE personnel. Emphasis was placed on securing scenes, preserving physical and electronic evidence, and maintaining an unbroken chain of custody—all vital elements for the integrity of investigative outcomes.

When evidence suggests criminal misconduct, the investigator collaborates closely with the Office of Professional Standards (OPS) Criminal Division. They follow strict guidelines aligned with prosecutorial advice, including the use of Miranda warnings as appropriate. The investigator stressed that polygraph examinations are never used in PREA matters, and that credibility assessments are based solely on evidence, corroboration, and consistency—not on rank or status within the facility.

The investigator also outlined how administrative investigations examine staff actions

and any failure to act that may have contributed to incidents. Importantly, these inquiries continue through completion, unaffected by transfers, releases, or employment separation—underscoring the agency's commitment to accountability at every step.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reinforced this emphasis on continuity, noting that no investigation is ever closed simply because an involved party's status has changed. The PCM spoke at length about ensuring that each investigative record tells a complete story—from initial allegation through closure—supported by documentation that clearly captures every action taken. This consistency, they emphasized, preserves institutional credibility and instills trust among the incarcerated population.

PREA Coordinator (PC)

Equally critical to investigative integrity is record retention. The PREA Coordinator described the system used to preserve investigative files, explaining that all documentation remains secured for the full duration of the alleged abuser's incarceration or employment, plus an additional five years. In most cases involving incarcerated individuals, records are digitally archived within SCRIBE—the agency's robust electronic case-management system. This allows for centralized access, ensures data integrity, and meets long-term retention and auditing requirements.

Incarcerated Individuals Who Reported Sexual Abuse

Interviews with individuals who had personally reported sexual abuse provided a human dimension to the audit process. Their accounts echoed consistency: staff members reacted promptly to allegations, took immediate protective actions, and, when relevant, arranged forensic examinations without delay. Many individuals spoke appreciatively of being offered the assistance of victim advocates—professionals who explained investigative steps and provided compassionate, ongoing support.

These individuals confirmed they were never charged for medical or forensic services and were not asked to participate in polygraph tests or any other credibility-screening methods. Several mentioned receiving written notifications summarizing investigative outcomes. Collectively, their testimony affirmed that investigations within this facility are victim-centered, procedurally transparent, and faithful to PREA's core principles.

Facility Head

The Facility Head reflected on the facility's performance over the prior twelve months, confirming that four sexual conduct cases had been substantiated and had been forwarded for prosecutorial review during that time period. They spoke of a leadership philosophy rooted in cooperation, ethical responsibility, and unwavering adherence to state and federal investigative standards under PREA. Underscoring an ongoing dedication to fostering a culture of safety, respect, and responsiveness.

PROVISIONS

Provision (a): Mandatory Investigation of All Allegations

	This provision mandates that every allegation—no matter how it is reported—receives investigation. Both documentation and interviews confirmed that the agency follows a standardized directive under SOP 208.06 to initiate an immediate, thorough, and objective inquiry for each allegation of sexual abuse or harassment. Historical or delayed reports also receive full review, ensuring every individual's concern is addressed with diligence and impartiality. **Provision (b): Use of Trained and Qualified Investigators** Investigations must be conducted by individuals certified through PREA-compliant investigative training. Records and interviews confirmed that all assigned investigators have completed specialized instruction consistent with PREA Standard §115.34. Their curriculum includes trauma-informed interviewing, proper evidence handling, forensic collaboration, and case documentation, ensuring investigations are performed by competent, professional personnel. **Provision (c): Thorough and Systematic Evidence Collection** Investigative staff follow an orderly approach to gathering physical, digital, and testimonial evidence. According to SOP 208.06, investigators use standardized methods for preserving physical materials, reviewing video or written documentation, and securing electronic records. Each case file reflects deliberate attention to factual accuracy, comprehensive review, and preservation suitable for both administrative and potential criminal proceedings. **Provision (d): Coordination with Prosecutorial Authorities** When an investigation suggests criminal behavior, investigators initiate consultation with prosecutorial authorities before continuing interviews or taking compelled statements. SOP 208.06 directs this coordination to ensure compliance with legal standards while protecting the integrity of any subsequent prosecution. **Provision (e): Individualized Credibility Assessment and Prohibition on Polygraphs** The agency's approach to credibility is case-specific and grounded solely in factual evaluation. SOP 208.06 firmly prohibits the use of polygraph examinations or similar assessments. Instead, credibility is determined through corroborated evidence, consistency in witness statements, and the intersection of physical and testimonial facts. **Provision (f): Evaluation of Staff Conduct and Accountability** Every administrative investigation includes a close review of staff performance. Reports are expected to address whether staff behaviors, lapses, or omissions contributed to an incident. SOP 208.06 directs that such findings be clearly documented, reinforcing both personal accountability and institutional learning. **Provision (g): Criminal Investigations Conducted by Law Enforcement**

When an allegation rises to the level of potential criminal prosecution, the agency refers the case to appropriate law enforcement authorities. Copies of the full investigative file, including evidence logs, statements, and supporting materials, accompany each referral. Staff maintain cooperative contact throughout the external investigative process to ensure continuity and completeness.

Provision (h): Referral of Substantiated Criminal Allegations

During the audit period, four substantiated sexual abuse allegations were referred for independent criminal investigation and prosecutorial review. SOP 208.06 requires that each such referral be managed under supervisory oversight, ensuring consistency, timeliness, and full documentation in accordance with legal protocols.

Provision (i): Retention of Investigative Records

The retention rule under this provision is unwavering. All investigative records—both administrative and criminal—must be maintained throughout the individual's period of incarceration or employment, plus a minimum of five additional years. Documentation is preserved securely in both physical and digital form within the SCRIBE system, where access controls and audit trails ensure compliance with retention policy.

Provision (j): Continuation of Investigations Despite Status Changes

Investigations do not end when people move. Whether a person is transferred, released, or leaves employment, the investigation continues until a final determination is issued. This principle, reiterated by the PREA Compliance Manager, upholds accountability and transparency across transitions of custody or workforce status.

Provision (k): Not Applicable

This provision falls outside the PREA auditing process and was not assessed as part of this review.

Provision (l): Internal Responsibility for Investigations

Under this provision, PREA investigations remain the responsibility of trained, designated agency investigators supported by the facility's Sexual Assault Response Team (SART). While outside agencies may become involved in certain cases, internal investigators maintain communication, cooperate fully, and track investigative developments to closure, as required by SOP 208.06.

CONCLUSION

After a detailed review of SOP 208.06, investigative records, interviews, and training documentation, the Auditor determined that the facility meets full compliance with PREA Standard §115.71. The investigative framework in place reflects professionalism, rigor, and a trauma-informed approach rooted in policy and supported by practice.

	Each allegation is treated as serious and subject to immediate, documented investigation. Evidence is properly gathered and preserved; staff behavior is evaluated for accountability; and criminal referrals occur promptly when warranted. Investigations remain ongoing through every circumstance, ensuring no case is left unresolved. Collectively, these findings portray a facility culture deeply committed to transparency, procedural fairness, and the protection of those in its care.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor embarked on a focused and immersive review dedicated to PREA Standard §115.72—the benchmark guiding how evidence is weighed in administrative investigations of sexual abuse and sexual harassment. The exploration began with a detailed examination of the facility's Pre-Audit Questionnaire (PAQ), an extensive record demonstrating how policy translates into practice. Backed by carefully compiled documents and cross-referenced case examples, the records painted a comprehensive picture of how fairness and consistency are woven into the agency's investigative process. At the heart of this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy functions as both compass and cornerstone, declaring that administrative findings rest upon a preponderance of the evidence—the legal threshold meaning "more likely than not." In doing so, it distinctly separates administrative reviews from criminal proceedings that rely on the higher "beyond a reasonable doubt" standard. Through this framework, Georgia's correctional system strikes a purposeful balance: ensuring allegations receive fair analysis supported by credible evidence, while maintaining accessibility and timeliness in the pursuit of justice. The policy's clarity reinforces a statewide commitment to equitable accountability, ensuring survivors' accounts are neither dismissed nor encumbered by punitive standards inappropriate for administrative decision-making. **INTERVIEWS** **Investigative Staff** The Auditor's discussion with the investigator revealed how the evidentiary principle shapes real-world practice. The investigator described each case as a meticulous orchestration of available evidence—melding physical findings, digital records, witness testimonies, and contextual details from institutional logs or past complaints. The approach relies on thoroughness and proportionality rather than volume,

assessing each piece for coherence within the larger factual constellation. According to the investigator, the key moment arrives when the assembled evidence persuades a trained and impartial mind that the event was more likely than not to have occurred. That is the point of substantiation—the procedural truth sought under PREA's administrative framework. By centering their work on measurable likelihood rather than absolute certainty, the investigator safeguards an environment of practical fairness, ensuring that justice remains neither speculative nor prohibitively rigid.

PREA Compliance Manager (PCM)

The PREA Compliance Manager, in turn, articulated how this evidentiary threshold harmonizes justice with efficiency. They emphasized that the preponderance standard anchors administrative investigations in accessible reality—allowing fact-finders to act decisively once credible evidence outweighs doubt without requiring the exhaustive threshold reserved for criminal courtrooms. This standard encourages timely resolutions grounded in evidence and reason, protecting all individuals involved while reinforcing institutional accountability. The PCM noted that this approach builds credibility across the facility, fostering confidence that each case receives balanced evaluation rather than procedural delay or arbitrary dismissal.

Together, these interviews underscored an investigative atmosphere grounded in precision, neutrality, and humanity—a domain where evidence, not speculation or status, drives administrative conclusions.

PROVISIONS

Provision (a): Evidentiary Threshold for Substantiation

The Pre-Audit Questionnaire confirmed that the agency operates under a preponderance-of-the-evidence threshold when determining whether allegations of sexual abuse or sexual harassment are substantiated during administrative review. This evidentiary lens, purposefully lower than a criminal burden, allows decisions to rest on documented probability rather than absolute certainty. Discussions with staff revealed a shared understanding of this principle: investigators assess each case by asking whether the available proof makes the alleged event more probable than not.

This deliberate calibration maintains the integrity of administrative investigations, ensuring they culminate in balanced and timely outcomes rooted in factual sufficiency rather than courtroom-style precision. It also underscores an ethical dedication to ensuring survivors' voices are weighed with equal seriousness, free from the barriers that criminal benchmarks might impose in non-criminal proceedings.

Relevant Policy: GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), Section G(5), page 30, codifies preponderance of the evidence as the mandated evidentiary lens for all administrative determinations involving allegations of sexual abuse or sexual harassment.

	CONCLUSION Drawing upon the PAQ, GDC SOP 208.06, and the informed perspectives of investigative staff and compliance leadership, the Auditor concludes that the facility demonstrates full alignment with PREA Standard §115.72. This standard's implementation within the facility exemplifies coherence and professionalism. Policy and practice merge seamlessly: investigations proceed confidently under the preponderance threshold, findings are grounded in factual balance, and outcomes reflect reasoned judgment rather than procedural rigidity. In this environment, administrative justice echoes PREA's intent—delivering prompt and equitable resolutions that honor survivors, protect the rights of all involved, and reinforce the moral precision of evidence-based accountability.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.73, the Auditor conducted a detailed and immersive review of documentation describing how the facility communicates investigative outcomes to individuals who report sexual abuse or sexual harassment. This examination began with a careful analysis of the facility's comprehensive Pre-Audit Questionnaire (PAQ), supported by underlying records that illuminate the agency's commitment to timely, consistent, and transparent notification practices. Central to the review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). Of particular importance was Attachment 3—the GDC PREA Disposition Offender Notification Form—which functions as the formal, standardized tool for documenting notification to incarcerated individuals regarding investigative findings. This form serves as both a procedural safeguard and a paper trail that verifies accountability across every allegation investigated. Beyond policy analysis, the Auditor evaluated a sample of completed administrative and criminal investigative files alongside facility-level PREA tracking documentation. These records offered an integrated view of reporting, investigative progress, notification delivery, and archival retention. Collectively, they demonstrated that the facility has built a structured, policy-driven notification system embedded in everyday investigative practice—one that ensures every individual is reliably informed of case outcomes through a transparent and verifiable process.

INTERVIEWS

Incarcerated Individuals Who Reported Sexual Abuse

Interviews with individuals who had reported sexual abuse added a powerful human perspective to the document review. Each described receiving a compassionate, prompt, and professional response at the moment of their report. Multiple individuals recalled being quickly referred for forensic medical examinations, where victim advocates were offered and, when accepted, provided continuous emotional and procedural support. The advocates explained the process step-by-step and stayed with them during examinations, ensuring understanding and reducing fear.

Every participant confirmed that forensic and medical services were provided at no cost. All affirmed that they were never asked or pressured to undergo a polygraph or any truth verification procedure. Once investigations concluded, interviewees described receiving written notification of the results—delivered with clarity and official formality. Their recollections collectively portrayed a notification process that treats survivors with dignity, communicates outcomes transparently, and upholds the spirit of PREA's victim-centered approach.

Facility Head or Designee

The Facility Head reflected on the procedural backbone that supports timely and appropriate notification. They explained that after investigative reports are finalized, the facility ensures individuals are informed of outcomes according to SOP 208.06 and that every notification is documented in hard and electronic form. When staff are implicated and an allegation is substantiated, the notification obligations expand beyond investigative findings—requiring updates whenever changes occur in the staff member's employment or assignment status.

These changes include reassignment away from the living unit, removal from duty, arrest, conviction, or termination of employment due to the offense. The Facility Head confirmed that, during the past twelve months, no substantiated staff-on-incarcerated-person sexual abuse cases occurred. In instances of inmate-on-inmate substantiation, however, the facility ensured that victims were informed when accused individuals were indicted, charged, or convicted. Each notification was formally documented through the required PREA Disposition Offender Notification Form, maintaining a traceable record of compliance.

Investigative Staff

An investigative team member detailed how the notification process is integrated into the conclusion of every investigation. Once the investigative phase closes, a thorough report is prepared outlining collected evidence, interviews, and the reasoning behind determinations. That report is then transmitted to facility leadership for review and notification follow-up. For criminal allegations referred to the Office of Professional Standards (OPS) Criminal Division, investigators maintain coordination to guarantee that individuals receive communication about final criminal outcomes as well.

Staff emphasized that notifications are never treated as an afterthought—they represent the final act of transparency closing the investigative loop. Every individual who bravely reports an incident is entitled to clear information about what was found, and investigators regard that final communication as both procedural duty and ethical commitment.

PROVISIONS

Provision (a): Timely and Documented Notification of Investigative Outcomes

This provision serves as the backbone of the facility's notification process. Agency policy mandates that every individual who reports sexual abuse or sexual harassment is informed—verbally or in writing—of the investigative conclusion. Outcomes are categorized as substantiated, unsubstantiated, or unfounded. Documentation from the previous year recorded eight completed administrative and/or criminal PREA investigations, all accompanied by corresponding notification forms.

Responsibility for ensuring completion of notifications rests with the Warden, Superintendent, or a designated member of the facility's Sexual Assault Response Team (SART). When allegations are forwarded to the OPS Criminal Division, the individual also receives formal notification of the final criminal determination. These layered practices work together to ensure both timeliness and traceability, protecting the individual right to information while maintaining institutional accountability.

Provision (b): Notification by External Investigative Entities

This provision is not applicable to the audited facility. All PREA-related investigations, both administrative and criminal, are conducted internally under the authority and training of GDC personnel. Interviews with investigative staff confirmed that the facility does not rely on outside agencies to perform sexual abuse investigations within its jurisdiction, thereby maintaining consistent procedural control and confidentiality.

Provision (c): Enhanced Notification Requirements for Staff-on-Inmate Allegations

This provision outlines specialized requirements for cases involving staff misconduct. When a staff-on-incarcerated-person allegation is substantiated, policy compels the facility to communicate specific status changes regarding the staff member to the affected individual. These include reassignment, termination, arrest, or conviction related to the abuse. During the audit review period, there were no such substantiated cases, but staff confirmed that all mechanisms are prepared and ready for activation. The existing policy infrastructure ensures that, should such an event occur, notifications will be immediate, recorded, and verified.

Provision (d): Notification in Substantiated Inmate-on-Inmate Cases

For cases involving substantiated sexual abuse between incarcerated individuals, the facility must notify the victim if the perpetrator is indicted, charged, or convicted.

	Facility leadership stated that these requirements are met without exception, and every step of notification is captured within the documentation system. This process protects survivors' right to know and reaffirms the agency's follow-through beyond investigative closure. **Provision (e): Documentation of Notifications and Termination of Obligation** This provision reinforces the recordkeeping expectations that underpin all notifications. According to agency data, during the past twelve months, forty-six individuals received documented written notifications pertaining to sexual abuse investigations, and five received notifications linked to sexual harassment investigations. Each record is logged through SOP 208.06 protocols using the standardized notification form. The policy also defines when the agency's obligation ends—upon the release of the individual from custody—ensuring closure of the communication chain while meeting all statutory notice requirements. **Provision (f): Not Auditable Provision** This final provision does not fall within the scope of PREA audit assessment and was therefore excluded from compliance evaluation. **CONCLUSION** After a holistic review of the Pre-Audit Questionnaire, GDC SOP 208.06 provisions, completed investigation files, notification forms, and direct interviews with staff, administrators, and individuals who filed PREA reports, the Auditor determined that the facility is in full compliance with PREA Standard §115.73. The facility's approach to communicating investigative results reflects an advanced level of structure, empathy, and procedural exactness. Each notification is timely, consistent, and properly recorded, ensuring that individuals who report sexual abuse or sexual harassment are not left uninformed or uncertain about investigative outcomes. By documenting each stage—from report to resolution—the facility fortifies trust, upholds dignity, and exemplifies PREA's overarching mission: to ensure transparency, fairness, and survivor-centered accountability within the correctional environment.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.76, the Auditor embarked on an in-depth review of the facility's internal mechanisms for enforcing accountability among staff who violate sexual abuse, harassment, or misconduct policies. This effort

spanned the Pre-Audit Questionnaire (PAQ), a detailed set of accompanying exhibits, disciplinary tracking logs, and related documentation demonstrating adherence to the agency's zero-tolerance mandate.

At the heart of this system is Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy forms the backbone of staff accountability, setting forth a continuum of disciplinary actions—from internal reprimands to permanent dismissal—depending on the nature and gravity of the violation. Termination, however, is the presumed outcome for any substantiated act of sexual abuse, while proportional discipline governs lesser infractions such as harassment or unprofessional conduct.

The policy also extends institutional transparency outward, mandating prompt referral of all substantiated sexual abuse cases to law enforcement and the appropriate licensing authorities, such as the Georgia Peace Officer Standards and Training (POST) Council. This external oversight heightens deterrence and prevents individuals found unfit from quietly transferring elsewhere within the correctional system.

The Auditor's analysis revealed a firm and uniform application of these expectations, reflected in a year free of incidents—an outcome achieved not by chance but through consistent training, vigilance, and leadership commitment to zero tolerance at every operational level.

INTERVIEWS

Facility Head

The Facility Head described staff discipline under PREA as both uncompromising and transparent. Every violation—ranging from minor workplace misconduct to confirmed sexual assault—is investigated thoroughly and resolved through formal channels. The Facility Head reiterated that termination remains the default sanction for sexual abuse and confirmed that any such finding automatically prompts referral to external law enforcement and POST certification bodies.

In the previous twelve months, there were no incidents, terminations, or resignations related to staff sexual misconduct, a record attributed to strong deterrents and a culture emphasizing respect, training, and constant professional accountability. "Zero incidents do not mean zero oversight," the Facility Head clarified. "It means our standards are clear, our supervision is consistent, and staff know that violations end careers."

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a detailed overview of disciplinary structures and internal audit processes that track adherence to policy. They explained that when allegations arise, investigations proceed through the Office of Professional Standards, ensuring independent review and consistent application of sanctions. The PCM underscored that disciplinary measures are calibrated precisely: penalties consider

severity, precedent, and staff history, but always lean toward strict enforcement of ethics and transparency.

Equally central is the separation between corrective discipline for performance issues and sanctioning for sexual abuse or harassment—ensuring that the latter receives swift, decisive action rooted in PREA mandates rather than routine administrative discretion. The PCM also observed that the facility's compliance record—marked by zero staff violations in the past year—reflects both proactive prevention and an entrenched expectation of professional conduct among personnel.

PROVISIONS

Provision (a): Comprehensive Sanctions Culminating in Termination

Under GDC's disciplinary blueprint, all staff who engage in sexual abuse or sexual harassment are subject to sanctions up to and including dismissal. Termination is the presumed penalty for substantiated findings of sexual abuse, underscoring an institutional stance that such violations are irredeemable breaches of duty and trust.

This mandate is reinforced through documentation and leadership interviews confirming universal awareness that any substantiated incident results not only in job loss but potential criminal prosecution.

Relevant Policy: GDC SOP 208.06, p.33, Section H(1.a), explicitly prohibits continued employment of staff involved in substantiated sexual abuse and declares dismissal and external reporting as standard responses.

Provision (b): Zero-Tolerance Recordkeeping and Oversight

This provision affirms that facilities must maintain thorough documentation and tracking of staff misconduct. The Auditor verified through PAQ and leadership interviews that the facility experienced no staff violations or disciplinary actions for sexual abuse or harassment within the previous twelve months.

Such a record is sustained through vigilant oversight: the facility's PREA Compliance and administrative staff conduct recurring reviews, ensuring accountability measures remain active even amid zero reported cases. The absence of violations therefore stands not as procedural inertia but as evidence of consistent prevention, reinforced training, and a pervasive zero-tolerance culture.

Relevant Policy: GDC SOP 208.06, p.33, Section H(1.a), confirms termination as the mandatory standard for substantiated sexual abuse findings and prioritizes transparent reporting.

Provision (c): Proportional Discipline for Non-Abuse Misconduct

While termination anchors the policy for substantiated sexual abuse, lesser forms of misconduct or non-criminal harassment invite proportionate disciplinary actions designed to match the seriousness of the offense and the staff member's record. The PREA Compliance Manager explained that proportionality prevents inequity while

maintaining deterrence, ensuring every staff infraction receives an appropriate and measured response.

The facility reported no instances of lesser, harassment-related personnel actions during the audit year. Still, the framework remains active and ready to address any future indiscretions swiftly and consistently.

Relevant Policy: GDC SOP 208.06, p.33, Section H(1.b), outlines steps for applying proportional sanctions to non-abuse violations while emphasizing equity in process and result.

Provision (d): Mandatory External Notification and Reporting

Transparency extends beyond facility walls. Whenever a staff member is terminated—or resigns to evade termination—following investigation of sexual abuse or misconduct, the agency must notify both law enforcement and licensing authorities. This ensures criminal accountability where applicable and prevents individuals from reentering the correctional workforce under new credentials.

The facility had no cases warranting this type of notification during the prior reporting period. Still, both the PCM and Facility Head confirmed familiarity with these procedures and noted that law enforcement reporting would occur immediately upon findings of substantiated misconduct.

Relevant Policy: GDC SOP 208.06, p.34, Section H(1.c), requires immediate reporting of terminations or resignations connected to substantiated sexual abuse to appropriate legal and regulatory bodies, including POST.

CONCLUSION

Following comprehensive review of documentation, interviews with leadership and compliance personnel, and verification through investigative records, the Auditor concludes that the facility fully satisfies PREA Standard §115.76 – Disciplinary Sanctions for Staff.

The evidence depicts a culture defined by unwavering integrity: policies dictate clear lines of accountability, processes ensure impartial review, and leadership enforces consequences without hesitation. The facility recorded no staff violations, terminations, or resignations related to sexual misconduct during the audit year—a reflection of both strong prevention systems and ethical maturity within the workforce.

Disciplinary sanctions exist not as formality but as deterrent and moral imperative. The institution’s adherence to termination as the standard penalty for sexual abuse, proportional discipline for lesser offenses, and mandated external reporting for all substantiated cases forms a triad of transparency, justice, and deterrence.

In sum, the facility’s commitment to PREA’s zero-tolerance philosophy stands resolute: accountability is absolute, safeguarding both institutional integrity and the safety and dignity of everyone who lives and works within its walls.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.77, the Auditor undertook a detailed and investigative review centered on how the facility manages accountability for sexual misconduct by individuals who are not regular employees—specifically contractors, vendors, and volunteers. The review examined the Pre-Audit Questionnaire (PAQ) and its accompanying documentation, revealing a structure of prevention and enforcement that seamlessly extends PREA's reach beyond the facility's own workforce. At the core of this framework lies the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This governing policy draws a firm line of zero tolerance across all levels of contact with those in custody. It ensures that contractors and volunteers—while not state employees—are nonetheless held to the same professional, legal, and ethical standards. Under SOP 208.06, any substantiated act of sexual abuse or harassment by a contractor or volunteer triggers immediate suspension of facility access and mandatory notification to law enforcement authorities, unless clearly established as non-criminal in nature. When professional licensure applies, reports are additionally forwarded to credentialing or regulatory bodies. The Auditor's review confirmed that this process fosters transparency, accountability, and swift action designed to separate potential offenders from the incarcerated population at the earliest sign of concern. These safeguards mirror the expectations placed upon facility employees, ensuring that every individual interacting with inmates—whether as contractor, service provider, or volunteer—operates within the same ethical and operational boundaries. The system's strength lies in its preventative rigor: controlled access oversight, identification verification, limited interaction privileges, and comprehensive PREA orientation training prior to entry all contribute to the facility's exemplary record of zero incidents within the preceding audit cycle. **INTERVIEWS** **Facility Head** The Facility Head framed the facility's approach as one of absolute consistency—volunteers and contractors stand under the same microscope as staff. During the past twelve months, no incidents of contractor or volunteer misconduct occurred, yet leadership emphasized that readiness is constant. Should an allegation

arise, the first action is instant removal from all inmate contact areas, ensuring safety while the matter undergoes investigation.

The Facility Head emphasized that external partnerships are valuable to the institution's rehabilitative mission but never take precedence over custodial safety. "External access is a privilege, not a right," they stated. "That privilege is permanently revoked the moment it risks our inmates' safety or dignity." The facility's policies ensure that referrals to law enforcement or regulators are automatic outcomes once misconduct is verified, sealing a transparent trail of corrective action.

PREA Compliance Manager (PCM)

The PREA Compliance Manager expanded on how this integrity system operates day-to-day. All contractors and volunteers undergo behavioral screening, background checks, and PREA education before entering the facility. The PCM discussed periodic drills simulating response to sexual misconduct involving third-party collaborators—training designed to confirm that staff know exactly how to respond if an incident occurs involving a non-employee participant.

Though no infractions were recorded during the audit period, documentation showed the chain of actions: revoke access; notify law enforcement and administrative leadership; file reports through the Office of Professional Standards; and, where applicable, notify licensing boards. These swift, standardized steps reinforce the principle that PREA compliance does not stop at payroll boundaries but operates across every layer of facility interaction.

PROVISIONS

Provision (a): Mandatory Reporting and Immediate Restriction of Access

This provision serves as the cornerstone of external accountability. It requires that any contractor or volunteer who engages in sexual abuse be promptly reported to law enforcement (absent proof the act is clearly non-criminal) and, when applicable, to relevant licensing or certifying bodies. Concurrently, their access to incarcerated individuals is immediately and permanently suspended.

Facility records and PAQ results confirmed flawless compliance: zero incidents of contractor or volunteer misconduct occurred during the audit period. Despite this clean record, policy infrastructure remains vigilant—staff and supervisors are trained to act instantaneously, ensuring that even the suspicion of abuse results in swift separation and notification.

Relevant Policy: GDC SOP 208.06, p.34, Section 2, codifies this approach, requiring instant removal from inmate contact and mandatory external notification to uphold integrity and safety across contractual and volunteer relationships.

Provision (b): Proportional Corrective Action for Lesser Violations

While sexual abuse demands immediate and absolute exclusion, other forms of non-criminal misconduct—such as verbal boundary violations, inappropriate comments, or

	unprofessional behavior—are adjudicated through proportionate corrective actions. These measures may include retraining, limited access, temporary suspension, or permanent revocation of privileges, depending on the infraction's gravity. Although the facility recorded no such instances in the past twelve months, leadership interviews and documentation indicated that corrective pathways are clearly laid out, ensuring swift preventive education when concerns arise. Contractors and volunteers are reminded upon onboarding that their continued participation is contingent upon constant adherence to institutional conduct codes. **Relevant Policy:** GDC SOP 208.06 empowers administrators to exercise deliberate judgment when weighing corrective action for lesser misconduct, balancing fairness with unyielding protection of the facility community. **CONCLUSION** Following an in-depth review of policy documents, leadership interviews, and operational safeguards, the Auditor determined that Johnson State Prison fully complies with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers. The facility's unwavering adherence to policy is evident in both practice and philosophy. Although no incidents occurred during the review period, extensive screening, training, and proactive oversight ensure readiness for immediate response should misconduct ever arise. Any substantiated act would trigger permanent exclusion from facility grounds, formal notification to law enforcement, and—where necessary—professional regulatory reporting. For lesser violations, the facility's system provides an equally robust framework for retraining and access control, emphasizing prevention through education over punitive exclusion when appropriate. This balanced yet uncompromising architecture encapsulates the facility's zero-tolerance posture: every individual, whether employee, contractor, or volunteer, bears full accountability for safeguarding those in custody. By applying PREA's standards uniformly across all categories of personnel, Johnson State Prison exemplifies how institutional safety extends beyond the payroll structure—fortifying the ethics of partnership, ensuring the sanctity of trust, and reflecting a facility culture where vigilance, respect, and integrity stand as collective responsibility.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To examine compliance with PREA Standard §115.78, the Auditor embarked on an in-depth review of records illustrating how the facility disciplines sexual misconduct among inmates through a balanced lens of accountability and rehabilitation. This review encompassed the Pre-Audit Questionnaire (PAQ) and its supporting documentation, augmented by a targeted selection of case files that traced each incident from investigation to sanction determination.

At the core of this evaluation was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy establishes that all inmate sexual activity—regardless of apparent consent—is prohibited and treated as non-consensual under PREA. SOP 208.06 requires disciplinary actions to be fair, proportionate to the misconduct, and informed by both behavioral and psychological considerations. It also forbids retaliatory discipline against inmates who report abuse in good faith, ensuring no one is penalized for seeking help or disclosing truths.

Through this lens, the Auditor found a system that intertwines accountability with prevention—using sanctions not merely as punishment but as pathways to correction, emphasizing treatment, counseling, and learning as integral parts of discipline.

INTERIVEWS

Medical and Mental Health Staff

Healthcare professionals described an intentionally restorative model of discipline wherein sanctions for sexual misconduct coexist with therapeutic intervention. Counseling and behavioral therapy serve as corrective gateways designed to address underlying motivations, trauma, or impulsivity that may contribute to misconduct. The staff explained that participation in these programs directly influences access to other rehabilitative incentives—reinforcing the alignment between behavioral accountability and personal reform.

Mental health staff further affirmed that assessments are crucial to sanctioning decisions. An inmate’s history of mental illness or cognitive disability is carefully weighed before determining disciplinary measures, ensuring fairness and compassion even amid accountability. The purpose, as one clinician put it, is to “correct behavior without crushing the person.”

Facility Head

The Facility Head confirmed that GDC policy maintains a categorical ban on all inmate sexual activity—presumed non-consensual by default. Over the past twelve months, the facility recorded five administrative findings of inmate-on-inmate sexual abuse and zero criminal convictions. In line with policy, inmates involved in substantiated acts faced internal disciplinary proceedings, while none were criminally prosecuted.

The Facility Head noted that the facility’s disciplinary framework remains precise and

predictable: sanctions align with the gravity of the act, comparable case standards, and the individual's prior disciplinary history. Importantly, the Facility Head emphasized that inmates who make good-faith allegations—regardless of substantiation—are shielded from disciplinary action. This safeguard fosters a culture of openness and reporting without fear of reprisal, promoting trust in the PREA process.

PROVISIONS

Provision (a): Formal Process Post-Administrative Substantiation

Once an allegation is substantiated under the preponderance of evidence standard used for administrative investigations, the facility initiates disciplinary proceedings consistent with GDC SOP 208.06. Over the past year, five cases resulted in administrative findings of inmate-on-inmate sexual abuse, with none advancing to criminal conviction. The Facility Head confirmed that disciplinary sanctions are mandatory for substantiated cases, combining structure and justice while following due process.

Relevant Policy: GDC SOP 208.06, p.34 (H.3.a–b) mandates sanctions aligned with SOP 209.01 and classifies all inmate sexual acts as prohibited, presumed non-consensual behavior.

Provision (b): Tailored Penalties Reflecting Offense Severity

Disciplinary sanctions mirror the individuality of each incident. According to facility reporting in the PAQ, penalties are calibrated to the severity of the misconduct, the circumstances surrounding it, and the individual's prior record. Consistency across comparable cases ensures fairness, with the sanction neither excessive nor insufficient. The Facility Head corroborated that uniformity and proportionality guide every disciplinary decision.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.c), reinforces proportionality between offense and response.

Provision (c): Integrating Mental Health Factors into Sanctioning

Each disciplinary review includes an evaluation of whether mental disorders, cognitive limitations, or psychological distress influenced the inmate's behavior. The Facility Head confirmed this holistic approach, which ensures humane, case-specific consideration. Mental health specialists contribute written evaluations where applicable, guiding the disciplinary committee toward ethics-based decisions.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.d), references SOP 508.18 for mental health consideration during disciplinary processes.

Provision (d): Therapeutic Interventions as a Condition of Privilege

The facility links privilege restoration and access to programming directly to participation in therapeutic or behavioral interventions. As detailed by mental health

personnel, these treatment sessions aim to curb the root causes of sexual misconduct and foster empathy, accountability, and behavioral change. In this way, discipline becomes a catalyst for personal reform rather than a mere deterrent.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.e), promotes treatment-oriented discipline encouraging participation in counseling, therapy, and rehabilitative workshops.

Provision (e): Consent-Based Staff-Inmate Contact Discipline

Sanctions for sexual conduct involving staff members occur only if investigations determine that the staff member did not consent to the behavior. This standard protects against inequitable disciplinary outcomes, recognizing the inherent power imbalance and ensuring fairness in enforcement. The Facility Head verified adherence to this policy throughout the review.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.f).

Provision (f): Good-Faith Report Immunity

No inmate is subject to discipline for filing a sexual abuse report in good faith—even if investigations later conclude insufficient evidence to substantiate the claim. The Facility Head reaffirmed this critical protection, noting it as a cornerstone of the facility's PREA compliance culture. By safeguarding those who report, the facility encourages disclosure and transparency, ensuring that silence is never motivated by fear of retaliation.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.g).

Provision (g): Comprehensive Inmate Sexual Activity Ban

The facility enforces a zero-tolerance stance: any sexual activity between inmates is prohibited. However, classification as sexual abuse occurs only if coercion or force is found. This standard, verified through interviews, reflects GDC's careful distinction between prohibition enforcement and investigative integrity.

Relevant Policy: GDC SOP 208.06, p.34 (H.3.a).

CONCLUSION

Following comprehensive document review, policy examination, and in-depth interviews with administrative, mental health, and facility leadership staff, the Auditor concludes that Johnson State Prison fully complies with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.

The facility's disciplinary framework aligns with both the letter and spirit of PREA: punitive responses evolve into rehabilitative opportunities, sanctions mirror the misconduct's gravity, and mental health is always a consideration—not an afterthought. The protection against disciplining good-faith reporters reinforces ethical transparency, while clear prohibitions on all inmate sexual activity sustain institutional integrity.

	With five administrative findings and no criminal convictions over the past twelve months, Johnson State Prison demonstrates a measured, fair, and humane approach to sanctioning—where justice aims not just to punish, but to restore, recalibrate, and reaffirm the safety and dignity of all who live and work within its walls.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.81, the Auditor conducted a thorough and multilayered examination of the facility's Pre-Audit Questionnaire (PAQ) and corresponding exhibits. The review focused on how medical and mental health services are mobilized following disclosures of sexual victimization or sexually abusive behavior—placing particular emphasis on confidentiality, informed consent, and structured follow-up care. Central to this analysis was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy defines explicit expectations for screening, referral, documentation, and follow-up processes. It specifies how staff must identify and respond to individuals with a history of sexual trauma or sexually abusive behavior, ensuring that such information leads to compassionate, informed treatment rather than stigma or exposure. Complementing this was GDC SOP Reference Number VH82-0001, Informed Consent, effective April 1, 2002. This policy outlines ethical and procedural mandates for how medical and mental health information is obtained, recorded, and shared. It demonstrates GDC's commitment to providing sound and sensitive care built upon patient understanding and trust. Together, these policies form a synchronized framework that prioritizes both clinical integrity and PREA compliance—protecting privacy while delivering timely, trauma-informed support. **INTERVIEWS** **Medical and Mental Health Practitioners** Conversations with medical and mental health professionals revealed an operation rooted in both precision and empathy. Staff articulated that any information disclosed during initial intake or later clinical encounters about prior sexual victimization or sexually abusive behavior is recorded confidentially and shared only through secure channels. Practitioners described how informed consent is a cornerstone of their approach. For

disclosures of past abuse that occurred outside a correctional environment, consent must be obtained prior to reporting—except when the individual is under 18 years old. Clinicians explained that this consent process is deliberate and respectful, ensuring individuals fully comprehend what will be shared and for what purpose.

Follow-up care, they emphasized, is systematic: when screening identifies someone as having a history of victimization or risk, a meeting with a mental health practitioner is offered within fourteen days. At that point, a licensed provider documents the intervention, records outcomes, and ensures continuity of services. “It’s not just a procedural box,” one practitioner noted, “it’s a message that safety extends into mental health.”

Risk Screening and Classification Staff

Intake and classification staff described their role as the first analytical safeguard in identifying those at risk. During screening, information about previous victimization, aggressor history, or behavioral red flags is carefully evaluated, triggering automated referrals to mental health or medical staff when appropriate.

These employees underscored the facility’s method of data protection: PREA-related screening results are stored within a secure, segregated database accessible only to credentialed healthcare staff. When non-medical personnel need specific information, access is granted strictly on a need-to-know basis—such as housing or programming decisions directly tied to resident safety. This structure ensures collaboration without compromising privacy.

According to staff, classification meetings also integrate mental health insight, creating a multidisciplinary setting where operational logistics intertwine with therapeutic awareness. “Our goal,” said one screening officer, “is to manage safety while safeguarding personal dignity.”

Individuals Who Reported Sexual Abuse

Through the interview process, inmates who reported sexual abuse reported:

1. Facility staff were responsive to them when they reported the incident.
2. Being offered a mental health referral
3. Being taken to medical for an evaluation.
4. Those who were referred for a forensic examination reported being offered a victim advocate.
5. The victim advocate was with them during the examination and helped them understand what was going to happen.
6. Not having to pay for any medical treatment.

PROVISIONS

Provision (a): Timely Follow-Up for Victims of Prior Sexual Victimization

This provision requires that any incarcerated individual who discloses sexual

victimization during initial screening is offered a follow-up session with a qualified medical or mental health practitioner within fourteen days.

The facility's PAQ and staff interviews confirmed this practice: all identified individuals are contacted promptly and encouraged to engage in a confidential mental health session. These encounters are logged using Attachment 14 – PREA Counseling Referral Form, ensuring both accountability and documented continuity of care.

Such follow-up not only fulfills PREA's procedural intent but symbolizes institutional empathy—affirming that past trauma is acknowledged, not ignored.

Relevant Policy: GDC SOP 208.06, p.25, Section D(7), mandates timely clinical referrals, tracking, and documentation for individuals identified through screening as victims or those with associated risk indicators.

Provision (b): Follow-Up for Individuals with a History of Sexual Abusiveness

This provision focuses on inmates identified as former perpetrators of sexual abuse. Per policy, they must be offered a mental health evaluation within fourteen days of staff confirmation of the behavior.

Staff interviews verified that referrals occur immediately upon such identification, with mental health professionals documenting treatment plans or behavioral interventions as appropriate. The structured follow-up ensures the same diligence and oversight given to trauma-response care—balancing accountability with support that facilitates change.

Relevant Policy: GDC SOP 208.06, p.25, Section D(7), standardizes referral and documentation practices for individuals with known histories of sexually abusive conduct.

Provision (c): Non-Applicable (Detainee-Specific Requirement)

This provision pertains exclusively to jail detainees and therefore does not apply to Johnson State Prison, which operates as a state correctional facility.

Provision (d): Controlled and Confidential Use of Sensitive Information

This provision safeguards the ethical use of information derived from screening or historical records. Staff confirmed that disclosures of sexual victimization or abusiveness are strictly confined to operational contexts where such knowledge directly informs decisions concerning safety—such as housing, programming, or supervision level.

The Auditor verified through interviews and system reviews that sensitive data is shared only among staff with legitimate, documented need-to-know authorization. This calculated limitation protects personal privacy without diminishing the pursuit of safety.

Relevant Practice: In adherence to SOP 208.06, all PREA-related disclosures are cached in restricted electronic records, with access limited to healthcare or

specifically authorized security supervisors for risk management functions.

Provision (e): Informed Consent Requirements

Perhaps the most defining element of this standard, Provision (e) mandates that medical or mental health practitioners secure informed consent prior to reporting any prior sexual victimization that took place outside a correctional setting, except when involving minors.

Facility staff recited this process in identical terms: before sharing such information, clinicians provide a clear explanation of purpose, implications, and confidentiality boundaries, ensuring the inmate knowingly grants permission. Documentation of consent—written or implied after explanation—is maintained within health records for verification. Language access is also accounted for, with interpreters and simplified explanations provided when literacy or comprehension barriers arise.

Relevant Policy: GDC SOP VH82-0001, Informed Consent (effective April 1, 2002), Sections VI(A)(1–4), establishes the methodological and ethical procedures for securing and recording consent across all medical and mental health interactions.

CONCLUSION

After an extensive review of facility documentation, cross-referencing of GDC policy, and a series of in-depth staff interviews, the Auditor determined that Johnson State Prison is in full compliance with PREA Standard §115.81.

The facility has cultivated a responsive system that marries structure and compassion. Risk screenings are methodical and respectful; mental health follow-up occurs promptly; and informed consent stands as the central pillar of ethical practice. Confidentiality is not a procedural checkbox, but a lived value—preserving dignity while enabling communication across disciplines.

Through its alignment with SOP 208.06 and VH82-0001, Johnson State Prison demonstrates that medical and mental health care following sexual victimization or sexual misconduct screening is confidential, professional, timely, and deeply human—an approach that satisfies the roots of PREA compliance while reflecting best practices in correctional healthcare.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.82, the Auditor conducted an

exhaustive review of documentation outlining the facility's capacity to deliver emergency medical and mental health care in response to allegations of sexual abuse. The examination wove together the Pre-Audit Questionnaire (PAQ), supporting exhibits, and procedural references across multiple operational divisions—illuminating an integrated system of prompt response, clinical expertise, and compassionate care.

At the forefront stood the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This governing policy sets the standard for rapid medical attention, clinician-led evaluation, prophylactic treatment, and crisis counseling—each provided without cost or conditional cooperation from the victim.

Equally instrumental were companion policies SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault), both detailing step-by-step protocols from initial disclosure to the administration of emergency contraception, sexually transmitted infection (STI) prophylaxis, and trauma-informed counseling. The alignment revealed a well-orchestrated response system that places timeliness and dignity at the heart of care.

The overall review underscored a facility structure where clinical readiness and empathy intersect seamlessly—ensuring that those reporting sexual abuse receive immediate physical and emotional support within a secure, confidential framework.

INTERVIEWS

First Responders – Security and Non-Security Staff

When sexual abuse allegations surface, the first moments are crucial. Conversations with first responders—both security and non-security staff—revealed consistent understanding of these high-stakes responsibilities.

Security officers described their immediate duties in near reflexive terms: protecting the alleged victim, separating any alleged perpetrator, preserving physical evidence, and contacting medical personnel without delay. Each emphasized that incident control means both security and compassion—ensuring the individual feels safe before clinical care begins.

Non-security employees, such as administrative or program support staff who may be the first point of contact for a disclosure, expressed parallel priorities. Their role centers on reassurance and rapid communication—alerting security, remaining with the victim until trained personnel arrive, and maintaining scene integrity. Together, both groups serve as the bridge from crisis to care.

Their testimonies portrayed a facility culture where readiness is instinctive and victim safety transcends hierarchy.

Medical Staff

Facility medical personnel described a disciplined, methodical approach to emergency

response. Upon receiving a report of sexual abuse, medical assistance is initiated immediately—guided solely by clinical judgment and unaffected by investigative developments.

The process begins with an initial medical assessment, followed by nursing triage and physician evaluation. If injuries indicate higher-level intervention, the individual is transported to a community hospital equipped for forensic examination. When the incident qualifies for Sexual Assault Response Team (SART) activation, nursing staff coordinate care while the attending physician issues corresponding medical orders.

Clinicians confirmed that all victims are offered emergency contraception and STI prophylaxis when medically appropriate—procedures carried out discreetly and timely, consistent with national standards of care. Information sessions accompany treatment, ensuring each patient understands available options, follow-up care, and preventive measures. No medical charges are ever applied, underscoring the Department's ethos: healing comes free of all burdens—financial or procedural.

Incarcerated Individuals Who Reported Sexual Abuse

Those who had lived this process spoke from experience rather than expectation. Each described being treated with respect and urgency. Reports of abuse, they said, triggered swift staff action—medical assessments began without delay.

Individuals recalled being accompanied to forensic examinations where victim advocates remained present throughout, clarifying every step, offering reassurance, and ensuring full understanding of the procedures being conducted. Inmates confirmed that these services came without cost, that no one ever requested cooperation or subjected them to credibility testing such as polygraph examinations, and that written notification of investigation outcomes eventually arrived.

Their collective accounts reflected procedural consistency merged with human sensitivity—a balanced response that attends to both evidence and empathy.

Mental Health Staff

At the time of the audit, mental health services were delivered through contracted external providers. Although no in-house clinicians were available for interviews, documentation verified active coordination between facility administration and external crisis counselors to ensure timely psychological support post-incident. Policies governing the process—particularly SOP 507.04.91—outline rapid mental health referrals and crisis management protocols, ensuring an unbroken continuum of care for anyone affected by sexual assault.

PROVISIONS

Provision (a): Timely, Clinically Driven Crisis Response

In accordance with PREA, all reported victims of sexual abuse receive immediate and unrestricted access to emergency medical treatment and crisis intervention services. The type and scope of treatment are determined solely by qualified healthcare

practitioners based on professional judgment.

Documentation and interviews confirmed this approach: medical and mental health practitioners maintain detailed logs reflecting response time, interventions performed, and prophylactic information provided. Security or non-health staff supplement these systems when first responders initiate protective measures in the absence of available clinicians.

Staff demonstrated consistent understanding that immediacy is paramount—ensuring that care begins the moment a report is made.

Relevant Policy: GDC SOP 208.06, p.36, Section I, supported by SOP 507.04.85 and SOP 507.04.91, demands timely emergency access orchestrated entirely by clinical professionals.

Provision (b): First Responders as the Bridge to Care
When qualified medical or mental health personnel are not on duty at the time of disclosure, trained first responders step forward as the critical link to emergency care.

The PAQ and staff interviews verified this chain of custody: security personnel secure and protect the victim, isolate potential aggressors, preserve physical or testimonial evidence, and notify health staff immediately. Non-security staff act as stabilizing presences, relaying information while ensuring the individual never feels abandoned.

This multi-tiered system guarantees no lapse between report, safety intervention, and professional treatment.

Relevant Policy: GDC SOP 208.06, p.36, Section I, requires that first responders activate medical and mental health notification in accordance with protocols outlined in SOPs 507.04.85 and 507.04.91.

Provision (c): Emergency Contraception and STI Prophylaxis
Healthcare staff confirmed that every inmate identified as a sexual abuse victim receives informed access to emergency contraception and prophylactic treatment for sexually transmitted infections. Timing is critical: these services are provided promptly and guided by professional medical assessment.

Patients are informed of their rights and the range of medically appropriate options. These interventions reflect both clinical ethics and compassion—protecting physical well-being as an inseparable component of emotional recovery.

Relevant Policy: GDC SOP 208.06, p.36, directs medical personnel to provide emergency contraception, prophylaxis, and accompanying counseling consistent with accepted national standards.

Provision (d): Free, Unconditional Treatment Access

Every step of post-assault medical or mental health care—assessment, treatment, prophylaxis, and counseling—is furnished free of any charge to the victim. Importantly, access to these services is never conditioned on naming perpetrators,

	assisting investigations, or cooperating beyond voluntary choice. Medical staff and records confirmed this consistent practice of equity and dignity: care is a right, not a privilege. This policy ensures survivors receive assistance unencumbered by fear, obligation, or material concern. **Relevant Policy:** GDC SOP 208.06, p.16, Section B(c), mandates that all medical or mental health services arising from sexual abuse reports must be delivered without cost and independent of participation in investigative processes. **CONCLUSION** The Auditor's comprehensive document review, corroborated by interviews with medical professionals, security responders, and individuals who experienced the process firsthand, revealed a facility that exemplifies PREA Standard §115.82 in both practice and principle. At Johnson State Prison, emergency medical and mental health responses unfold with precision, empathy, and immediacy. From first notification to clinical intervention, survivors encounter a system designed to protect, heal, and empower. Treatment is delivered at no cost, unlinked to investigations, and rooted in professional integrity and human care. Even with externalized mental health staffing, the facility maintains strong procedural ties ensuring uninterrupted crisis response and sustained aftercare. In every respect, the institution demonstrates preparedness, compassion, and fidelity to federal PREA expectations—proving that emergency care here is not simply a policy requirement, but a moral imperative embedded in its daily operations.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.83, the Auditor conducted a detailed and holistic review of facility-level documentation and statewide policies governing the delivery of post-incident medical and mental health care to individuals who report sexual abuse. The review encompassed the Pre-Audit Questionnaire (PAQ), along with supporting clinical summaries, referral logs, and follow-up tracking forms—all evidencing a structured continuum of care that extends far beyond the initial report. At the policy level, two documents framed this examination:

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This directive codifies the Department's responsibility to ensure survivors receive prompt, confidential, and clinically appropriate medical and mental health care after any sexual abuse incident. GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018. This policy adds clinical depth, prescribing how trauma evaluations, treatment planning, and therapeutic follow-ups must occur independent of investigative activities. It clarifies ethical boundaries for mental health personnel, placing therapeutic relationship and recovery above procedural administration.

Together, these policies create a trauma-informed framework that reinforces continuity, confidentiality, and compassion across every stage of the recovery process. The Auditor's review confirmed these standards are not theoretical—they are woven into daily practice through clinical charting, supervisor monitoring, and health record documentation.

INTERVIEWS

Medical and Mental Health Professionals

Medical and mental health staff collectively described a well-coordinated, survivor-centered system of post-assault care. Once a report of sexual abuse is received, medical personnel initiate evaluation within minutes, addressing immediate injuries and ordering prophylactic testing as warranted.

Medical staff detailed the breadth of available clinical interventions—emergency treatment, evidence collection, antibiotic therapy, STI testing, and ongoing follow-up appointments for continued physical monitoring. Treatment workflows prioritize privacy, and all procedures are conducted within secure health offices or off-site hospitals as needed.

Mental health providers then assume a sustained, therapeutic role: crisis counseling, trauma-specific therapy, and psychiatric treatment are available based on individualized needs. Practitioners repeatedly emphasized that confidentiality is paramount—information about incidents is confined to treatment teams and disclosed only when directly related to safety planning or medical necessity.

Staff also confirmed compliance with the 60-day assessment requirement for known abusers: if an individual is identified as having a verifiable history of perpetrating sexual abuse, a mental health evaluation is conducted within two months, followed by counseling or behavioral interventions when clinically indicated.

Throughout interviews, personnel underscored that all services—exam, treatment, or follow-up—are provided at no cost, regardless of whether the survivor cooperates with investigative proceedings. "We treat first and investigate later," one clinician noted, encapsulating the facility's approach.

Incarcerated Individuals Who Reported Sexual Abuse

Interviewed survivors validated what staff described in policy and procedure. Individuals consistently recounted respectful and prompt responses from both medical and counseling personnel. They confirmed receiving immediate clinical attention without obstruction, inclusive of necessary testing, treatment, and access to a victim advocate during forensic procedures.

Each person emphasized understanding their right to confidentiality and noted the professionalism of staff throughout the process. Inmates confirmed they were never billed for services, nor were they compelled to identify their assailant or participate in investigative activities to receive treatment. One individual described the process succinctly: “They took care of me first, not just the paperwork.”

Forensic exams, where applicable, were accompanied by a victim advocate who explained each phase and provided emotional reassurance. Participants also stated they received written updates on investigation outcomes, reinforcing trust in the facility’s system and transparency of communication.

PROVISIONS

Provision (a): Prompt and Ongoing Clinical Care
This provision mandates that individuals victimized by sexual abuse receive timely medical and mental health evaluations followed by comprehensive treatment. The facility’s PAQ and documentation demonstrated consistent observance of this requirement.

Records revealed that medical interventions—emergency assessments, STI testing, prophylactic treatments, and wound care—are initiated immediately and accompanied by mental health follow-up. These services are provided regardless of whether an abuser is named or an investigation pursued.

Relevant Policy: GDC SOP 208.06 and SOP 508.22 jointly require immediate clinician evaluation within one business day—or sooner if clinically necessary—and stress that treatment remains separate from investigatory determinations. This guarantees confidentiality, professionalism, and a trauma-informed approach from first contact through recovery.

Provision (b): Follow-Up Services and Continuity of Care

Ongoing care is not treated as an endpoint but a continuum. Interviews and clinical logs confirmed that counseling sessions, referral appointments, and scheduled check-ins occur at regular intervals until therapeutic goals are met.

For individuals transferred or released, staff coordinate with receiving institutions or community healthcare providers to continue treatment seamlessly. Documentation examined by the Auditor evidenced an organized system of progress notes, referral confirmations, and case tracking.

Relevant Policy: GDC SOP 208.06 directs that all victims of sexual abuse receive

follow-up medical and mental health care tailored to their needs, with continued assessment for symptom management and recovery milestones.

Provision (c): Community-Equivalent Standard of Care

This provision ensures that incarcerated individuals receive healthcare that matches accepted standards outside the prison walls. During interviews, both physicians and counselors confirmed that clinical practices mirror community medical ethics and protocols—from use of evidence-based medications to counseling methodologies aligned with trauma recovery models.

The Auditor verified that preventive treatment and documentation meet community benchmarks for timeliness and outcomes.

Relevant Policy: GDC SOP 208.06 strengthens this guarantee by explicitly requiring all treatment of sexual abuse victims to meet recognized healthcare standards, thereby eliminating disparity between correctional and community care.

Provision (d): Not Applicable – Pregnancy Services

Provision (d), which addresses pregnancy-related medical services, does not apply to this population due to the facility's demographic composition and operational structure.

Provision (e): Not Applicable – Pregnancy Counseling and Support

Similarly, Provision (e) concerning pregnancy counseling and related services is not applicable to this institution's population.

Provision (f): Sexually Transmitted Infection Testing and Preventive Care

Victims of sexual abuse are systematically offered testing for sexually transmitted infections as soon as clinically indicated. Interviews with medical practitioners confirmed that testing protocols are standardized and confidential, conducted in private examination spaces. Preventative antibiotic therapy and vaccines, such as hepatitis prophylaxis, are administered when relevant.

Information about treatment options and prevention measures is delivered in plain language, empowering individuals to participate in their recovery decisions.

Relevant Policy: GDC SOP 208.06 and SOP 507.04.91 require immediate access to testing and prophylactic interventions consistent with professional standards of care.

Provision (g): No-Cost, Unconditional Access to Care

All services associated with sexual abuse are provided at no expense to the survivor. This includes emergency care, counseling, diagnostic tests, medications, and advocacy support. The Auditor confirmed through interviews that clinicians never bill or require cooperation in investigations as a condition for service.

Relevant Policy: GDC SOP 208.06, p.16, Section B(c), ensures that financial cost or

	participation level cannot limit an individual's access to medical and mental health treatment following sexual abuse. **Provision (h): Mental Health Evaluation and Treatment of Known Abusers** A key preventive aspect of this standard involves addressing the mental health of confirmed perpetrators of inmate-on-inmate sexual abuse. Mental health staff reported that as soon as such a history is verified, evaluative sessions are scheduled within sixty days. Treatment plans are developed to mitigate risk, guide behavioral change, and reduce recidivism within the institutional environment. These sessions are documented using the PREA Counseling Referral Form and retained in clinical files, ensuring continuity of oversight. **Relevant Policy:** GDC SOP 208.06, p.25, Section D(7), and SOP 508.22 require formal assessments and treatment offers for individuals identified as aggressors to support systemic prevention. **CONCLUSION** Following the extensive review of policies, healthcare documentation, and multiple categories of interviews, the Auditor finds Johnson State Prison in full compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care. Across testimonies and written verification, a consistent image emerged: a system where trauma is met with compassion, clinical precision, and continuity of care. Medical and mental health teams operate with unwavering professionalism, ensuring survivors are treated promptly and comprehensively, without cost or prejudice. Follow-up processes are documented, treatment is continuous, and evaluations for both victims and known abusers reinforce safety for all. In combining clinical integrity, personal dignity, and procedural accountability, Johnson State Prison demonstrates not only adherence to PREA's requirements but also a deeply humane understanding that healing is integral to true institutional safety.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.86, the Auditor conducted an extensive and methodical review centered on the facility's processes for completing Sexual Abuse Incident Reviews (SAIRs) once criminal or administrative investigations are closed. The evaluation probed how these reviews serve the dual purpose of

accountability and improvement—analyzing whether staff actions, facility conditions, and systemic practices collectively support a safe correctional environment.

The facility's Pre-Audit Questionnaire (PAQ) and all supplemental documentation provided the foundation for this examination. These materials illustrated a clear procedural progression: from the completion of investigations to the deliberate analysis of findings, trends, and lessons learned. The Auditor focused on how that process translates into actionable strategies that prevent recurrence and strengthen operational discipline.

Central to this review was 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. Within that document, Attachment 9—the Sexual Abuse Incident Review Checklist (SAIR)—stood out as a comprehensive and structured instrument capturing the nuances of each incident, the contextual factors involved, and resulting recommendations. The checklist ensures that each review is both uniform in process and rich in insight, producing a tangible learning tool for administrators.

Together, the policies, checklists, and supporting materials confirmed the agency's commitment to rigorous, policy-driven review. The facility does not treat SAIRs as a routine obligation; rather, it frames them as a cornerstone of institutional learning and post-incident accountability. This deliberate approach, fully aligned with PREA expectations, reflects a culture of steady reflection, transparency, and continuous improvement.

INTERVIEWS

Incident Review Team (IRT)

Members of the Incident Review Team described a detailed, evidence-based review culture where every post-investigation report is dissected from multiple professional perspectives. The team's composition—integrating upper-level administrators, investigators, line supervisors, and representative clinicians from medical and mental health services—ensures that technical accuracy merges with human understanding.

IRT members explained that the review process begins promptly—within thirty days of an investigation's conclusion, as mandated by SOP 208.06. The team meets to examine not only what happened but why it happened. Discussions include environmental conditions at the time of the incident, supervision dynamics, staff response speed, and policy compliance. Where deficiencies or systemic weaknesses are found, recommendations are documented on the SAIR form and tracked to resolution.

One team member emphasized that this multidisciplinary conversation allows each professional viewpoint to add dimension to the analysis: "Security may look at logistics, mental health at trauma impact, and investigators at evidence flow—but together, we build a full picture." Their collective insight ensures post-incident reviews evolve into learning forums rather than simply clerical steps.

PREA Compliance Manager (PCM)

The PREA Compliance Manager outlined the critical procedural oversight function they perform in relation to SAIRs. According to the PCM, each time an investigation concludes, the Incident Review Team convenes within thirty days to discuss findings, confirm investigative completeness, and identify opportunities for improvement. Once completed, each review packet—complete with the SAIR Checklist—is forwarded to both the Facility Head and the PCM's office.

These records are not shelved; they are tracked, archived, and periodically audited for follow-up. The PCM maintains spreadsheets documenting corrective actions, implementation progress, and any items requiring further monitoring by the facility's administration or the state office. This systematic process ensures compliance, preserves institutional memory, and creates a measurable trail of accountability.

Facility Head

The Facility Head emphasized that Sexual Abuse Incident Reviews are integral to the facility's overall quality-assurance strategy. Every review, regardless of the final investigative outcome, is taken seriously; while not required for unfounded cases, the facility still conducts reviews for each occurrence as a matter of internal best practice.

The Facility Head explained that the Incident Review Team's recommendations are carefully reviewed for feasibility, cost, and operational impact. When an idea cannot be enacted—perhaps due to structural, staffing, or policy constraints—those reasons are formally documented, aligning with transparency expectations set by SOP 208.06. This open record of deliberation ensures decision-making remains visible, thoughtful, and grounded in continuous improvement rather than procedural minimalism.

PROVISIONS

Provision (a): Timely Post-Investigation Sexual Abuse Incident Reviews

This provision underscores the necessity of prompt, structured reviews after each criminal or administrative investigation, except those deemed unfounded. The facility's practices exceed this requirement by ensuring that reviews take place on all allegations—substantiated, unsubstantiated, or unfounded—within thirty days of case closure.

Over the past year, there were forty-six reported sexual abuse allegations. Of these, forty-four involved incarcerated-on-incarcerated conduct and two involved staff-on-incarcerated-person allegations. While several were eventually determined to be unfounded or unsubstantiated, all triggered SAIRs regardless of PREA criteria. This reflects the facility's proactive safety philosophy: every allegation provides an opportunity to learn.

GDC SOP 208.06, Section J(1), formalizes this approach, requiring all reviews to occur within thirty days and to utilize the standardized Attachment 9 checklist. The agency's practice of reviewing even unfounded reports demonstrates a preventive

and analytical mindset that surpasses federal baseline expectations.

Provision (b): Documentation of Incident Reviews Using a Standardized Instrument

To foster consistency and completeness, all reviews are documented using the same instrument—the SAIR Checklist adopted under Attachment 9 of SOP 208.06. The Auditor confirmed that this template structures each discussion around critical elements: identifying policy adherence, supervisory presence, potential environmental contributors, and corrective action plans.

The uniformity of documentation provides both comparability across facilities and traceability for internal review. Even during periods when investigations concluded as unfounded, the facility maintained use of the form within the specified timeframe, upholding thoroughness and reliability across all cases.

Provision (c): Multidisciplinary Composition of the Incident Review Team

This provision requires inclusion of management and relevant clinical and operational staff in incident review. The facility's IRT composition fulfills this mandate entirely and reflects the multifaceted nature of PREA response. The team merges authoritative, investigative, and therapeutic expertise by including upper-level administrators, line supervisors, investigative leads, and medical and mental health professionals.

Such arrangement guarantees that every review benefits from both high-level oversight and subject-matter insight. Policy considerations, trauma-informed care perspectives, and procedural realities are examined concurrently, producing well-rounded conclusions that feed directly into operational improvement.

Provision (d): Formal Reporting and Leadership Oversight of Review Findings

Under this requirement, the findings and recommendations from each SAIR must be documented and delivered to leadership for assessment. The facility fulfills this obligation consistently. Completed SAIRs are submitted to the Facility Head and the PREA Compliance Manager for review and archival.

GDC SOP 208.06 reiterates this dual submission, emphasizing that leadership oversight functions as the institutional safeguard ensuring follow-through. These finalized reports allow upper management to identify recurrent themes across incidents and to verify that each corrective measure is addressed fully.

Provision (e): Implementation or Documentation of Review Recommendations

This final provision emphasizes action. A review yields little value unless its conclusions translate into concrete change. The facility's documented practice, corroborated by interviews, reflects strong adherence to this principle. Recommendations resulting from each SAIR are evaluated promptly, implemented when feasible, and justified transparently if not adopted.

When proposals require higher authorization or funding, they are escalated to the Department level for consideration. This chain of escalation prevents stagnation and ensures every recommendation receives formal recognition and response—a hallmark of accountable, data-driven management.

CONCLUSION

Based on policy analysis, interviews, and documentary verification, the Auditor concludes that the facility not only complies with but surpasses the expectations of PREA Standard §115.86. The Sexual Abuse Incident Review process operates as a highly organized, timely, and multidisciplinary system that turns incident closure into institutional self-examination.

By engaging diverse professionals in collaborative reflection and by documenting each step through standardized means, the facility transforms SAIRs into both accountability tools and learning mechanisms. The consistent, proactive, and transparent practice of conducting reviews—even beyond required cases—shows a mature compliance culture fully committed to safety, integrity, and continuous improvement across every level of operation.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.87, the Auditor embarked on a comprehensive review exploring how sexual abuse data is collected, aggregated, and analyzed across every custodial setting managed by the Georgia Department of Corrections (GDC). The review extended well beyond local facility-level documentation to encompass the department's broader data management architecture, ensuring practices were uniform, accurate, and consistent statewide. The Auditor examined the facility's completed Pre-Audit Questionnaire (PAQ) alongside its substantiating documentation and the suite of systemwide data-gathering materials administered by GDC. Of particular focus were records detailing how sexual abuse allegations move through the administrative process—from initial reporting, investigation, and review to final determination and official closure. These materials illustrated an infrastructure built on predictability, transparency, and accountability. At the core of this review was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This guiding document outlines, in meticulous detail, how the agency collects, analyzes, and reports data related to

sexual abuse and sexual harassment. It establishes standardized definitions, designates reporting intervals, mandates the annual aggregation and evaluation of data, and prescribes protocols for public reporting that reflect both legal compliance and ethical stewardship of information.

To verify the policy's implementation through evidence, the Auditor reviewed the agency's most recent submission to the Department of Justice's Survey of Sexual Victimization (SSV-2) and its annual statewide PREA Report. These resources were compared against one another to confirm consistency, completeness, and fidelity to federal PREA reporting expectations. Documentation review revealed a cohesive and mature data ecosystem—one that not only ensures compliance but also provides a foundation for preventive analysis, strategic correctional planning, and continuous improvement in sexual safety measures.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the facility-level processes that feed the agency's larger data network. At the local level, data originates from multiple sources: incident reports, investigation summaries, sexual abuse incident review forms, and internal tracking logs. Each of these elements is entered into the state system following a multi-step verification process designed to capture accuracy and detail.

The PCM explained that before data is transmitted for departmental aggregation, facility staff review all entries for completeness and consistency. The review process includes checking for duplicate information, aligning each incident with proper categorization codes, and ensuring outcomes are properly recorded. Once verified, data is submitted to the GDC PREA Analyst to become part of the agency's statewide record. The PCM noted that aggregated data is later analyzed to identify potential patterns—such as recurrent locations, timeframes, or staff dynamics—that might represent emerging vulnerabilities. This continuous review process transforms data collection from a passive recordkeeping function into an active management tool that drives prevention and informs policy revision.

PREA Coordinator (PC)

The PREA Coordinator, overseeing data at the agency level, offered a comprehensive portrait of how this information travels from facility reports to a unified statewide dataset. The Coordinator described a standardized electronic reporting system used by every facility, regardless of size or operational type, including privately contracted sites. The system ensures that all facilities use identical formats, timelines, and definitions for reporting—creating comparability and eliminating discrepancies between data sources.

The PC elaborated that sexual abuse data supports several vital obligations: responding to federal information requests, such as DOJ's annual survey, maintaining internal accountability, and guiding preventive strategies. The annual aggregation of

these data strengthens institutional transparency, allowing administrators to compare trends year over year and determine whether corrective actions have achieved measurable progress.

The Coordinator also emphasized the agency's readiness to comply with federal submission deadlines, specifically the requirement to provide data from the previous calendar year to the Department of Justice no later than June 30. Centralized oversight and verification ensure this timeline is consistently met. This integrated approach, the PC affirmed, keeps GDC's PREA data reliable, standardized, and legally defensible while reinforcing its ultimate objective—improved safety for all individuals in custody.

PROVISIONS

Provision (a): Standardized and Uniform Data Collection Practices

This provision forms the foundation of the agency's approach to data integrity. GDC requires that all facilities, including those operated under private contract, collect and record sexual abuse allegation data using uniform definitions, standardized templates, and consistent reporting procedures. These practices ensure data from one facility can be directly compared with another, supporting valid statewide analysis.

Under SOP 208.06 (Section 2[a]), every institution submits a monthly sexual abuse data report via a designated electronic spreadsheet developed by the PREA Coordinator's office. The report, due by the third day of each new month, includes every allegation investigated in the preceding period and its resolution. These submissions are guided by the Facility PREA Log User Guide to maintain technical accuracy and prevent variance in terminology or coding. Copies of completed Sexual Abuse Incident Review Checklists (Attachment 9) accompany each report, ensuring that contextual and evaluative elements are captured for every case reviewed. Together, these layers create a reliable, replicable data collection system statewide.

Provision (b): Annual Aggregation, Review, and Analysis of Data

Annual data aggregation underpins GDC's capacity for systemic evaluation. Each year, the Department compiles and analyzes sexual abuse data from across its facilities, comparing current data against prior years to measure progress, identify trends, and detect problem areas requiring intervention.

SOP 208.06 (Section 2[c]) codifies this practice, instructing that data aggregation be used to strengthen facility management, improve staff training, and evaluate policy effectiveness. The outcome of this analysis—the agency's Annual PREA Report—is published publicly on GDC's website. This practice not only complies with PREA standards but underscores the Department's commitment to transparent governance in matters affecting the safety and dignity of those in its care.

Provision (c): Alignment with Department of Justice Survey Requirements

PREA's data collection requirements are closely tied to national benchmarks

established through the Department of Justice's Survey of Sexual Victimization. GDC's data collection process fully aligns with this survey.

According to SOP 208.06 (Section J), the Department compiles and forwards annual sexual abuse data to the U.S. Department of Justice, Bureau of Justice Statistics, as requested. The PREA Coordinator confirmed that the agency's standard data collection templates were built to include all information required by the DOJ's survey instrument—therefore eliminating the need for supplemental data calls. This alignment ensures full compliance with federal standards while streamlining submission efficiency and enhancing data reliability.

Provision (d): Use of Comprehensive Incident-Based Documentation

This provision emphasizes the necessity of basing reports on complete, verified, and detailed source material. Data is not entered in isolation—it draws upon multilayered documentation from incident reports, investigative summaries, and sexual abuse incident review findings. The agency's monthly reporting process requires that every allegation be documented regardless of its final determination, ensuring visibility of all reported events.

By maintaining incident-level fidelity, GDC preserves an evidentiary chain strong enough to support administrative review, litigation defense, and external audit. This systematic practice transforms data into a dynamic feedback mechanism, revealing what works, where vulnerabilities persist, and how resources should be applied.

Provision (e): Inclusion of Data from Contracted Facilities

The PREA framework extends beyond state-operated institutions. This provision ensures that contracted private facilities housing GDC individuals submit data to the Department under the same standards and schedules described for public facilities.

SOP 208.06 mandates that the agency's Annual PREA Report include these collected figures, integrating private-facility outcomes into statewide analysis. The final report compares data across facilities, identifies corrective actions undertaken, and measures year-to-year improvement. Information potentially affecting security can be redacted but only with documented justification, preserving transparency while upholding safety obligations.

Provision (f): Submission of Data to the Department of Justice

The final provision cements GDC's compliance with federal reporting expectations. The agency maintains readiness to provide the Department of Justice with all required PREA-related data for the prior calendar year upon request. The Auditor verified through review of the most recent SSV-2 submission that GDC adheres to these timelines and standards, providing data that is not only accurate and timely but contextually complete.

CONCLUSION

After completing the comprehensive review of documentation, policies, and data

	reporting practices, and conducting interviews with both the PREA Coordinator and Compliance Manager, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.87, Data Collection. The evidence demonstrates a strong and deliberate structure: data is collected and verified at the source, uniformly processed across all facilities, aggregated annually for systemwide analysis, and reported transparently both to the public and federal authorities. The Department's approach embodies the PREA vision—combining procedural consistency with meaningful analysis to foster a culture of accountability and transparency with an emphasis on ongoing improvement in sexual safety in Georgia's correctional system.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.88, focusing on Data Review for Corrective Action, the Auditor conducted a detailed and methodical examination of agency and facility documentation describing how sexual abuse data is gathered, analyzed, and applied toward measurable improvements. This comprehensive review sought not only to verify procedural compliance but also to evaluate how data serves as a practical engine for institutional learning and reform. The review began with the facility's completed Pre-Audit Questionnaire (PAQ), which provided an informative snapshot of the agency's established framework for collecting, aggregating, and assessing PREA-related data. From this foundation, the Auditor explored how the Georgia Department of Corrections (GDC) converts information from individual incidents into actionable policy and operational change. Central to this study was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy creates the structural foundation for data-driven accountability, requiring that information gathered under PREA be systematically reviewed to identify patterns, reveal gaps, and inspire responsive strategies that strengthen prevention and protection. The Auditor also reviewed the agency's 2023 submission of the Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice and the 2024 GDC Annual PREA Data Report. The latter document offered a nuanced comparative analysis—illustrating progress made, challenges encountered, and specific corrective measures implemented year over year. Both documents confirmed that the agency's analytical process is cyclical and purpose-driven, ensuring that lessons learned from data are promptly translated into operational change.

Transparency was another focal point. The Auditor verified that the agency's annual PREA reports and related documents remain publicly accessible on GDC's website (www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA)—a digital repository that demonstrates the Department's open commitment to public accountability.

INTERVIEWS

PREA Coordinator (PC)

During interviews, the PREA Coordinator outlined the agency's rigorous approach to analyzing sexual abuse data collected under §115.87. The Coordinator explained that every data review is intended not merely as a compliance task, but as a diagnostic process to gauge how effectively the agency's prevention, detection, and response systems are functioning across the correctional environment.

Through a combination of investigative summaries, training evaluations, and member feedback from Sexual Abuse Incident Review Teams, the Coordinator compiles both quantitative and qualitative insights. The resultant analysis informs statewide adjustments—ranging from staff training improvements to targeted program modifications. The PC emphasized that each annual report serves as a reflective mirror of progress, balancing the imperative for transparency with carefully controlled redactions to safeguard privacy and institutional security. Beyond those limited omissions, all findings and trends are presented unaltered, underscoring GDC's dedication to truthful, evidence-based reporting.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described how the agency's commitment to transparency is embodied through the public accessibility of PREA-related information. The agency's PREA webpage acts as a comprehensive resource center—housing annual reports, PREA policies, staff training modules, and guidance materials accessible to advocacy organizations, oversight bodies, and general community stakeholders.

This accessibility, the PCM explained, ensures the agency's work is not only visible but verifiable, allowing external parties to monitor institutional performance and track progress over time. The PCM further noted that the annual data review process generates regular feedback loops, both within the facility and across the agency, ensuring that corrective measures are implemented swiftly and effectively.

Facility Head

The Facility Head described the central role of the facility's internal PREA committee in the data review process. This committee meets routinely to examine every report of sexual abuse and to assess whether corrective opportunities exist. Findings are captured in standardized documentation and forwarded to the PREA Coordinator to be integrated into the systemwide annual analysis.

This process, according to the Facility Head, ensures that each facility's experience directly influences the Department's broader understanding of sexual safety. Local

lessons become part of statewide improvements, creating a cross-level feedback structure rooted in collaboration and accountability.

Agency Head or Designee

In discussions with the Agency Head Designee, the Auditor gained insight into how the aggregated data culminates in the agency's Annual PREA Report—described as both a "scorecard" and a "strategy map." The report compares current-year data to that of previous years, tracking shifts in reported incidents, substantiation rates, and related outcomes. More importantly, it translates analysis into action by documenting corrective measures implemented across facilities.

The Designee emphasized that this annual report is far more than a compliance requirement; it is a roadmap for measurable improvement, integrating statistical findings with policy innovation. Each year's results inform new operational initiatives, reforms to investigative procedures, and targeted staff training enhancements—illustrating the agency's ongoing commitment to correctional safety through evidence-based governance.

PROVISIONS

Provision (a): Data Review for Policy and Practice Improvement

This provision represents the backbone of GDC's proactive approach to institutional learning. The agency routinely reviews data collected under §115.87 to measure the real-world effectiveness of prevention, detection, and response strategies surrounding sexual abuse incidents. According to both the PAQ and interview findings, these reviews are conducted not as static assessments but as continuous improvement exercises.

The process identifies emerging problem areas, recommends corrective actions, and leads to the creation of annual reports documenting institutional findings. SOP 208.06 assigns this ongoing analysis directly to the PREA Coordinator, who consolidates facility-level reviews, evaluates systemic trends, and submits recommendations to the Commissioner for final consideration. This cyclical structure ensures that lessons from each reporting year shape the foundation of the next.

Provision (b): Comparative Analysis and Corrective Action Documentation

This provision establishes that the agency's annual report must include comparative data—juxtaposing current-year findings with those from preceding periods. Through this lens, progress is measured not by isolated statistics but by patterns over time.

The Auditor confirmed that the 2024 GDC Annual PREA Report fulfills these expectations in full. It presents clear comparative charts, identifies shifts in reported cases, and chronicles corrections undertaken in response to data-driven insights. The result is a transparent, narrative account of organizational improvement, supported by evidence rather than assertion. The report, validated via review and interviews, is publicly accessible on GDC's website for community oversight and external review.

Provision (c): Public Availability of the Annual Report

Transparency is integral to accountability, and this provision captures that spirit. Consistent with both policy and standard, the agency publishes its Annual PREA Report on its official website at least once per year, following approval by the Agency Head. Archived reports remain available, enabling stakeholders to trace multi-year trends and verify follow-through on commitments.

The publication not only fulfills PREA's transparency requirements but strengthens public confidence, signaling that the agency is open to scrutiny and embraces its responsibility to the community it serves.

Provision (d): Redaction of Sensitive Information

While openness is essential, confidentiality remains equally critical. Under this provision, any material redacted from the Annual Report is limited to content whose publication could directly threaten institutional safety or compromise individual privacy.

The PREA Coordinator confirmed that redactions are minimal and specific—typically involving personally identifiable information about individuals or contextual details that might inadvertently expose victims or disrupt security operations. Importantly, the agency discloses the general nature of the redacted content to preserve informational accountability. Outside these narrowly defined exclusions, no findings, statistics, or analyses are concealed, ensuring that the report remains both transparent and responsible.

CONCLUSION

Following the exhaustive review of the PAQ, relevant GDC policies, annual reports, and interviews with agency leadership and facility staff, the Auditor concludes that the Georgia Department of Corrections and the facility fully comply with PREA Standard §115.88, Data Review for Corrective Action.

The agency's practices reveal a mature, data-informed culture that treats information as both a management instrument and a moral obligation. Through disciplined analysis, routine comparative evaluation, and open public communication, GDC transforms data collection into a continuous cycle of reflection and reform. Corrective action is not reactive but systematic—woven into policy, practice, and training—ensuring progressive enhancement of safety, accountability, and institutional integrity across the correctional system.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To measure compliance with PREA Standard §115.89, the Auditor conducted an extensive and multi-layered examination of documentation addressing how the agency secures, retains, and ultimately publishes data related to allegations of sexual abuse. The review focused equally on protection and transparency—two pillars that define the agency's approach to information management under PREA.

The Auditor began by studying the facility's detailed Pre-Audit Questionnaire (PAQ) and its supporting documentation package, which collectively illustrated how the agency aligns daily practice with regulatory expectations. This examination included a line-by-line evaluation of Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The policy itself provides the blueprint for secure data storage, longevity of retention, and procedures governing public release. Its directives clearly define who may access information, how long certain files must be preserved, when and how public posting occurs, and under what conditions data may be safely destroyed.

The Auditor also reviewed GDC's most recent publicly released Annual PREA Report, along with archived reports from previous years hosted on the agency's website. These reports serve as the agency's primary tool for communicating accountability to the public, consolidating PREA-related statistics statewide while omitting personally identifiable details. The examination confirmed not only adherence to retention and publication mandates but also a disciplined commitment to balancing privacy with public transparency.

Together, the policies, reports, and operational records painted a consistent picture of compliance: a system that maintains sensitive data with utmost security, fulfills retention requirements with precision, and upholds the public's right to access aggregated PREA information as a safeguard of institutional accountability.

INTERVIEWS

PREA Coordinator (PC)

During an in-depth discussion, the agency's PREA Coordinator provided a clear, structured overview of how sexual abuse data flows through layers of security from collection to long-term preservation. The PC emphasized that all PREA data—whether tied to administrative investigations, criminal inquiries, or statistical tracking—is housed in secure electronic systems such as the SCRIBE case management platform and local Risk Management Systems. Access to these platforms is tightly controlled, restricted by role-based permissions that grant visibility only to authorized staff with explicit investigative, administrative, or oversight responsibilities.

The Coordinator elaborated that sexual abuse data serves several critical functions: meeting federal reporting requirements (including participation in the Department of Justice's Survey of Sexual Victimization), supporting internal monitoring and analysis, and demonstrating transparency through public disclosure. Most inmate-related

information, the PC noted, is permanently preserved in SCRIBE, creating a continuous and tamper-proof historical record that extends far beyond minimum federal retention standards.

When preparing data for public dissemination, the Coordinator explained that all personally identifiable information—names, identification numbers, and any details that could indirectly point to individuals or specific facilities—is redacted prior to release. This process is guided by a principle of minimal removal: only information necessary to safeguard personal privacy and institutional security is withheld, ensuring transparency remains robust and meaningful.

The PC framed this process as an intentional balance—protecting individuals' confidentiality while fulfilling the moral and regulatory obligation to share credible information with the public. It is, as described by the Coordinator, "the difference between secrecy and stewardship."

PROVISIONS

Provision (a): Secure Storage and Controlled Retention of Sexual Abuse Data

This foundational provision ensures that sexual abuse data remains confidential, protected, and preserved for accountability purposes. According to the PAQ and accompanying policy materials, the agency securely retains both incident-level and aggregate data originating from state-operated and privately contracted facilities. These dual channels of data collection sustain statewide oversight and systemic review.

SOP 208.06 mandates the use of secure electronic environments with layered access controls, encryption protocols, and audit trails that document every data transaction. The PREA Coordinator reaffirmed these controls during interviews, describing the system as a "digital vault" accessible only to trained personnel. This structure allows for analytical use of the data while safeguarding it from unauthorized intrusion or loss.

Provision (b): Annual Public Access to Aggregated Sexual Abuse Data

Transparency stands at the heart of this provision. GDC policy requires that aggregate data on sexual abuse in confinement be compiled and published annually to foster public trust and demonstrate institutional accountability. Through review and direct observation, the Auditor verified that the GDC PREA webpage routinely posts yearly summaries—comprehensive reports combining data from both GDC-operated and privately managed correctional facilities.

These publications detail PREA allegations, classifications, and outcomes while offering statewide metrics that reveal trends over time. They are publicly accessible, reinforcing both PREA's core principle of transparency and the agency's ongoing commitment to open governance.

Provision (c): Protection of Privacy Through Removal of Personal Identifiers

Equally important to transparency is confidentiality. Before aggregated sexual abuse data is published, all personally identifying information is carefully stripped from reports. This step fulfills PREA's requirement to protect individual privacy and institutional integrity.

The PREA Coordinator described this as a meticulous process involving data validation and layered review to ensure that no redactions compromise analytical clarity. Only specific identifiers—such as names, inmate or staff numbers, and sensitive location details—are removed. As confirmed in both policy and interview, the agency never redacts factual findings or summary statistics; instead, it prioritizes privacy without dulling the informational value of its reports.

Provision (d): Compliance With Required Data Retention Timeframes

This provision governs the duration for which sexual abuse data must be retained—a fundamental element of accountability and institutional memory. The facility reported through the PAQ that sexual abuse data is held for a minimum of ten years following its initial collection unless other applicable laws specify a longer term.

Under SOP 208.06, both criminal and administrative investigation records observe this principle: whichever is later—ten years after reporting or five years beyond the alleged abuser's incarceration or employment—sets the retention floor. Most inmate records, however, are permanently housed within SCRIBE, guaranteeing continuous preservation. The Auditor verified through historical and current documentation that these retention standards have been consistently applied year to year, ensuring no lapse in data continuity or accessibility for review.

This practice demonstrates both compliance and foresight: rather than discarding information once minimal thresholds are met, the agency invests in permanent digital preservation, reinforcing the reliability of its institutional record.

CONCLUSION

Following a thorough review of policies, supporting materials, public reports, and a detailed interview with agency leadership, the Auditor determined that the facility and the department are in full compliance with PREA Standard §115.89.

The evidence confirmed that data related to sexual abuse investigations is securely stored, formally protected, and retained in accordance with clearly defined legal and procedural expectations. The agency's transparent publication of aggregated data—scrubbed of personal identifiers yet rich in accountability—exemplifies an organizational ethos rooted in ethical data stewardship.

In this environment, sensitive information is not merely archived; it is safeguarded, respected, and responsibly transformed into an accountability tool that benefits both the institution and the public it serves. Together, these practices reflect the true intent of PREA: to ensure that integrity, transparency, and survivor-centered protection remain interlinked within every dimension of correctional operations.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.401, which governs the frequency, transparency, and integrity of facility audits, the Auditor conducted a comprehensive review of agency documentation, online resources, and procedural frameworks that support accountability across the Georgia Department of Corrections (GDC). The review began with an analysis of the facility's Pre-Audit Questionnaire (PAQ) alongside relevant agency-level material that collectively illustrates GDC's statewide auditing architecture. Central among these resources was the GDC's publicly accessible PREA website at https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea. This platform acts as both a compliance archive and a public transparency portal, housing audit reports, aggregated sexual abuse data, summary findings, and analytic dashboards. The Auditor noted that the website reflects real-time accountability—each facility's PREA audit reports are published promptly following completion, creating an accessible record of compliance patterns. The online repository demonstrates GDC's dedication to continuous improvement through open reporting, aligning squarely with PREA's emphasis on systemic evaluation and public visibility. Through these materials, the Auditor verified that GDC's audit program sustains a structured, recurring schedule designed to ensure that every facility under its jurisdiction undergoes a full PREA audit within each three-year cycle. Documentation also confirmed that the agency preserves all audit outcomes and supporting data, providing both staff and the public with a consistent view of progress, achievements, and corrective actions over time. **INTERVIEWS** **PREA Coordinator (PC)** The PREA Coordinator provided strategic context for the current audit, explaining that this assessment falls within the second year of the 2022-2025 triennial cycle. Every GDC-operated or contracted correctional facility is subject to at least one independent PREA audit during each three-year period, with roughly one-third of facilities reviewed annually to maintain continuous oversight. The Coordinator highlighted that GDC's PREA webpage functions as a statewide clearinghouse for results, data summaries, and educational materials. By centralizing publication of completed audits, the department aligns with federal PREA transparency requirements and bolsters public trust through real-time access to compliance data. The Coordinator described the audit process as a "living pattern

of observation, adjustment, and prevention," underscoring that audits are not procedural formality—they are catalysts for cultural and operational growth.

Random Inmates

Randomly selected incarcerated individuals expressed that they were aware of the PREA audit process and that they could communicate with the Auditor privately through confidential mail channels identical to legal correspondence. Each person interviewed confirmed that this process felt legitimate and secure; they could submit comments or concerns without staff interference or fear of reprisal.

These interviews underscored the facility's effectiveness in maintaining inmate access to external oversight and reinforced PREA's fundamental principle that the voices of those in custody remain central to the assessment process.

PROVISIONS

Provision (a): Triennial Facility Audits and Systemwide Compliance

Documentation and testimony verified that every GDC facility—whether operated directly by the department or under contract—undergoes at least one audit within each three-year period. During the ongoing 2022-2025 cycle, all facilities are tracked under a statewide timeline ensuring full coverage.

Audit findings and substantiating documentation are posted to the public GDC PREA website, where they remain available for review. This practice fulfills PREA's requirement for broad access to compliance achievements and corrective action progress. By doing so, GDC fosters institutional accountability and contributes to public transparency that transcends administrative boundaries.

Provision (b): Annual One-Third Facility Benchmark

Interviews and agency records confirmed adherence to the one-third annual audit benchmark. Each year within the cycle, approximately one-third of GDC facilities—encompassing diverse security levels and operational types—undergo their scheduled review.

This balanced rotation allows the agency to sustain uniform oversight, continuously identify strengths and challenges, and implement corrective strategies without overburdening individual locations. The ongoing audits create a continuous improvement arc rather than a static three-year checkpoint.

Provisions (c) through (g): Non-Applicable to this Audit Context

These provisions address circumstances not pertinent to the facility's operational model and were therefore not evaluated in this review.

Provision (h): Complete and Unrestricted Access for the Auditor

During the onsite visit, the Auditor reported full and unrestricted access to all areas of the facility. Staff at every level demonstrated cooperation and transparency,

	facilitating entry to housing units, support spaces, and service areas without hesitation. Requested records were promptly produced, and staff escorts ensured safety while encouraging open observation. This unrestricted access—coupled with comprehensive documentation support—allowed the Auditor to conduct an exhaustive and accurate evaluation of the facility's PREA practices. **Provisions (i) through (l): Not Applicable** These provisions were not relevant given the scope and structure of this individual audit. **Provision (m): Confidential and Private Inmate Interviews** Throughout the audit, private interview conditions were maintained for all conversations with incarcerated individuals. Interviews took place in secure settings that ensured confidentiality while preventing any visual or auditory contact from others. The environment supported open discussion, consistency with PREA's privacy obligations, and the integrity of each interaction. **Provision (n): Confidential Correspondence Protocol** Residents verified, and documentation confirmed, that confidential mail sent to the Auditor is treated identically to legal correspondence—a process without screening, censorship, or staff handling. This assurance of secure, private communication empowers individuals to engage freely in oversight processes and to share feedback or concerns with complete confidentiality. **Provision (o): Not Applicable** No additional considerations under this section required evaluation. **CONCLUSION** Based on extensive review of policy documentation, interview data, and firsthand onsite observations, the Auditor concludes that the Georgia Department of Corrections and the facility are in full compliance with PREA Standard §115.401 – Frequency and Scope of Audits. The agency's ongoing effort to promote cyclical, transparent auditing through proactive data publication and consistent adherence to federal requirements exemplifies best practices in correctional oversight. The facility participated cooperatively in every audit phase—providing unrestricted access, maintaining confidentiality, and fostering open dialogue with persons in custody. Through these practices, GDC sustains a robust system of independent review that converts compliance into continuous innovation. Publicly posted audits, secure inmate correspondence, and open engagement collectively reflect an environment where accountability is active, transparency is institutionalized, and the pursuit of safety is ongoing.

	In essence, PREA audits within GDC transcend regulatory necessity—they are instruments of trust, progress, and enduring vigilance, ensuring that the commitment to dignity and security for all individuals remains both measurable and visible.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.403, the Auditor examined the Georgia Department of Corrections (GDC) process for ensuring transparency and accessibility of PREA audit results. Central to this assessment was the agency's publicly available PREA webpage, accessible at: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea. This state-maintained platform functions as a central repository for PREA-related records, policies, and audit data. It houses comprehensive reports describing sexual abuse prevention efforts, facility-specific PREA audit results, and statewide statistical summaries. Each posted report includes audit findings, corrective action summaries, and confirmation of compliance determinations as required under the federal PREA framework. The webpage operates as both a transparency measure and a public education tool, reinforcing GDC's commitment to accountability and ongoing improvement. The Auditor's review confirmed that the site is regularly updated, clearly organized, and accessible without registration or restriction—qualities that support public trust in institutional oversight. The documentation verified that GDC's audit publication process satisfies PREA's intent to make results readily available to the public, ensuring that stakeholders—ranging from incarcerated individuals' families to advocacy organizations—can track compliance progress, review findings, and understand the department's approach to sexual safety and institutional accountability. **INTERVIEWS** **PREA Coordinator** The PREA Coordinator provided an overview of how final audit reports transition from review to publication. Once an audit concludes, the agency receives formal notification of findings; after verifying accuracy and confirming any applicable corrective actions, the final report is submitted for posting on GDC's public PREA

webpage.

The Coordinator emphasized that this process reflects both legal obligation and ethical transparency. Making reports public encourages shared responsibility for sexual safety and communicates to staff, residents, and the broader community that the agency welcomes external visibility into its performance. The Coordinator also confirmed that each facility's report remains online permanently, allowing longitudinal comparisons across audit cycles.

Facility Head or Designee

Facility leadership endorsed the value of this public disclosure model, describing it as a powerful demonstration of accountability. Staff know that operational practices, successes, and challenges ultimately appear in a public record, which reinforces motivation to maintain standards between audit cycles. The Facility Head observed that transparent publication also benefits morale within the institution—employees recognize that compliance achievements are visible and contribute to GDC's statewide culture of excellence.

PROVISIONS

Provisions (a) through (e): Not Applicable

These provisions do not apply to the facility's operational or administrative context and were therefore not evaluated.

Provision (f): Publication of Final Audit Reports and Data Transparency

The Pre-Audit Questionnaire (PAQ) confirmed that the agency ensures each auditor's final PREA report is publicly posted on the official GDC website or otherwise made easily accessible to any requesting party.

The Auditor verified that the GDC PREA webpage hosts a full collection of statewide audit reports, sexual abuse statistics, and compliance summaries available for general review. The practice is consistent across facilities and audit cycles. Documents are organized by date and category, allowing users to track trends, review prior findings, and identify progress or recurring themes in facility-level PREA efforts.

The availability of this information not only fulfills PREA's technical mandate but also reinforces a broader organizational ethos of openness, reflection, and continuous self-assessment. By maintaining this accessible public archive, GDC exemplifies a transparent approach to correctional management where safety data and external evaluations are shared freely with the public.

CONCLUSION

Following review of the PAQ, supporting documentation, publicly available records, and interviews with facility and agency personnel, the Auditor concludes that the Georgia Department of Corrections and this facility are in full compliance with

	PREA Standard §115.403 – Audit Contents and Public Disclosure. GDC's well-structured publication process and accessible online repository ensure citizens and advocacy groups can observe the department's ongoing PREA compliance efforts. This open, digitally transparent approach transforms federal reporting requirements into a living model of accountability and trust. Through consistent updates, permanent record retention, and unrestricted accessibility, GDC's system demonstrates a commitment far exceeding minimum compliance expectations—showing that transparency is not merely procedural but integral to the agency's identity as a steward of safety, reform, and public confidence.

Appendix: Provision Findings		
115.11 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	yes
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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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 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
	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	yes

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

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

	whichever is later.)	
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	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)?	
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

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

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
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 suspicions 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
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.)	na

115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Work Assignments?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	**Protective Custody**	

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

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

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

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

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

	inmates and these organizations and agencies, in as confidential a manner as possible?	
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 abuse or sexual harassment or retaliation?	yes
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	yes

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

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities	no

	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?	
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 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?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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 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).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

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

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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 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?	yes

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

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

	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.)	
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).	yes
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	**Access to emergency medical and mental health services**	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	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 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?	yes
115.88 (b)	**Data review for corrective action**	

	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	**Frequency and scope of audits**	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	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.)	