

PREA Facility Audit Report: Final

Name of Facility: Lee State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/26/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 01/26/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	01/12/2026
End Date of On-Site Audit:	01/14/2026

FACILITY INFORMATION	
Facility name:	Lee State Prison
Facility physical address:	153 Pinewood Drive, Leesburg, Georgia - 31763
Facility mailing address:	

Primary Contact

Name:	Willether Brown
Email Address:	willether,brown@gdc.ga.gov
Telephone Number:	229-759-3122

Warden/Jail Administrator/Sheriff/Director	
Name:	Letitia Burks
Email Address:	letitia.burks@gdc.ga.gov
Telephone Number:	229-759-3074

Facility PREA Compliance Manager	
Name:	Willether Brown
Email Address:	Willether.Brown@gdc.ga.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Amanda Simmons-Hendrix
Email Address:	asimmonshendrix@TeamCenturion.com
Telephone Number:	229-759-3066

Facility Characteristics	
Designed facility capacity:	762
Current population of facility:	738
Average daily population for the past 12 months:	729
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:	18-84
Facility security levels/inmate custody levels:	Minimum, Medium, and 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:	34
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	21

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
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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:	2026-01-12
2. End date of the onsite portion of the audit:	2026-01-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

As part of the PREA audit verification process, the Auditor conducted targeted outreach to multiple community-based advocacy and victim support organizations to assess the facility's compliance with PREA standards regarding external reporting mechanisms and access to support services for incarcerated individuals. These efforts were designed to evaluate both the existence of formalized partnerships and the extent to which residents or staff utilized available services during the audit period.

Just Detention International (JDI), a nationally recognized organization dedicated to preventing and responding to sexual abuse in detention settings, was contacted to determine whether any incarcerated individuals or facility staff had reached out for assistance within the past twelve months. A representative from JDI confirmed that a review of their records reflected no contact, referrals, or communications originating from this facility during the period under review. While this absence of contact does not indicate a lack of availability, it demonstrates that no individuals accessed JDI's external support services during the timeframe, highlighting that the organization remains accessible for confidential reporting if needed. The Lily Pad SANE Center, a local provider of Sexual Assault Nurse Examiner (SANE) services and victim advocacy, confirmed the existence of an active Memorandum of Understanding (MOU) with the facility. This formal agreement ensures that survivor-centered services—including emotional support and advocacy—are available to all individuals who experience sexual abuse, regardless of the timing or location of the incident. Lily Pad provides trained victim advocates who, upon request, accompany individuals during forensic medical examinations, offering emotional support and guidance throughout the process. Advocates are also available for ongoing counseling and support services independent of any specific examination or investigative event.

The SANE Center further confirmed that all forensic examinations are conducted by qualified SANE personnel and adhere to trauma-informed practices. Confidential access is facilitated through multiple avenues, including a secure mailing address (P.O. Box 70938, Albany, Georgia 31708) and a toll-free, confidential hotline (229-435-0074), available at no cost to incarcerated individuals. In-person counseling is also offered in private settings, ensuring that access to support is both safe and barrier-free. Records maintained by Lily Pad indicate that at least one forensic examination was conducted at the facility within the past twelve months, reflecting operational readiness and capacity to respond to allegations effectively.

The Georgia Network to End Sexual Assault (GNESA) was contacted to verify any recent interactions with the facility. GNESA reported no record of contact or communication from inmates or staff during the audit period. While this confirms that the organization was not actively utilized during the review timeframe, it underscores that external advocacy and support resources remain available and accessible should the need arise.

In addition, SART/SANE personnel confirmed that the Georgia Department of Corrections maintains a formal agreement with the Sexual Assault Response Team (SART) for the provision of comprehensive forensic medical examinations. Under this agreement, SANE personnel respond to all GDC facilities when a forensic evaluation is requested. The examination process is conducted in a trauma-informed manner and includes obtaining informed consent, performing a thorough forensic assessment, providing prophylactic treatment for sexually transmitted infections or HIV exposure as clinically indicated, and maintaining strict chain-of-custody procedures for all evidence collected. Inmates incur no financial obligation for these services, reinforcing equitable access to medical and legal support

following an allegation.

Taken collectively, communications with these community-based organizations affirm that the facility has established and actively maintains robust partnerships with qualified external agencies capable of delivering critical advocacy, forensic, and emotional support services to survivors of sexual abuse. While reported utilization of these services during the audit period was limited, the necessary infrastructure and procedural pathways for confidential, trauma-informed access are firmly in place. These findings demonstrate the facility's proactive approach to fostering an environment where incarcerated individuals can access meaningful support services, and they support the Auditor's conclusion that the facility is in full compliance with PREA standards regarding external reporting mechanisms and access to victim advocacy resources.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	762
15. Average daily population for the past 12 months:	729
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	727
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:	1
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:	37
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:	5
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:	8
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:	5
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:	1

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:	1
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:	0
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:	0
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 as gay or bisexual, inmates with significant cognitive or physical impairments, inmates with hearing or visual impairment, and inmates with limited English proficiency (LEP).

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; inmates who disclosed prior victimization and inmates who reported sexual abuse.

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.

A representative sample of all inmates who would be classified under specialized or vulnerable categories as outlined in the Prison Rape Elimination Act (PREA), were interviewed. A total of 15 targeted inmates were interviewed.

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:	21
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:	34

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:

The facility reported that a total of twenty-one (21) approved volunteers and thirty-four (34) approved contractors were authorized to enter the facility and have direct contact with incarcerated individuals. All volunteers and contractors receive PREA-specific training tailored to their respective roles, in addition to completing the Georgia Department of Corrections (GDC) standardized PREA training curriculum. This training emphasizes professional boundaries, prohibited behaviors, reporting obligations, and the zero-tolerance policy for sexual abuse and sexual harassment.

As of the first day of the on-site audit, the facility maintained a limited yet active presence of both volunteers and contractors who were engaged in various aspects of facility operations and programming. Documentation submitted prior to the audit, along with information obtained through interviews with facility leadership and supervisory staff, confirmed that all volunteers and contractors who have direct contact with incarcerated individuals are subject to the same PREA-related standards and expectations as full-time staff. These requirements include the successful completion of criminal background checks, formal approval and clearance prior to facility access, participation in comprehensive PREA training, and ongoing supervision while within secure areas of the facility.

The composition of the volunteer and contractor population reflected a range of roles and responsibilities. Contractors were primarily utilized for essential operational functions such as facility maintenance, specialized technical or professional services, and targeted program support. Volunteers were most commonly associated with faith-based services and community-oriented rehabilitative or supportive programming. Although modest in number, both volunteers and contractors were actively involved in supporting the facility's operational needs and programmatic objectives.

The facility maintains a current and detailed roster of all approved volunteers and contractors. This roster includes documentation verifying PREA training completion, criminal background screening results, clearance dates, and orientation records. Interviews with staff further confirmed that volunteers and contractors are appropriately monitored while on-site and that any PREA-related concerns are promptly addressed through established reporting, response, and investigative procedures. Based on a review of documentation and interviews, the Auditor identified no deficiencies in this area and determined that applicable policies and procedures governing volunteers and contractors are implemented consistently and effectively.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>On the first day of the on-site audit, the facility reported an institutional population of seven hundred twenty-seven (727) incarcerated individuals. In accordance with the PREA Auditor Handbook, a facility of this size requires a minimum of thirty (30) inmate interviews to be conducted during the audit process. This total is comprised of fifteen (15) randomly selected inmates and fifteen (15) targeted inmates whose characteristics or circumstances align with specific PREA criteria. Consistent with these requirements, the Auditor conducted interviews with fifteen (15) randomly selected inmates.</p>
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>On the first day of the on-site audit, the facility reported an institutional population of seven hundred twenty-seven (727) incarcerated individuals. In accordance with the PREA Auditor Handbook, a facility of this size requires a minimum of thirty (30) inmate interviews to be conducted during the audit process. This total is comprised of fifteen (15) randomly selected inmates and fifteen (15) targeted inmates whose characteristics or circumstances align with specific PREA criteria. Consistent with these requirements, the Auditor conducted interviews with fifteen (15) randomly selected inmates.</p> <p>To ensure objectivity, fairness, and strict adherence to PREA auditing protocols, the Auditor utilized current alphabetical housing unit rosters to facilitate the random selection process. Inmates were selected from multiple housing units across the facility in order to obtain a representative sampling of the overall population and to avoid overrepresentation from any single area or housing assignment. This method supported the collection of balanced and unbiased information regarding inmate awareness of PREA-related policies, reporting mechanisms, and overall facility culture.</p> <p>Additional consideration was given to factors such as age, race, and ethnicity to promote inclusivity and ensure that the interviews reflected the demographic diversity of the facility. By intentionally drawing from a broad cross-section of the incarcerated population, the Auditor was able to capture a range of perspectives and experiences related to safety, reporting, and institutional practices. This approach enhanced the reliability and depth of the information gathered and contributed to a more comprehensive assessment of the facility's compliance with PREA standards.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>

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

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>3</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, there were no inmates assigned to the facility that were part of this category.</p>
<p>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:</p>	<p>0</p>

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

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 housed a total of 727 inmates. In accordance with the requirements set forth in the PREA Auditor Handbook, a facility with this population size is expected to yield a minimum of 30 inmate interviews—comprised of 15 randomly selected inmates and 15 inmates from targeted categories. However, based on a thorough review of facility documentation and confirmation through staff interviews, it was determined that no inmates currently in residence met the criteria for inclusion in any of the targeted populations as defined by PREA. These targeted categories typically include individuals who identify as transgender or intersex, those who are youthful, inmates with cognitive or physical disabilities, individuals with limited English proficiency, inmates who have disclosed prior sexual victimization, or those who have previously reported sexual abuse. As such, the Auditor proceeded with interviews involving 15 targeted select inmates. To ensure that the sample was reflective of the facility's overall population, the Auditor utilized alphabetical housing unit rosters to conduct a methodical and unbiased selection process. The random sample was deliberately diversified to include inmates from multiple housing units and to represent a mix of racial, ethnic, and age demographics. This approach allowed the Auditor to gather meaningful insight into the general inmate population's knowledge, perceptions, and experiences related to PREA policies, education, reporting mechanisms, and the facility's overall culture of safety. The random interviews provided a comprehensive cross-section of perspectives, contributing significantly to the Auditor's assessment of the facility's implementation of and adherence to PREA standards.

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):

During the on-site phase of the PREA audit, the Auditor conducted an in-depth evaluation of staff knowledge, awareness, and routine implementation of Prison Rape Elimination Act (PREA) requirements. This assessment was designed to measure not only staff familiarity with policy, but also how PREA principles are embedded into daily operations and reflected in the overall institutional culture. The evaluation incorporated direct observation during the facility tour, informal conversations with staff, and formal, structured interviews with randomly selected employees. Throughout the comprehensive tour of the facility, the Auditor engaged in frequent, unscheduled discussions with staff assigned to a broad range of posts and functional areas. These interactions occurred in custody housing units, medical and mental health areas, administrative offices, and program spaces. The informal nature of these conversations provided meaningful insight into how staff articulate PREA responsibilities in real time and how those responsibilities translate into routine practice. Staff consistently demonstrated an understanding of their obligation to protect residents from sexual abuse and sexual harassment, to remain alert to indicators of risk, to reinforce PREA education and reporting options, and to immediately report any knowledge, suspicion, or allegation of prohibited conduct. Staff interactions with residents were professional and appropriate, and staff communication reflected consistency, confidence, and a shared understanding of PREA expectations across departments and shifts. In addition to informal observations, the Auditor conducted fifteen (15) formal interviews with a randomly selected and diverse cross-section of staff. The selection process ensured representation across job classifications, departments, and work schedules, providing a well-rounded perspective of facility-wide compliance. Interview participants included line-level security staff, supervisory personnel, medical

and mental health professionals, and administrative staff, each with varying levels of direct contact with residents. This cross-functional representation allowed the Auditor to assess the uniformity of PREA knowledge and application throughout the facility. Prior to the on-site audit, the required PREA audit notices were prominently posted in multiple locations accessible to both staff and residents. These notices provided clear instructions on how to confidentially contact the Auditor before or during the audit. No correspondence, concerns, or inquiries were received from staff, which suggests a level of confidence in the facility's PREA policies, reporting mechanisms, and administrative oversight.

At the outset of each formal interview, the Auditor identified themselves and explained their independent role in the PREA audit process, as well as the purpose and scope of the interview. Staff were informed that participation was voluntary and that declining to participate would not result in retaliation or adverse consequences. All fifteen selected staff members voluntarily agreed to participate. Interviews were conducted using standardized PREA staff interview protocols, and responses were carefully documented to ensure accuracy, consistency, and completeness.

During the interviews, staff consistently articulated a clear understanding of the facility's zero-tolerance policy for sexual abuse and sexual harassment. Interviewees were able to describe multiple reporting options available to both staff and residents, including internal reporting through supervisory channels and designated PREA staff, as well as external reporting mechanisms. Staff demonstrated confidence in their responsibilities to act immediately, preserve safety, and follow established procedures when responding to allegations. Additionally, staff displayed awareness of the facility's safeguards against retaliation and were able to explain measures used to

monitor for, prevent, and address any retaliatory behavior.

When questioned about their own workplace safety, all interviewed staff reported feeling secure from sexual abuse or sexual harassment while carrying out their duties. Responses reflected trust in supervisory presence, staffing practices, training, and the facility's broader commitment to maintaining a professional, respectful, and safe working environment.

Based on the totality of information obtained through staff interviews, direct observations, and documentation review, the Auditor determined that staff are knowledgeable, appropriately trained, and actively engaged in supporting PREA compliance. The consistency of staff responses, combined with observed professional conduct, reflects a strong institutional culture that prioritizes safety, accountability, and ethical practice. No deficiencies, inconsistencies, or areas of concern were identified during this component of the audit, indicating effective and sustained implementation of PREA standards by a committed and informed workforce.

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.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>25</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff Mailroom Staff Food Service Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

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

During the on-site PREA audit, the Auditor devoted focused attention to interviewing specialized staff whose professional duties are integral to the prevention, detection, response, and oversight of sexual abuse and sexual harassment. This group included the PREA Coordinator (PC), PREA Compliance Manager (PCM), facility leadership, classification staff, investigators, medical and mental health professionals, case managers, and personnel responsible for PREA-related training, supervision, and compliance monitoring. The selection of these individuals was intentional and designed to ensure comprehensive representation across disciplines that are critical to the effective implementation and sustainability of PREA standards.

Interviews with specialized staff were structured to examine the facility's internal systems and processes, including policy implementation, interdepartmental communication, data collection and analysis, and the coordination of services following allegations or incidents. Staff were asked to explain how PREA requirements are operationalized within their respective roles, how information is shared across departments, and how continuity of care and oversight is maintained. Particular emphasis was placed on understanding how investigations are initiated and tracked, how victims are identified and supported, and how corrective actions and preventive measures are developed and monitored over time.

Throughout the interview process, specialized staff consistently demonstrated a high level of subject-matter knowledge, professionalism, and commitment to PREA compliance. Each individual clearly articulated their specific responsibilities and the protocols in place to ensure timely, appropriate, and trauma-informed responses to reports of sexual abuse or sexual harassment. Staff described investigative processes that align with PREA mandates, including coordination between administrative and criminal investigators,

adherence to required timelines, evidence preservation, and documentation practices. Medical and mental health professionals detailed their roles in conducting assessments, providing immediate and follow-up care, coordinating referrals, and supporting victims' emotional and psychological well-being.

Classification and case management staff explained how screening information and risk assessments are used to inform housing, program, and supervision decisions, and how reassessments are conducted when circumstances change. Training and supervisory staff described ongoing PREA education initiatives, refresher training, and compliance monitoring efforts designed to ensure staff remain knowledgeable and vigilant in their responsibilities. Additionally, specialized staff discussed their participation in interdisciplinary team meetings, case reviews, and quality assurance activities, demonstrating a coordinated and integrated approach to sexual abuse prevention and response.

The interviews reflected a collaborative, transparent, and proactive organizational culture. Specialized staff openly discussed their roles, interdependencies, and shared responsibility for maintaining a safe environment. No systemic barriers, unresolved concerns, or deficiencies were identified during these interviews. The consistency of responses and the depth of understanding displayed by specialized staff reinforced the Auditor's confidence in the facility's ability to effectively manage PREA-related responsibilities.

In summary, interviews with specialized staff were a critical component of the audit and provided detailed insight into the facility's comprehensive and coordinated approach to PREA compliance. These interactions confirmed the agency's commitment to maintaining a safe, accountable, and responsive environment for residents and staff alike, supported by an integrated

framework of oversight, professional expertise, and continuous improvement in the prevention, investigation, and management of sexual abuse and sexual harassment within the facility.

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 comprehensive evaluation of the physical environment, operational practices, and overall institutional climate. From arrival through completion of the tour, facility staff demonstrated a high level of professionalism, openness, and cooperation. Staff readily provided explanations, answered questions in detail, and facilitated access to all locations requested, which enhanced the Auditor's understanding of facility operations and supported a thorough and objective assessment.

The facility tour encompassed all operational and functional areas, including general population housing units, segregation and restrictive housing cells, protective custody areas, intake and classification units, and medical and mental health treatment spaces. Additional areas reviewed included educational and vocational classrooms, food service and kitchen operations, dining areas, visitation rooms, laundry services, indoor and outdoor recreation areas, central control posts, and administrative and executive offices. As the tour progressed, staff explained the purpose and daily function of each area, along with current occupancy levels, staffing assignments, supervision practices, and monitoring strategies. This information allowed the Auditor to evaluate how staffing patterns and physical design support resident safety and PREA compliance across shifts and operational contexts.

A primary focus of the tour was the extent to which the facility's physical plant and operational procedures align with PREA safety requirements. PREA-related signage was prominently displayed throughout housing units and common areas, reinforcing the agency's zero-tolerance policy for sexual abuse and sexual harassment. Posted materials clearly outlined residents' rights, multiple reporting options, and available internal and external resources. Signage was

presented in English and other relevant languages to ensure accessibility and comprehension for the facility's diverse population.

The facility's reporting mechanisms were observed to be clearly established, accessible, and well maintained. Dedicated abuse-reporting telephones were operational, clearly marked, and strategically located to ensure residents could report concerns privately and without unnecessary barriers. Informational postings described multiple avenues for reporting, including internal reporting, external reporting, third-party reporting, and anonymous options. Tamper-resistant grievance boxes were positioned in housing units, recreation areas, and other high-traffic locations, allowing residents to submit concerns confidentially at any time. Hotline contact information was also prominently displayed, ensuring immediate access to external support services regardless of time or location.

The Auditor closely examined facility conditions related to cleanliness, lighting, maintenance, and privacy protections. Housing units and common areas were observed to be clean, orderly, and well maintained. Lighting levels were sufficient in living areas, corridors, and program spaces to support safety and visibility. Bathroom and shower areas incorporated appropriate privacy features to prevent cross-gender viewing while still allowing for effective supervision. Surveillance cameras, mirrors, and sightlines were strategically positioned to enhance safety and monitoring without compromising resident dignity. Observed practices were consistent with the requirements of PREA Standard §115.15, demonstrating a deliberate and balanced approach to supervision and privacy.

Throughout the tour, the Auditor engaged in spontaneous, informal conversations with both staff and residents. Staff consistently demonstrated familiarity with PREA policies and procedures, clearly explaining their

responsibilities related to prevention, detection, reporting, and response to sexual abuse and sexual harassment. Residents were able to articulate their rights under PREA, identify multiple reporting options, and express confidence in their ability to report concerns without fear of retaliation. These interactions provided additional confirmation that PREA principles are well communicated, understood, and reinforced on a daily basis. In summary, the facility presented as secure, organized, and professionally managed. Environmental conditions, including lighting, cleanliness, surveillance, and privacy protections, reflected a strong institutional commitment to safety, respect, and accountability. The Auditor's unrestricted access, the cooperation and transparency of staff, and the informed engagement of residents collectively demonstrated that PREA policies and practices are fully integrated into daily operations. Overall, on-site observations confirmed that sexual safety and abuse prevention are embedded within the facility's culture, supporting a safe, respectful, and well-governed correctional environment.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Records

As part of the on-site audit process, the Auditor conducted a detailed and systematic review of personnel and training records to assess compliance with PREA requirements related to hiring practices, background screening, and staff training. A total of forty-six (46) staff personnel files were examined. Each file contained the documentation necessary to demonstrate PREA-compliant employment practices, including completed criminal background checks, verification of eligibility for employment, and, where applicable, administrative adjudication records. The presence and consistency of this documentation confirmed that the facility applies standardized screening procedures to all staff prior to employment.

The review further confirmed that staff suitability is monitored on an ongoing basis throughout the duration of employment. Annual criminal background checks are conducted consistently and, for staff whose duties require it, are coordinated with annual firearms qualification processes. This layered approach reflects the facility's continued diligence in ensuring that staff remain eligible and appropriate for positions involving direct contact with individuals in custody, in alignment with PREA standards and agency policy.

In addition to personnel files, the Auditor reviewed thirty-four (34) staff training records. Each training file included a signed PREA acknowledgment verifying completion of required PREA training. Documentation confirmed that PREA training is provided upon initial hire and reinforced through annual refresher training. Training curricula addressed the agency's zero-tolerance policy for sexual abuse and sexual harassment, staff obligations to report any knowledge or suspicion of such conduct, expectations related to professional boundaries, and requirements governing cross-gender searches and supervision conducted in a manner that preserves dignity and privacy.

Collectively, these records demonstrate that staff receive ongoing, relevant instruction designed to promote safety, professionalism, and sustained PREA compliance.

Inmate Records

To evaluate compliance with PREA requirements related to resident education, the Auditor reviewed a random sample of forty-five (45) inmate files representing admissions over the previous twelve-month period. Each file contained documentation confirming that PREA education was provided during the intake process.

The records included signed acknowledgments verifying receipt of the facility's orientation handbook and PREA informational materials, as well as confirmation that each individual viewed the facility's PREA education video. Both file review and staff interviews confirmed that all forty-five individuals received PREA education upon admission, consistent with agency policy and PREA standards. This process ensures that individuals in custody are promptly informed of their rights, the facility's zero-tolerance policy, available reporting options, and protections against sexual abuse and sexual harassment.

-

Risk Assessments and Reassessments

The Auditor assessed compliance with PREA screening and reassessment requirements through a review of fifty (50) randomly selected inmate records. Each record documented completion of an initial PREA risk assessment within seventy-two (72) hours of arrival at the facility, as required.

In addition, all reviewed files reflected that a reassessment was completed within the required thirty (30) day timeframe, in accordance with PREA Standard §115.41. The consistency, accuracy, and timeliness of these assessments demonstrate the facility's commitment to identifying individuals who may be at heightened risk of sexual victimization or who may pose a risk to

others. The use of this information supports informed decisions regarding housing, supervision, and programming, and reinforces proactive risk management practices.

Grievances

Information provided in the Pre-Audit Questionnaire (PAQ), and verified through interviews with the PREA Compliance Manager (PCM), indicated that the agency does not utilize an administrative grievance process for addressing allegations of sexual abuse. Instead, all reports of sexual abuse and sexual harassment are managed through established PREA reporting, response, and investigative protocols in accordance with agency policy and PREA requirements. This approach ensures that allegations are addressed promptly and through appropriate investigative channels.

Incident Reports

A review of documentation and information obtained through staff interviews revealed that the facility documented a total of seven (7) PREA-related allegations during the preceding twelve-month period. These included five (5) allegations of sexual abuse and two (2) allegations of sexual harassment. The Auditor reviewed all seven incident reports associated with these allegations. The documentation reflected appropriate reporting, notification, and response actions, consistent with PREA standards and agency procedures.

Investigation Records

The Auditor conducted a comprehensive review of seven (7) PREA investigative files corresponding to the reported allegations of sexual abuse and sexual harassment during the prior twelve-month period. Each file contained the required investigative documentation, including incident reports, investigative narratives, timelines, and supporting materials.

The review confirmed that investigations were

initiated promptly, conducted in accordance with established PREA protocols, and completed within required timeframes. All required forms were present and properly completed. The organization, completeness, and clarity of the investigative files reflect the facility's adherence to PREA investigative standards and demonstrate a commitment to accountability, procedural integrity, and effective oversight.

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	2	0	2	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	5	0	5	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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	2	0	0
Staff-on-inmate sexual abuse	0	3	0	0
Total	0	5	0	0

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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	1	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	2	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

5

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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.

At the time of the on-site audit, facility staff reported a total of seven allegations of sexual abuse and sexual harassment within the past 12 months.

Sexual Abuse Allegations

There were five sexual abuse allegations reported during the last 12 months.

Of these, three involved staff-on-inmate conduct. All three were investigated administratively. At the time of the on-site audit two allegations had been determined to be unfounded and one had been determined not to rise to the level of PREA allegation. No cases were referred for criminal investigation or prosecution.

The remaining two sexual abuse allegations were inmate-on-inmate. All were reviewed administratively. At the time of the on-site audit both had been determined to be unfounded. None were referred for criminal investigation.

Medical and mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation.

There was one forensic examination in the past 12 months. The forensic exam was conducted by SANE certified personnel. The victim was offered victim advocate.

All inmates were notified of the result of the investigations.

All closed sexual abuse allegations, except those that were determined to be unfounded, had a sexual abuse incident review within 30 days of the close of the investigation.

Sexual Harassment Allegations

During the same 12-month period, there were two reported allegations of sexual harassment. Of these, one was a staff-on-inmate conduct allegation. It was investigated administratively. After investigation it was determined not to rise to the level of a sexual harassment allegation.

The remaining allegation was inmate-on-inmate allegations. It was investigated administratively. After investigation it was determined to be unfounded. The inmate was

notified of the result of the investigation.

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

MP Wheeler and Associates

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.11, the Auditor conducted an extensive review of documentation submitted by Lee State Prison and the Georgia Department of Corrections (GDC). The materials reviewed included the facility’s completed Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation.</p> <p>Central to this review was GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes the agency’s zero-tolerance philosophy, defines prohibited conduct, delineates staff and agency responsibilities, and outlines the procedures for reporting, responding to, and investigating allegations of sexual abuse and sexual harassment.</p> <p>The Auditor also reviewed the GDC Agency Organizational Chart to verify the placement, authority, and reporting relationships of PREA leadership positions,</p>

including the agency PREA Coordinator and facility-level PREA Compliance Managers. This review confirmed the structural framework supporting PREA oversight and accountability at both the agency and institutional levels.

INTERVIEWS

PREA Compliance Manager (PCM)

The interview with the facility's PREA Compliance Manager focused on institutional PREA oversight, authority, and operational support. The PCM confirmed having sufficient time, autonomy, and institutional backing to manage PREA responsibilities at Lee State Prison.

The PCM described a dual reporting structure that supports effective oversight: operational accountability to facility leadership, including the Warden or Superintendent, and direct reporting to the agency PREA Coordinator for all PREA-related matters. This structure facilitates consistent implementation of policy, coordination of training, maintenance of documentation, monitoring of compliance activities, and timely resolution of PREA concerns.

PREA Coordinator (PC)

An interview was also conducted with the agency's PREA Coordinator to evaluate agency-wide PREA oversight. The PREA Coordinator confirmed that the position is full-time and dedicated solely to PREA compliance responsibilities, with no competing duties.

The PREA Coordinator explained having the authority, access to leadership, and organizational support necessary to develop, implement, and monitor PREA compliance across all GDC facilities. The Coordinator further confirmed that each facility has an assigned PREA Compliance Manager whose exclusive focus is institutional PREA compliance. These individuals are empowered to address PREA-related issues, implement corrective actions, and elevate concerns without administrative barriers or competing responsibilities.

PROVISIONS

Provision (a): Zero-Tolerance Policy and Comprehensive PREA Framework

As reported in the PAQ, the facility operates under a comprehensive written policy that enforces a zero-tolerance stance toward all forms of sexual abuse and sexual harassment within Georgia Department of Corrections facilities, including contracted services. The policy clearly defines the agency's approach to prevention, detection, response, and investigation of sexual misconduct.

GDC SOP 208.06, effective June 23, 2022, formally establishes this zero-tolerance framework and provides detailed guidance on PREA implementation. Section I of the SOP explicitly affirms the agency's commitment to eliminating sexual abuse, sexual harassment, and prohibited sexual activity in correctional environments. The policy

delineates staff duties, reporting mechanisms, response protocols, investigative processes, and accountability measures designed to promote safety and transparency.

The SOP includes comprehensive definitions of prohibited behaviors related to sexual abuse and sexual harassment, as outlined on pages 4 through 6. These definitions clearly identify conduct that violates agency policy and PREA standards. Disciplinary consequences for substantiated violations are detailed on pages 33 and 34, reinforcing accountability and consistent enforcement.

Additionally, the policy addresses institutional readiness and coordinated response planning. Pages 7 and 8 require the designation of an upper-level PREA Coordinator with sufficient authority and time to oversee statewide compliance, as well as the appointment of a PREA Compliance Manager at each facility. Facilities are also required to maintain a PREA Local Procedure Directive and a Coordinated Response Plan tailored to the institution's operational environment. These documents outline staff responsibilities from initial reporting through investigation, victim support, evidence preservation, monitoring of alleged perpetrators, and access to medical, mental health, forensic, and advocacy services.

Collectively, these elements reflect a structured, comprehensive, and well-defined PREA framework aligned with federal standards.

Provision (b): Authority, Placement, and Oversight of the PREA Coordinator

The facility reported in the PAQ that the Georgia Department of Corrections employs a centralized, agency-wide PREA Coordinator. Review of the GDC organizational chart confirms that this position is situated at the executive level within the Office of Professional Standards, Compliance Unit. This placement ensures the PREA Coordinator has the authority, visibility, and access necessary to oversee PREA compliance across all facilities.

During interviews, the PREA Coordinator confirmed reporting directly to the Commissioner of Corrections and affirmed having adequate authority, time, and resources to manage statewide PREA efforts effectively. The position is dedicated exclusively to PREA functions, supporting consistent interpretation and implementation of standards across the agency.

The organizational structure further establishes that facility PREA Compliance Managers report directly to the PREA Coordinator on all PREA-related matters, while maintaining operational reporting lines to facility leadership. This dual structure supports accountability, consistency, and effective communication.

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

As reported in the PAQ and confirmed through interviews, Lee State Prison has a designated PREA Compliance Manager in accordance with GDC SOP 208.06. Each

	<p>facility is required to appoint a PCM under the direction of the Warden or Superintendent to oversee institutional PREA compliance.</p> <p>The PCM serves as the primary coordinator for PREA activities at the facility level, including training coordination, policy implementation, documentation management, compliance monitoring, and response coordination. In all PREA matters, the PCM reports directly to the agency PREA Coordinator, ensuring alignment with agency standards and uniform application of PREA requirements.</p> <p>Interviews confirmed that the PCM is provided sufficient time, authority, and institutional support to carry out these responsibilities effectively.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of policies, organizational structures, and interviews with agency and facility PREA leadership, the Auditor concludes that the Georgia Department of Corrections and Lee State Prison fully comply with PREA Standard §115.11. The agency has established a clear zero-tolerance policy, positioned the PREA Coordinator at an appropriate executive level with sufficient authority, and designated empowered PREA Compliance Managers at the facility level to ensure consistent, effective implementation of PREA requirements.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.12, the Auditor conducted a detailed review of documentation submitted by the facility and the Georgia Department of Corrections (GDC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation.</p> <p>The Auditor also examined GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes agency-wide requirements governing contracts with external entities for the confinement of inmates and clearly outlines expectations for PREA compliance, oversight, and accountability.</p> <p><u>INTERVIEWS</u></p> <p>Agency Contract Administrator</p>

An interview was conducted with the Agency Contract Administrator to assess how PREA requirements are incorporated into contracts for inmate confinement. The Contract Administrator clarified that the Georgia Department of Corrections enters into contracts with both private and county facilities and that all such contracts contain explicit PREA compliance language as a prerequisite for execution.

The Contract Administrator explained that no contract for inmate confinement is finalized unless the contracting entity demonstrates compliance with PREA standards. Entities that are unable or unwilling to meet PREA requirements are not approved for contracting. This process ensures that PREA compliance is embedded at the contractual level prior to the placement of inmates and remains enforceable throughout the life of the agreement.

PROVISIONS

Provision (a): PREA Compliance Requirements in Contracts

As reported in the PAQ, the Georgia Department of Corrections requires that all entities contracting for the confinement of inmates adhere fully to PREA standards. All contracts for inmate confinement include PREA-specific language outlining compliance expectations, responsibilities, and enforcement provisions.

The facility itself does not independently contract for inmate confinement. Instead, all contractual requirements are governed by GDC policy, specifically SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy explicitly addresses PREA Standard §115.12 and mandates that any new or renewed contract for inmate confinement adopt and comply with GDC PREA policies and procedures.

Oversight of PREA compliance for all inmate confinement contracts is managed at the agency level by the designated Agency Contract Manager, in accordance with contractual terms and agency policy.

According to the PAQ, the agency entered into or renewed twenty-six contracts for inmate confinement within the previous twelve months. Facility and agency staff confirmed that all twenty-six contracts contain enforceable provisions requiring compliance with PREA standards. This information was corroborated during the interview with the Agency Contract Administrator.

Provision (b): Monitoring and Oversight of Contractor PREA Compliance

The facility reported in the PAQ that all contracts for inmate confinement include provisions requiring the agency to monitor the contractor's compliance with PREA standards. The facility further reported that there are no contracts, as referenced under §115.12(a)(3), that exempt contractors from PREA monitoring requirements.

During the interview, the Agency Contract Administrator explained that contractor policies and procedures are reviewed to ensure alignment with national PREA

	<p>standards prior to and during the contractual relationship. Contractors are contractually obligated to promptly notify the Georgia Department of Corrections of any PREA-related allegation occurring within their facility.</p> <p>Additionally, contractors must submit copies of all PREA allegations, investigative documentation, and final findings to the agency’s PREA Coordinator for review and oversight. This process ensures consistent monitoring, transparency, and accountability across all contracted confinement settings.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, policy requirements, and the interview with the Agency Contract Administrator, the Auditor concludes that the agency and facility fully comply with all provisions of PREA Standard §115.12. The Georgia Department of Corrections has established clear contractual requirements, effective oversight mechanisms, and enforceable monitoring processes to ensure that all external entities responsible for inmate confinement adhere to PREA standards.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>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.</p> <p>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.</p> <p>OBSERVATIONS</p> <p>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</p>

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.

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

	<p>observation of supervisory activity during the on-site audit.</p> <p>CONCLUSION</p> <p>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.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.14, the Auditor conducted a thorough review of materials submitted by the facility and the Georgia Department of Corrections (GDC). Documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all associated supporting materials.</p> <p>In addition, the Auditor reviewed GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes agency expectations and operational requirements related to the housing, supervision, and protection of youthful inmates when applicable.</p> <p>OBSERVATIONS</p> <p>During the on-site facility tour, the Auditor carefully observed housing units, common areas, and inmate movement throughout the facility. At no point during the tour were youthful inmates observed. The general population observed consisted entirely of adults, and no areas were designated or configured for youthful offender housing.</p> <p>INTERVIEWS</p> <p>PREA Compliance Manager (PCM)</p> <p>During formal interviews and informal discussions, the PREA Compliance Manager confirmed that the facility does not house youthful inmates. The PCM explained that</p>

this facility is not designated by the Georgia Department of Corrections to accommodate youthful offenders and does not receive individuals under the age threshold defined by PREA.

Facility Head

In a separate interview and through ongoing dialogue during the audit process, the Facility Head also confirmed that the facility does not house youthful inmates. The Facility Head stated that placement decisions are made at the agency level and that youthful offenders are assigned only to designated facilities equipped to meet PREA requirements specific to youthful populations.

Youthful Inmates

Because the facility does not house youthful inmates, there were no individuals available for interview under this standard.

PROVISIONS

Provision (a): Housing and Separation of Youthful Inmates

The facility reported in the PAQ that it does not house youthful inmates. To independently verify this information, the Auditor reviewed the current inmate roster and confirmed that no incarcerated individuals had birthdates after 2006, validating that no youthful offenders were present at the facility during the audit period.

GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, outlines specific requirements related to the housing, separation, and supervision of youthful inmates. These requirements, found on page 10, sections 7(a) through 7(c), apply exclusively to facilities designated to house youthful offenders. As this facility does not house youthful inmates, these provisions are not applicable.

Provision (b):

Not Applicable

Because the facility does not house youthful inmates, the requirements of Provision (b) do not apply.

Provision (c):

Not Applicable

Because the facility does not house youthful inmates, the requirements of Provision (c) do not apply.

	<p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, policy analysis, on-site observations, and interviews with facility leadership and PREA staff, the Auditor concludes that the agency and facility fully comply with PREA Standard §115.14. The facility does not house youthful inmates, and applicable agency policies appropriately address youthful offender management at designated locations.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.15, the Auditor conducted a detailed and methodical review of documentation submitted by the Georgia Department of Corrections (GDC) and the facility. Central to this review was the facility’s completed Pre-Audit Questionnaire (PAQ), which was supplemented by multiple supporting documents that collectively demonstrate policy adherence and staff understanding of cross-gender procedures.</p> <p>Key policies reviewed included:</p> <ol style="list-style-type: none"> 1. GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which establishes prohibitions and procedural standards for cross-gender searches and privacy protections. 2. GDC SOP 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020, detailing search procedures and operational guidance for staff conducting searches. 3. The Contraband Interdiction and Searches Curriculum, including facilitator lesson plans for cross-gender searches. Staff training records demonstrating completion of annual PREA training on search protocols and handling transgender or intersex inmates. <p>Additionally, the Auditor reviewed summaries from random inmate interviews, random staff interviews, and relevant facility logs to ensure that operational practices aligned with policy expectations.</p> <p>OBSERVATIONS</p> <p>During the on-site facility tour, the Auditor noted that all procedures regarding cross-gender staffing and privacy were consistently followed. Opposite-gender staff announced their presence when entering housing units, showers, and restroom areas,</p>

ensuring that all inmates were aware of staff movements.

Both cisgender male and transgender inmates were observed during the tour, and the Auditor confirmed that privacy protections were maintained, with no conditions observed that would compromise inmates during showering, changing, or restroom use.

INTERVIEWS

Random Staff

Interviews with seventeen randomly selected staff members, supplemented by informal discussions throughout the audit, revealed a consistent understanding of cross-gender search protocols. Staff confirmed that cross-gender strip searches and visual body cavity searches do not occur under routine circumstances. They emphasized that all searches are conducted in accordance with policy, with appropriate consideration for dignity and privacy. Staff reported receiving comprehensive training, including procedures for exigent circumstances and handling searches of transgender or intersex inmates.

Non-Medical Staff Involved in Searches

Non-medical staff explained that they do not perform cross-gender strip searches or visual body cavity searches. In rare exigent circumstances, such actions would require approval from the Facility Head, be conducted by medical personnel, and be fully documented to ensure transparency.

Random Inmates

Interviews with randomly selected inmates confirmed that opposite-gender strip searches or visual body cavity searches do not occur. Inmates stated that staff announce their presence before entering housing units or bathrooms and that they can shower, dress, and perform bodily functions without being viewed by staff of the opposite gender.

PROVISIONS

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

The facility reported, and interviews confirmed, that cross-gender strip searches and cross-gender visual body cavity searches do not occur under routine circumstances.

When strip searches are required, they are performed by medical personnel.

Transgender inmates confirmed that searches are conducted respectfully, consistent with GDC SOP 208.06 and the September 12, 2024 PIB. Staff training emphasizes that searches are never conducted to determine genital status and must comply with professional and individualized standards.

Provision (b): Applicability to Female Inmates

This provision is not applicable at this facility. The institution houses adult male inmates, including a limited number of male-to-female transgender individuals. At the time of the audit, the facility housed 727 inmates.

Provision (c): Documentation of Exigent Circumstance Searches

The facility has established procedures for exigent circumstances requiring cross-gender searches. Such searches require approval from the Facility Head, are performed by medical staff, and are fully documented in incident reports. Staff confirmed understanding and adherence to these protocols, which align with GDC SOP 208.06.

Provision (d): Inmate Privacy and Opposite-Gender Announcements

The facility ensures that inmate privacy is consistently protected. Inmates are able to shower, dress, and use restroom facilities without being observed by opposite-gender staff. Staff of the opposite gender announce their presence prior to entering housing units or bathroom areas. Inmate interviews verified that these measures are consistently applied, and transgender inmates reported satisfaction with showering and privacy accommodations. These procedures are supported by GDC SOP 208.06, which provides guidance on privacy, notifications, and posting of announcements.

Provision (e): Searches of Transgender and Intersex Inmates

This provision is no longer applicable to compliance findings

Provision (f): Staff Training

This provision is no longer applicable to compliance finding

CONCLUSION

Based on a thorough review of policies, the Pre-Audit Questionnaire, training records, random staff and inmate interviews, and direct on-site observations, the Auditor concludes that the facility and agency are fully compliant with PREA Standard §115.15.

The facility demonstrates consistent and effective implementation of policies limiting cross-gender viewing and searches, ensuring that privacy, dignity, and safety are prioritized. Staff are knowledgeable, trained, and capable of following procedures under both routine and exigent circumstances. Inmates, including transgender individuals, confirmed respectful and professional practices are maintained at all times.

The Auditor finds that the facility’s practices establish a strong culture of respect, safety, and privacy, reflecting full adherence to PREA standards regarding cross-gender interactions, searches, and inmate protections.

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

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.16, the Auditor conducted a comprehensive review of materials submitted by the facility and the Georgia Department of Corrections (GDC). Documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials relevant to inmate communication, accessibility, and reporting mechanisms.

The Auditor examined GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Additional materials reviewed included PREA offender brochures, PREA posters, and written PREA educational materials. The Auditor also reviewed resources used to assist 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 in both English and Spanish.

OBSERVATIONS

During the on-site facility tour, the Auditor observed that PREA informational posters were prominently displayed throughout the institution in both English and Spanish. These postings were visible in housing units, work areas, hallways, visitation areas, and other common spaces readily accessible to the inmate population.

The Auditor was also provided with examples of PREA educational materials, written documents, and brochures, all of which were available in English and Spanish. The availability and placement of these materials demonstrated a proactive approach to ensuring inmates receive PREA-related information in a format and language they can understand.

INTERVIEWS

Random Staff

Interviews with randomly selected staff confirmed consistent understanding and application of the facility's policies regarding communication assistance. All staff interviewed reported that inmate interpreters, inmate readers, or other inmate assistants are strictly prohibited from being used to assist inmates with disabilities or LEP inmates when reporting allegations of sexual abuse or sexual harassment. Staff further indicated they were unaware of any instance in which such inmate assistance had been used for PREA-related reporting.

Inmates with Disabilities

Interviews with inmates who identified as having disabilities revealed that none felt vulnerable or disadvantaged as a result of their disability. All inmates interviewed confirmed that PREA-related information is provided in a manner they can understand

and access. When asked whether they understood their rights regarding sexual abuse and sexual harassment, as well as how to report such incidents, 100 percent responded affirmatively.

Facility Head

During the interview and in informal discussions, the Facility Head described the facility's structured approach to ensuring inmates with disabilities and LEP inmates have meaningful access to PREA reporting processes. These procedures include access to professional interpretation services, written materials in accessible formats, and staff assistance when appropriate, ensuring that no inmate is excluded from participating in PREA prevention, detection, or response efforts.

PROVISIONS

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

The facility reported in the PAQ that formal procedures are in place to ensure inmates with disabilities and inmates who are Limited English Proficient have equal opportunities to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This information was verified through interviews with the Facility Head and corroborated by inmate interviews.

Inmates in these categories confirmed that they are able to understand PREA-related information and fully engage in reporting processes without barriers. The Auditor reviewed the facility's instructions for accessing LanguageLine services and found them to be clear, user-friendly, and comprehensive. The instructions provide step-by-step guidance for accessing interpreter services through a toll-free number, 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 reference SOP 103.63 (ADA Title II Provisions) to ensure inmates with disabilities and LEP inmates understand policies and procedures related to sexual abuse and sexual harassment.

Provision (b): Language and Communication Assistance

The facility reported that it has implemented multiple systems to ensure inmates with Limited English Proficiency and inmates with disabilities receive PREA information in accessible formats. These resources include LanguageLine video interpreting services, Lionbridge telephonic interpretation, PREA written materials in English and Spanish, and PREA educational videos available in both languages with closed captioning.

For Spanish-speaking inmates, all PREA materials reviewed were available in Spanish, mirroring the content provided in English. The facility also maintains access to LanguageLine services for additional languages, including American Sign Language.

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

These practices are consistent with GDC SOP 208.06, which requires 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 reported on the PAQ that there have been no instances in the past twelve months in which inmate interpreters, inmate readers, or other inmate assistants were used to assist with PREA-related reporting. This information was verified by the Facility Head and corroborated through staff interviews.

GDC SOP 208.06 explicitly prohibits reliance on inmate interpreters or assistants, except in exigent circumstances where a delay in obtaining a qualified interpreter would compromise 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 rely on inmate interpreters.

CONCLUSION

Based on a thorough review of documentation, on-site observations, interviews with staff and inmates, and analysis of applicable policies and practices, the Auditor concludes that the agency and facility fully comply with all provisions of PREA Standard §115.16. The facility has implemented effective measures to ensure inmates with disabilities and inmates 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
	<u>DOCUMENT REVIEW</u>
	To evaluate compliance with PREA Standard §115.17, the Auditor conducted an extensive review of hiring, promotion, and personnel vetting documentation

submitted by the facility and the Georgia Department of Corrections (GDC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation related to recruitment, background investigations, promotions, contractors, and volunteers.

The Auditor reviewed GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Additional policies examined included SOP 104.09, Filling a Vacancy (effective May 27, 2022), along with Attachment 4, Applicant Verification, revised May 25, 2022, and SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020.

Personnel records, hiring and promotion decision files, and employee background documentation were reviewed to verify compliance with PREA hiring and screening requirements.

INTERVIEWS

Administrative Staff (Human Resources)

Interviews with administrative and Human Resources staff confirmed that the facility follows a structured and standardized hiring and promotion process aligned with PREA requirements. HR staff described the mandatory completion of personnel documentation for all applicants, including disclosure statements addressing prior misconduct. GDC requires criminal history background checks for all new hires, for employees at the time of promotion, and for all staff every five years thereafter.

HR staff further explained that the agency maintains a centralized tracking system to monitor the status and due dates of criminal history checks for employees, contractors, and volunteers. This system ensures ongoing compliance with PREA standards and state requirements.

It was confirmed that reporting arrest activity is a condition of continued employment and must be disclosed through the employee's supervisory chain. Additionally, HR staff verified that, unless prohibited by law, the agency provides information regarding substantiated allegations of sexual abuse or sexual harassment involving former employees upon request from prospective institutional employers.

The Auditor reviewed a random sample of 46 personnel files and verified that each contained the required documentation, including completed criminal history checks, PREA-related disclosures, and responses to the mandatory questions outlined in the standard.

At the time of the audit, the facility reported a total of 150 staff members, including 114 security positions (with six vacancies) and 36 non-security positions (with six vacancies). The facility also reported 34 contractors and 21 volunteers.

PROVISIONS

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

The facility reported on the PAQ that it strictly adheres to PREA prohibitions related to hiring, promotion, and contracting decisions for individuals who may have contact with inmates. Specifically, the agency prohibits the hiring or promotion of any individual who has engaged in sexual abuse in 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 review. GDC SOP 208.06 explicitly outlines these restrictions and further requires the consideration of any substantiated sexual misconduct when making employment decisions.

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

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

The facility reported that incidents of sexual harassment are considered when determining whether to hire, promote, or engage the services of individuals who may have contact with inmates. Human Resources staff confirmed that this consideration is embedded in 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.

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

According to the PAQ, the facility follows a two-step process prior to hiring employees who may have contact with inmates. This includes conducting criminal background record checks and making best efforts, consistent with applicable laws, to contact prior institutional employers to obtain information regarding substantiated allegations of sexual abuse or resignations during pending investigations.

Over the past twelve months, 62 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 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 PREA-related documentation.

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

Provision (d): Screening of Contractors

The facility reported that criminal background checks are completed prior to engaging the services of any contractor who may have contact with inmates and are repeated at least every five years thereafter. According to the PAQ, background checks were conducted for all contractors covered under eight service contracts involving inmate contact.

GDC SOP 208.06 requires criminal history record checks for contractors and volunteers and mandates 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 followed.

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 at firearm requalification. Systems are in place to ensure continued compliance. Human Resources staff confirmed this practice 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 adverse employment decisions, and maintaining documentation. The Auditor confirmed that background checks are conducted at application, promotion, and five-year intervals in compliance 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 confirmed that these questions are 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 material omissions or the provision of materially false information related to misconduct constitute grounds for termination. This was verified by Human Resources staff and is clearly articulated in GDC SOP 208.06.

Policy language specifies that failure to disclose required information or providing

false statements undermines employment eligibility and continued employment.

Provision (h): Disclosure of Information Regarding Former Employees

The facility reported that, unless prohibited by law, the agency provides information regarding 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 applicable privacy and information-sharing laws.

CONCLUSION

Based on 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 determines that the facility exceeds the requirements of PREA Standard §115.17. The facility exhibits 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 extends beyond minimum compliance and reflects a proactive commitment to safeguarding the facility environment and preventing sexual abuse.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.18, the Auditor conducted a detailed review of the facility’s Pre-Audit Questionnaire (PAQ) and all associated supporting documentation. Materials reviewed included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>These documents clearly establish the agency’s framework for incorporating PREA considerations into facility design, construction, and expansion decisions. The policies also address the role of physical plant features and monitoring technologies in strengthening supervision, enhancing visibility, and reducing opportunities for sexual abuse within the correctional environment. Collectively, the reviewed materials demonstrate that PREA principles are embedded within the agency’s infrastructure planning and operational expectations.</p>

OBSERVATIONS

During the on-site tour of the facility, the Auditor observed an extensive system of fixed cameras positioned throughout housing units and common areas, along with security mirrors placed to enhance visibility and address potential blind spots. These features were observed to support staff supervision and situational awareness across multiple locations.

The Auditor also observed active construction related to a facility expansion project being completed by MOD Core Company. This expansion represents a significant modification to the physical plant and, once completed, will increase the facility's overall bed capacity by 126 beds. The integration of surveillance equipment and attention to sightlines during the tour reflected an ongoing emphasis on safety, supervision, and compliance with PREA-related design considerations.

INTERVIEWS

Facility Head or Designee

Interviews with facility leadership provided additional context regarding the facility's approach to supervision, monitoring, and infrastructure planning. Leadership described a layered supervision strategy that combines comprehensive camera coverage with the strategic placement of security mirrors to maximize visibility throughout the facility. These measures are intended to reduce blind spots and enhance staff awareness during daily operations.

The interview further indicated that existing camera and video systems are routinely evaluated to determine whether updates or expansions are necessary. This assessment process takes into account operational needs, facility layout, and emerging safety considerations, particularly as the physical plant evolves.

Facility leadership also emphasized that PREA requirements serve as a guiding principle for all construction, renovation, and modification projects. Protecting incarcerated individuals from sexual abuse is identified as a central factor in design and planning decisions. Leadership described regularly scheduled meetings involving executive staff, supervisors, and managers to review facility operations and infrastructure-related issues. Topics addressed during these meetings include incident and allegation data, grievance trends, disciplinary actions, use-of-force incidents, video review summaries, overtime and leave usage, staff morale, and other operational indicators. Within this collaborative forum, the effectiveness of cameras and other monitoring technologies is consistently reviewed and discussed.

PROVISIONS

Provision (a): Consideration of PREA Standards in Facility Design and Expansion

The PAQ reflects that the facility has not acquired any new facilities since the previous PREA audit. However, a major expansion project began on June 30, 2025, and was

ongoing at the time of the on-site audit. Interviews with facility leadership confirmed that the project is being completed by MOD Core Company and represents a substantial modification to the facility’s physical plant.

Leadership further confirmed that both the Facility Head and Deputy Facility Head are actively engaged in planning, oversight, and decision-making related to the expansion. This involvement ensures that PREA standards are fully considered during the design process, including factors such as layout, visibility, supervision capabilities, and the reduction of environmental risks that could contribute to sexual abuse.

Provision (b): Monitoring Technology and Surveillance Systems

According to the PAQ, the agency/facility has not implemented upgrades to its video monitoring system, electronic surveillance system, or other monitoring technologies since the last PREA audit. Despite the absence of recent upgrades, observations and interviews confirmed that existing systems remain functional and are routinely used as part of daily supervision practices.

Facility leadership indicated that monitoring technologies continue to be evaluated, particularly in light of the ongoing expansion, to ensure that surveillance coverage remains adequate and aligned with PREA expectations. This ongoing assessment supports the facility’s commitment to maintaining effective supervision and inmate safety.

CONCLUSION

Based on a comprehensive review of documentation, direct observations, and interviews with facility leadership, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.18. The facility demonstrates appropriate and consistent consideration of PREA requirements in facility design, expansion activities, and the use of monitoring technologies. These practices collectively support inmate safety and contribute to the prevention, detection, and deterrence of sexual abuse.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.21, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility and the Georgia Department of Corrections (GDC). Documentation reviewed included GDC Standard Operating Procedures (SOP) Policy</p>

Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022); SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders (effective August 11, 2022); and SOP 103.10, Evidence Handling and Crime Scene Processing (effective August 30, 2022).

In addition, the Auditor examined the Services Agreement between the GDC and the Sexual Assault Response Team (SART), dated August 31, 2021; the Memorandum of Understanding (MOU) between Lee State Prison and The Lily Pad SANE Center; and the facility's current SANE Contact and Call List. These documents collectively establish the framework for evidence preservation, forensic medical examinations, and victim advocacy services following allegations of sexual abuse.

INTERVIEWS

Random Staff

Interviews with randomly selected staff demonstrated a consistent and accurate understanding of their responsibilities when an allegation of sexual abuse is reported. All staff interviewed were able to clearly articulate the immediate steps required to protect the alleged victim, preserve potential evidence, and avoid actions that could compromise an investigation. Staff consistently described the importance of limiting movement, safeguarding clothing and bedding, and promptly notifying supervisory, medical, and investigative personnel.

PREA Coordinator (PC)

During the interview, the PREA Coordinator confirmed that the agency employs a standardized evidence protocol designed to maximize the collection and preservation of usable physical evidence for both administrative reviews and criminal proceedings. The PC explained that these protocols align with nationally recognized standards and ensure coordination between facility staff, investigators, and medical professionals. The PC further affirmed that the facility conducts both administrative and criminal investigations and that evidence-handling procedures are consistently applied.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported that forensic medical examinations are routinely facilitated when allegations meet the criteria for such services. Over the past twelve months, six forensic examinations were conducted at the facility's medical unit. The PCM confirmed that victim advocacy services are available through both trained facility staff and external partners and that the GDC maintains a service agreement with SART to ensure timely access to SAFE/SANE examinations.

SAFE/SANE Personnel

SAFE/SANE personnel described their role under the agreement with the GDC to provide forensic medical examinations to inmates. When notified through the SANE Contact and Call List, SANE professionals respond to the facility and conduct examinations in the medical unit. They confirmed that inmates are not charged for these services. The interview detailed the comprehensive nature of the examinations, which include informed consent, medical and assault history documentation, head-to-

toe and genital assessments, evidence collection, trauma documentation, and secure chain-of-custody procedures.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates in the facility who had reported sexual abuse within the past 12 months. Consequently, no one from this category was interviewed during the on-site audit

Rape Crisis Center

Representatives from the rape crisis center confirmed the existence of an active MOU with the facility. This agreement ensures the availability of victim advocates and emotional support services for survivors of sexual abuse, regardless of the timing or location of the incident. The MOU also provides inmates with access to a hotline and mailing address for confidential support services.

PROVISIONS

Provision (a): Uniform Evidence Collection Protocol

The facility reported in the PAQ that it is responsible for conducting both administrative and criminal investigations related to allegations of sexual abuse. Interviews and policy review confirmed that investigators adhere to a uniform evidence protocol intended to preserve and maximize usable physical evidence. This protocol is governed by GDC SOP 208.06 and supported by SOP 103.06 and SOP 103.10, which together establish clear procedures for evidence handling, crime scene processing, and investigative coordination.

Provision (b): Developmentally Appropriate Protocols

Although the facility does not house youthful offenders, as verified through a review of the inmate roster, the facility reported—and the PREA Coordinator confirmed—that its investigative and evidence protocols are developmentally appropriate for youth if ever applicable. GDC SOP 208.06 specifies that protocols must be adaptable and informed by nationally recognized forensic standards, including guidance issued by the U.S. Department of Justice.

Provision (c): Access to Forensic Medical Examinations

The PAQ indicated that inmates who experience sexual abuse have access to forensic medical examinations at no cost. These examinations are conducted by qualified SANE personnel who respond to the facility. Documentation and interviews confirmed that SART provides these services under a formal agreement with the GDC. The examination process includes informed consent, comprehensive medical assessments, evidence collection, documentation, and follow-up care, including prophylactic treatment when indicated.

Provision (d): Availability of Victim Advocacy Services

The facility maintains an MOU with The Lily Pad SANE Center to provide rape crisis services and victim advocacy. Policy and interviews confirmed that the facility makes every effort to ensure that an external victim advocate is available to the victim. If an external advocate is unavailable, trained community-based or facility staff are

designated to fulfill this role in accordance with GDC SOP 208.06.

Provision (e): Victim Support During Examinations and Interviews

Consistent with the PAQ and interview statements, victims who request advocacy services are accompanied and supported throughout forensic examinations and investigative interviews. Victim advocates provide emotional support, crisis intervention, information, and referrals as needed. The facility provided documentation verifying that three staff members have completed victim advocate training.

Provision (f): Responsibility for Investigations

As described in Provision (a), all PREA-related allegations—administrative and criminal—are investigated by the agency/facility in accordance with established policies and procedures.

Provision (g): Auditor Requirement

This provision is not subject to audit.

Provision (h): External Advocacy Resources

As outlined previously, the facility’s MOU with The Lily Pad SANE Center ensures continued access to victim advocates and external support services for inmates who experience sexual abuse.

CONCLUSION

Based on a comprehensive review of policies, documentation, interviews, and corroborating evidence, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.21. The facility has established and effectively implemented uniform evidence protocols, ensures access to forensic medical examinations and victim advocacy services, and maintains procedures that prioritize victim support, evidence preservation, and investigative integrity.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.22, the Auditor conducted a comprehensive review of the facility’s Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by both the facility and the Georgia Department of Corrections (GDC). The review included 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, as well as SOP Policy

Number 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022.

In addition to policy review, the Auditor examined documentation related to PREA allegations reported during the twelve-month audit period. This review focused on investigative decision-making, referral determinations, investigative timelines, and consistency with established agency policy and PREA requirements.

INTERVIEWS

Agency Head or Designee

Interviews with the Agency Head Designee emphasized the agency's position that all allegations of sexual abuse and sexual harassment are treated as serious matters requiring prompt, thorough, and objective investigation. The Designee explained that the Georgia Department of Corrections retains full responsibility for ensuring that all allegations are addressed in accordance with PREA standards and does not rely on outside entities to initiate or manage investigations.

The Designee further noted that investigative referral policies are publicly available on the agency's website to promote transparency and accountability. All criminal referrals, when warranted, are formally documented and tracked to ensure appropriate follow-up and oversight.

Investigative Staff

Interviews with investigative staff provided additional insight into how allegations are handled at the operational level. Investigators confirmed that all allegations of sexual abuse and sexual harassment—regardless of the source of the report or the status of the individuals involved—are investigated. Staff indicated that allegations are never dismissed without review and that each report is assessed to determine whether an administrative or criminal investigation is appropriate.

Investigative staff described a structured investigative process that includes the preservation of evidence, interviews with involved parties and witnesses, detailed documentation of investigative steps, and written conclusions based on objective credibility assessments. Investigators reported that investigations are conducted in a professional, confidential, and unbiased manner, consistent with agency policy and PREA requirements.

PROVISIONS

Provision (a): Mandatory Investigation of All Allegations

The facility reported in the PAQ that every allegation of sexual abuse or sexual harassment is subject to investigation, either administratively or criminally. This practice was confirmed through policy review, interviews, and an examination of allegation data. GDC SOP 208.06 clearly establishes that all reports of sexual abuse

and sexual harassment are classified as allegations and must be investigated without exception.

A review of allegation records from the twelve-month audit period identified nine reported allegations, including both inmate-on-inmate and staff-on-inmate incidents involving sexual abuse and sexual harassment. All reported allegations received an administrative investigation. No allegations during this review period met the criteria for referral to a criminal investigation.

Provision (b): Referral for Criminal Investigation When Appropriate

According to the PAQ, the agency maintains clear policies and practices requiring allegations of sexual abuse or sexual harassment to be referred for criminal investigation when the conduct appears to be criminal in nature. This requirement was verified through interviews with the Agency Head Designee and review of publicly available agency policies.

GDC SOP 208.06 and SOP 103.06 provide detailed guidance regarding the reporting, evaluation, and referral of allegations. These policies require timely notification of designated leadership, assignment of trained investigators when criminal behavior is suspected, and the preservation of evidence. The policies also mandate objective credibility assessments, prohibit the use of polygraph examinations as a condition for proceeding with an investigation, and require investigations to be conducted in a professional, confidential, and impartial manner.

Provision (c): Agency Responsibility for Investigations

Consistent with the requirements of this standard, the agency/facility retains responsibility for conducting both administrative and criminal investigations into allegations of sexual abuse and sexual harassment. Policy review and interviews confirmed that this responsibility is clearly defined within agency procedures and is consistently applied in practice, ensuring continuity, accountability, and adherence to PREA standards.

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 thorough review of policies, allegation data, interviews, and supporting documentation, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.22. The facility has implemented comprehensive policies and practices that ensure all allegations of sexual abuse and sexual harassment are appropriately investigated and, when warranted, referred for criminal investigation in a consistent, timely, and professional manner.

115.31	Employee training
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 576 376">DOCUMENT REVIEW</p> <p data-bbox="256 412 1481 698">To assess compliance with PREA Standard §115.31, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Georgia Department of Corrections (GDC). Materials examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, as well as GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p data-bbox="256 734 1437 936">Additional documentation reviewed consisted of staff training curricula, PREA instructional materials, and staff sign-in and attendance records verifying participation in required training sessions. These materials were evaluated to determine whether staff training content, frequency, and documentation align with the requirements of this standard.</p> <p data-bbox="256 1016 459 1052">INTERVIEWS</p> <p data-bbox="256 1088 480 1124">Random Staff</p> <p data-bbox="256 1160 1481 1276">Interviews were conducted with randomly selected staff members from a variety of functional assignments and shifts to assess staff knowledge, training consistency, and practical understanding of PREA responsibilities.</p> <p data-bbox="256 1312 1469 1514">Staff consistently reported that they received PREA training as part of their initial onboarding process and confirmed that they were not permitted to have contact with inmates prior to completing this training. Interviewees further described receiving ongoing PREA instruction through annual in-service training, scheduled refresher courses, shift briefings, and additional targeted training as needed.</p> <p data-bbox="256 1550 1469 1796">Staff demonstrated familiarity with the core components of PREA training and articulated an understanding of their individual responsibilities related to prevention, detection, reporting, and response to sexual abuse and sexual harassment. Interview responses reflected awareness of the ten required training elements outlined in agency policy, as well as confidence in applying this knowledge within the facility environment.</p> <p data-bbox="256 1877 459 1912">PROVISIONS</p> <p data-bbox="256 1948 1098 1984">Provision (a): Comprehensive PREA Training Content</p> <p data-bbox="256 2020 1369 2056">The facility reported in the PAQ that all employees who may have contact with</p>

inmates receive PREA training covering the full range of required subject areas. This training includes instruction on the agency's zero-tolerance policy for sexual abuse and sexual harassment; staff responsibilities under prevention, detection, reporting, and response protocols; the rights of inmates to be free from sexual abuse and harassment; and the rights of both inmates and staff to be free from retaliation for reporting.

Additional training topics include the dynamics of sexual abuse and sexual harassment in confinement settings; common reactions of victims; methods for identifying and responding to signs of threatened or actual abuse; maintaining professional boundaries and avoiding inappropriate relationships; effective and professional communication with inmates, including those who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; and compliance with mandatory reporting laws related to sexual abuse allegations.

During interviews, all randomly selected staff confirmed that they had received training on each of these ten required elements, demonstrating both recall and understanding consistent with policy requirements.

This provision is supported by GDC SOP 208.06, page 19, Section 1(a)(i-v), which mandates annual PREA training for all departmental employees and outlines each required training topic in detail. The Auditor verified that the facility's reported practices align with these policy directives.

The Auditor reviewed the PREA training curriculum and instructional materials and confirmed that all ten required elements are fully incorporated. The curriculum is structured to reinforce retention through clearly defined and numbered training components. Training depth and complexity are appropriately scaled based on employee classification, with specialized modules provided for staff whose duties require enhanced PREA-related knowledge.

A review of 34 staff training records representing multiple job categories confirmed that all staff reviewed completed initial PREA training as required. Signed acknowledgments and attendance records verified staff participation in the most recent PREA training sessions, with each employee formally acknowledging receipt and completion of training.

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

According to the PAQ, the facility provides PREA training tailored to the gender and population of inmates housed at the facility. Employees who transfer from facilities housing a different population receive additional, population-appropriate training prior to assuming duties involving inmate contact.

Random staff interviews confirmed that employees received PREA training specific to the inmate population housed at the facility. Staff articulated awareness of how PREA principles apply within the context of the population they supervise.

This practice is supported by GDC SOP 208.06, page 20, Section 1(b-d), which requires gender-specific in-service training, additional training for staff transferring between facilities with differing populations, PREA instruction during pre-service orientation for new employees, and specialized training for Sexual Abuse Response Team (SART) members and other staff involved in response, investigation, or victim support.

The Auditor reviewed staff training materials and confirmed that while the curriculum addresses issues relevant to all populations, it is appropriately tailored to the specific inmate population housed at the facility. Training content includes information relevant to transgender inmates and gender nonconforming individuals. Staff interviews corroborated that this material was included and addressed during training.

Consistent with Provision (a), training attendance documentation was reviewed and verified.

Provision (c): Training Frequency and Ongoing Reinforcement

At the time of the audit, approximately 150 staff members were assigned to the facility. The Auditor reviewed training records for 34 staff members and confirmed that 100% of the files reviewed reflected completion of PREA training within the previous twelve months.

In addition to the agency's formal biennial PREA training cycle, the facility provides annual supplemental PREA instruction. This includes refresher training, shift-specific briefings, staff meetings, distribution of educational materials, and prominent display of PREA informational posters throughout the facility.

All staff interviewed reported receiving PREA training, with formal instruction occurring at least every two years and refresher training provided during alternating years. These layered training practices ensure staff remain current on agency policies, reporting obligations, and prevention strategies.

Provision (d): Training Documentation and Verification

All employees are required to attend mandatory PREA training, and participation is formally documented. Staff verify attendance through signed training rosters or electronic acknowledgments, confirming both attendance and receipt of training materials.

Following training completion, employees are required to execute an Acknowledgment of Receipt of Training or provide electronic verification affirming comprehension of the PREA material. These procedures ensure accountability, accurate recordkeeping, and validation that staff understand their responsibilities under PREA.

The Auditor confirmed that training attendance records are consistently maintained

and that documentation practices support compliance with this provision.

CONCLUSION

Based on a thorough review of documentation, staff interviews, and training records, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.31. The facility has implemented comprehensive, population-appropriate PREA training supported by clear policy guidance, consistent documentation practices, and ongoing reinforcement to ensure staff preparedness and compliance.

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 thorough review of documentation provided by the facility and the Georgia Department of Corrections (GDC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and 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 volunteer and contractor PREA training curriculum.

The Auditor also examined signed Acknowledgements of Receipt of PREA Training maintained in volunteer and contractor files to verify that individuals received, understood, and formally acknowledged PREA-related instruction prior to having contact with inmates.

INTERVIEWS

Contractor

An interview was conducted with a contractor who has routine access to the facility. The contractor reported receiving PREA training before being permitted to work in areas where inmate contact occurs. The contractor explained that the training was tailored to the specific duties performed within the facility and included clear guidance on recognizing, preventing, and reporting sexual abuse and sexual harassment.

When questioned by the Auditor, the contractor accurately described the purpose of PREA and clearly articulated their responsibility to immediately report any knowledge, suspicion, or disclosure of sexual abuse or sexual harassment in accordance with

agency policy.

Volunteer

A volunteer interview was also conducted to assess training awareness and understanding. The volunteer confirmed receiving PREA training prior to being approved for service within the facility. The training was described as role-specific and designed to ensure understanding of professional boundaries, reporting obligations, and appropriate responses to observed or disclosed incidents.

During the interview, the volunteer demonstrated knowledge of PREA, including an understanding of zero tolerance and the required steps to take if confronted with an allegation or concern involving sexual abuse or sexual harassment.

PROVISIONS

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

The facility reported in the PAQ that all volunteers and contractors who have contact with inmates receive PREA training addressing their responsibilities under agency policies and procedures related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment. At the time of the audit, the facility reported 34 approved contractors and 21 approved volunteers.

The Auditor reviewed PREA training documentation for 21 volunteers and 9 contractors. All 30 records reviewed contained evidence of completed annual PREA training, as well as documentation of specialized or supplemental training when warranted by the individual's role or level of inmate contact.

This provision is supported by GDC SOP 208.06, page 20, Section 2(a), which requires that all volunteers and contractors who have contact with offenders be provided a copy of the PREA policy and trained in their responsibilities under the Department's PREA policies and procedures. The policy also authorizes the use of Attachment 19, Staff PREA Brochure, as a training aid. The Auditor confirmed that facility practices align with these requirements.

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

According to the PAQ, the level and scope of PREA training provided to volunteers and contractors is determined by the nature of the services performed and the degree of inmate contact. While training content varies based on role, all volunteers and contractors are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are instructed on how and to whom incidents must be reported.

Interviews with both volunteers and contractors substantiated that this information was clearly communicated during training. Interviewees consistently demonstrated awareness of reporting procedures and acknowledged their obligation to report any

observed, suspected, or disclosed incidents.

This practice is supported by GDC SOP 208.06, page 20, Section 2(b), which specifies that PREA training for volunteers and contractors must be tailored to their responsibilities while ensuring universal instruction on zero tolerance and reporting requirements. The Auditor verified that training practices are consistent with policy guidance.

Provision (c): Documentation and Acknowledgement of Training

The facility reported in the PAQ that the agency maintains documentation verifying that volunteers and contractors understand the PREA training they receive. As noted in Provision (b), signed acknowledgment forms confirming receipt and comprehension of PREA training are retained in each volunteer’s and contractor’s file.

The Auditor reviewed these acknowledgment records and confirmed that documentation is consistently maintained. This provision is supported by GDC SOP 208.06, page 21, Section 2(c), which requires that volunteer and contractor participation be documented through signature or electronic verification. Volunteers and contractors attest to their understanding by signing Attachment 1, Sexual Abuse/ Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement.

The policy further requires volunteers and contractors to seek clarification from Department staff at the conclusion of training if additional guidance is needed to ensure understanding. The Auditor confirmed that this process is reflected in both policy and practice.

CONCLUSION

Based on a comprehensive review of documentation, interviews with volunteers and contractors, and analysis of training records, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.32. The facility has established and implemented effective policies, training protocols, and documentation practices to ensure that all volunteers and contractors with inmate contact are properly trained, informed of their responsibilities, and held accountable under PREA.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.33, the Auditor conducted a

comprehensive review of the Pre-Audit Questionnaire (PAQ) and a wide range of supporting documentation provided by the facility and the Georgia Department of Corrections (GDC). The materials reviewed demonstrate a multi-layered approach to inmate education that incorporates written materials, visual media, postings, acknowledgments, and language-access resources.

Reviewed documentation included, but was not limited to:

The facility's completed Pre-Audit Questionnaire (PAQ) and supporting materials
Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP),
Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior
Prevention and Intervention Program, effective June 23, 2022

Georgia Department of Corrections PREA educational video, Discussing Prison Rape
Elimination Act, dated February 23, 2023

Inmate PREA intake education documentation

GDC PREA Inmate Information Guide Brochure (undated)

GDC Inmate Handbook (undated)

Inmate PREA Education signed acknowledgment forms

Inmate PREA Education tracking spreadsheet with education dates

LanguageLine Insight Video Interpreting User Guide

Video Remote Interpreting usage logs

"NO MEANS NO" educational postings

"Reporting Is the First Step" informational postings

Memorandum of Understanding (MOU) between Lee State Prison and Lily Pad SANE
Center

ON-SITE OBSERVATIONS

During the on-site facility tour, the Auditor observed PREA-related educational materials prominently displayed throughout the institution. Posters explaining sexual abuse, sexual harassment, zero tolerance, and reporting options were visible in common areas and housing units. Reporting hotline numbers for both internal reporting to the GDC PREA Unit and external reporting to the Lily Pad SANE Center were clearly posted and accessible.

PREA postings were consistently located near inmate telephones within living units to ensure ease of access. The Auditor confirmed that key PREA information—including zero tolerance messaging, reporting methods, and victim support resources—was continuously visible throughout the facility.

The Auditor observed the availability and use of multiple educational formats, including the GDC Inmate Handbook, the PREA Inmate Information Guide Brochure, PREA wall postings, and the Discussing PREA video. Written materials were available in both English and Spanish, with Braille versions available upon request. The PREA educational video was confirmed to be accessible in English and Spanish, with closed captioning and an American Sign Language (ASL) interpreter visible on screen.

INTERVIEWS

Random Inmates

During interviews with randomly selected inmates, individuals consistently reported receiving PREA-related information shortly after arrival at the facility. All interviewed inmates demonstrated awareness of how to report sexual abuse or sexual harassment and were able to identify multiple reporting options.

One hundred percent of interviewed inmates stated they received written PREA materials and an Inmate Handbook upon intake. Interviewees recalled receiving information addressing the facility's zero tolerance policy, reporting mechanisms, and available support services. Inmates further confirmed that they viewed a PREA educational video as part of the orientation process, specifically identifying the Discussing PREA video.

Intake Staff

Interviews with intake staff confirmed that all inmates are provided PREA education immediately upon arrival at the facility, prior to housing assignment. Intake staff explained that inmates receive an initial overview of PREA during intake, followed by more comprehensive education during orientation.

Staff confirmed that within 15 days of arrival, inmates receive comprehensive PREA education delivered either in person or through video. This education includes information regarding the right to be free from sexual abuse and sexual harassment, the right to be free from retaliation, reporting methods, and agency response procedures.

Intake staff further reported that inmates transferring from other facilities receive PREA education upon arrival when policies or procedures differ from those at the prior facility. Staff emphasized that PREA education is provided in accessible formats to ensure comprehension by all inmates, including those with limited English proficiency, hearing impairments, visual impairments, cognitive limitations, or limited reading skills.

Staff also confirmed that each inmate receives an Inmate Handbook upon admission and signs an acknowledgment form, which is maintained in the institutional file.

PROVISIONS

Provision (a): Initial PREA Education at Intake

The PAQ indicates that inmates receive PREA information immediately upon intake, including an explanation of the agency's zero tolerance policy and instructions on how to report sexual abuse or sexual harassment. This initial education serves as an overview designed to ensure inmate safety until comprehensive education is delivered.

According to the PAQ, 554 inmates were admitted during the past twelve months, and 100 percent received PREA information at intake. Intake staff interviews confirmed this practice. Random inmate interviews further corroborated that all interviewed inmates received PREA information within 24 hours or less of arrival.

The Auditor reviewed intake PREA education records for 45 inmates. All reviewed records confirmed that PREA intake materials were provided within 24 hours of arrival.

This provision is governed by GDC SOP 208.06, effective June 23, 2022, which requires that all inmates receive information regarding the agency's zero tolerance policy and reporting procedures upon arrival. The policy mandates that inmates receive either the English or Spanish PREA Inmate Brochure and that receipt of this information be documented by inmate signature and retained in the institutional file.

Provision (b): Comprehensive PREA Education

The PAQ reflects that all inmates with a length of stay exceeding 30 days received comprehensive PREA education within the required timeframe. Intake staff verified that 100 percent of inmates admitted during the past twelve months completed this education.

Comprehensive PREA education includes viewing the GDC-produced Discussing Prison Rape Elimination Act video, which is approximately 15 minutes in length and available in English and Spanish with closed captions and an ASL interpreter. The video addresses zero tolerance, definitions of sexual abuse and harassment, reporting methods, retaliation prohibitions, investigation processes, victim services, evidence preservation, and ongoing support.

During orientation, inmates receive comprehensive information covering zero tolerance, reporting options, rights to safety and freedom from retaliation, and an overview of agency response procedures. Intake staff confirmed that orientation also includes notification that staff of all genders routinely work in housing units and an explanation of the investigative process.

Policy guidance for this provision is found in GDC SOP 208.06, which requires comprehensive PREA education within 15 days of arrival, with limited exceptions for exigent circumstances not exceeding 30 days. Documentation of participation is required and maintained in the inmate's institutional file.

The Auditor reviewed comprehensive PREA education records for 45 inmates and confirmed that all received the required education within 30 days of arrival. Educational content was delivered through postings, video instruction, the Inmate Handbook, and the PREA Inmate Information Guide Brochure.

Provision (c): Timing of Education

Interviews with intake staff confirmed that PREA education materials are provided immediately upon arrival and prior to housing assignment. This practice applies to both new intakes and inmates transferring from other facilities, ensuring no delay in access to critical PREA information.

Provision (d): Accessibility of PREA Education

The PAQ indicates that PREA education is available in accessible formats for all inmates. The Auditor verified that all English PREA materials are also available in Spanish. Additional language assistance is provided through LanguageLine services, including ASL interpretation.

Hearing-impaired inmates receive information through written materials, captioned videos, and Video Remote Interpreting. Visually impaired inmates receive information audibly or through Braille materials. Cognitively impaired inmates and those with limited reading skills receive assistance through verbal instruction and audiovisual formats.

Provision (e): Documentation of Participation

The facility maintains documentation of inmate participation in PREA education, as confirmed through the PAQ and interviews with staff. The Auditor reviewed signed PREA Education Acknowledgment Forms for 45 inmates, all of which verified participation in comprehensive PREA education within the required timeframe.

This requirement is supported by GDC SOP 208.06, which mandates retention of education documentation in the inmate’s institutional file.

Provision (f): Ongoing Availability of PREA Information

The PAQ indicates that PREA information is continuously available through postings, handbooks, and written materials. The Auditor confirmed during the facility tour that this information is readily visible and accessible throughout the institution.

CONCLUSION

Based on a comprehensive review of documentation, on-site observations, and interviews with staff and inmates, the Auditor has determined that the facility fully meets all provisions of PREA Standard §115.33 regarding inmate education.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.34, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility and the Georgia Department of Corrections (GDC). Reviewed materials included GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p>

In addition, the Auditor examined the investigator training curriculum and documentation verifying investigator participation and completion of specialized training. These materials were reviewed to confirm that investigative staff receive instruction aligned with PREA requirements for conducting sexual abuse and sexual harassment investigations in confinement settings.

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INTERVIEWS

Investigative Staff

During interviews, investigative staff described their participation in and successful completion of specialized investigator training. Staff articulated that this training is tailored specifically to sexual abuse and sexual harassment investigations within correctional environments. Investigators demonstrated familiarity with critical components of the training, including the appropriate and lawful use of Miranda and Garrity warnings, evidence collection protocols unique to confinement settings, and investigative techniques designed to support trauma-informed interviews with alleged victims. Staff confirmed that completion of this training is required prior to independently conducting PREA-related investigations.

PROVISIONS

Provision (a): Requirement for Specialized Investigator Training

The facility reported in the PAQ that agency policy mandates specialized training for all individuals assigned to investigate allegations of sexual abuse and sexual harassment in confinement settings. This requirement was confirmed through interviews with investigative staff and a review of applicable policy.

GDC SOP 208.06 establishes clear expectations that investigators must receive training specific to PREA investigations. The policy outlines that all staff responsible for investigating sexual abuse or sexual harassment allegations must be specially trained and that this training must address the unique challenges of conducting investigations within correctional facilities.

Provision (b): Scope and Content of Specialized Training

According to the PAQ, the specialized training provided to investigators includes comprehensive instruction on interviewing sexual abuse victims, the proper application of Miranda and Garrity warnings, evidence collection in a confinement environment, and the criteria and evidentiary standards necessary to substantiate allegations for administrative action or referral for prosecution.

Investigative staff confirmed that these topics are thoroughly covered during training and that the curriculum equips investigators with both the legal knowledge and practical skills required to conduct effective and compliant investigations. As noted in Provision (a), all interviewed investigators reported meeting the training requirements prior to assuming investigative responsibilities.

Provision (c): Documentation of Training Completion

	<p>The facility reported that it maintains formal documentation demonstrating that agency investigators have completed the required specialized training. In support of this assertion, the facility provided certificates of completion for seven investigators who attended and successfully completed the specialized PREA investigation training. Interviews with investigative staff corroborated the accuracy of this documentation and confirmed ongoing compliance with recordkeeping requirements.</p> <p>Provision (d): Auditor Requirement This provision is not subject to audit.</p> <p>CONCLUSION</p> <p>Based on a thorough review of policies, training curricula, completion records, and interviews with investigative staff, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.34. The facility has established and implemented effective policies and practices to ensure that investigators receive specialized, documented training appropriate for conducting sexual abuse and sexual harassment investigations in a confinement setting.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.35, the Auditor initiated a comprehensive review of the facility’s Pre-Audit Questionnaire (PAQ) along with all supporting training and policy documentation submitted for review. Central to this analysis was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This governing policy establishes mandatory training requirements and defines the scope of PREA-related responsibilities for medical and mental health practitioners working within GDC facilities.</p> <p>The Auditor also examined Health Services training agendas covering the preceding twelve-month period. These agendas reflected a structured and recurring training model that integrates general PREA instruction applicable to all staff with enhanced, role-specific content designed for clinical professionals. Attendance rosters, individual training files, completion certificates, and internal verification logs for both medical and mental health staff were reviewed in detail and cross-referenced with PAQ responses to confirm consistency and accuracy.</p> <p>Collectively, the documentation demonstrated a deliberate and systematic approach</p>

to specialized PREA training, supported by clear policy direction, consistent implementation, and ongoing administrative oversight.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a detailed overview of the agency's training framework for medical and mental health staff. The PCM explained that all clinical practitioners—whether agency employees or contracted providers—are required to complete general PREA training consistent with §115.31, in addition to specialized training that addresses the unique responsibilities associated with clinical practice under §115.35.

The PCM described established processes for tracking training completion, maintaining documentation, and ensuring timely refresher instruction. The explanation reflected a high level of familiarity with PREA requirements and demonstrated coordinated oversight across administrative and clinical departments.

Mental Health Staff

Mental health practitioners articulated a strong working knowledge of PREA obligations as they relate to behavioral health services. Interviewees explained that specialized PREA training emphasizes trauma-informed care, survivor-centered communication, professional boundaries, confidentiality considerations, and mandatory reporting requirements.

Staff consistently confirmed completion of both general PREA training and role-specific instruction. Mental health practitioners demonstrated an understanding of how PREA principles are integrated into clinical assessments, treatment planning, and therapeutic interactions.

Medical Staff

Interviews with medical practitioners revealed active and ongoing engagement in PREA training. Staff described participation in annual refresher courses, case-based discussions, and scenario-driven learning modules that reinforce patient safety, ethical standards, and appropriate clinical responses to allegations or indicators of sexual abuse or sexual harassment.

Medical staff demonstrated confidence in their reporting responsibilities, documentation requirements, and immediate response protocols, indicating both procedural competence and adherence to professional standards of care.

Facility Head

The Facility Head discussed PREA training for medical and mental health staff within the broader framework of leadership accountability. The Facility Head emphasized that PREA compliance is treated as an operational priority requiring continuous

attention and reinforcement. According to leadership, specialized training for clinical staff is intentionally aligned with institutional expectations for professionalism, vigilance, and responsiveness to allegations or concerns involving sexual abuse or harassment.

PROVISIONS

Provision (a): Specialized Training Requirements, Content, and Policy Oversight

The PAQ reflects that the agency maintains a clearly defined policy requiring all medical and mental health practitioners who work on a regular basis within the facility to complete both general PREA training and specialized instruction tailored to their clinical roles. Facility-submitted documentation indicated that all identified practitioners met these training requirements.

The Auditor reviewed eight individual training files, each of which contained documentation verifying completion of required PREA instruction. Training materials and lesson plans were examined and found to include substantive content addressing the identification of sexual abuse and sexual harassment, reporting obligations, confidentiality parameters, trauma-informed clinical practices, and appropriate professional responses.

Although some supporting documentation was not immediately available for every practitioner listed in the PAQ, follow-up verification confirmed that training delivery and documentation practices were consistent with agency policy.

This provision is governed by GDC SOP 208.06, which mandates annual PREA training for medical and mental health practitioners and requires that proof of completion be maintained in individual training files. The policy establishes clear expectations, reinforces accountability, and provides a verifiable audit trail.

Provision (b): Use of Qualified External Professionals for Forensic Medical Examinations

According to the PAQ and corroborating documentation, facility medical staff do not conduct forensic medical examinations for victims of sexual abuse. Instead, such examinations are performed by certified Sexual Assault Nurse Examiners (SANEs) through the Sexual Abuse Response Team (SART).

These qualified external professionals respond to the facility as needed and conduct examinations in a designated, secure medical setting. This practice ensures privacy, preserves evidentiary integrity, and complies with professional standards of forensic care while maintaining appropriate role separation for facility medical staff.

Provision (c): Documentation and Verification of Training Completion

The PAQ indicates that the facility consistently maintains documentation verifying

completion of required PREA training for all medical and mental health practitioners. The Auditor's review of training files confirmed that documentation was current, organized, and reflective of timely compliance.

Interviews with the PREA Compliance Manager further confirmed that training records are actively monitored and maintained as part of routine compliance oversight. This structured documentation process supports transparency, accountability, and sustained adherence to PREA requirements.

Provision (d): Uniform Application of PREA Training Requirements

The PAQ further reflects that medical and mental health practitioners are subject not only to specialized training but also to the PREA training requirements applicable to all employees, contractors, and volunteers. Interviews with clinical staff confirmed this uniform application of training expectations, regardless of employment classification or contractual status.

This consistent approach reinforces a shared institutional responsibility for PREA compliance and ensures that all individuals working within the facility operate under the same foundational standards.

CONCLUSION

Following a comprehensive review of policy directives, training curricula, documentation, and interviews with administrative leadership and clinical staff, the Auditor concludes that the facility fully meets all provisions of PREA Standard §115.35. The evidence demonstrates a sustained commitment to professional competence, ethical clinical practice, and trauma-informed care.

Through clearly defined training requirements, systematic documentation, and strong administrative oversight, the agency has established and maintained a clinical environment that is informed, responsive, and fully aligned with PREA mandates.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.41, the Auditor conducted an extensive and systematic review of policies, records, and operational practices governing the facility's screening and reassessment processes related to sexual victimization and sexual abusiveness. The purpose of this review was to assess not only policy compliance but also the consistency, quality, and practical application of</p>

screening protocols across the facility.

The review included analysis of the completed Pre-Audit Questionnaire (PAQ), applicable Georgia Department of Corrections (GDC) policies, and a representative sample of inmate case files documenting both initial intake screenings and subsequent reassessments. Primary among the governing documents 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. The Auditor also reviewed Attachment 2, the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Revised June 23, 2022), which serves as the standardized tool for assessing risk.

Additionally, the Auditor examined Inmate Initial Risk Assessment Records and corresponding 30-Day Reassessment documentation. These records reflected a structured, uniform, and consistently applied approach to identifying risk factors, conducting timely evaluations, and safeguarding sensitive information. Collectively, the documentation demonstrated an institutional commitment to proactive risk identification, individualized safety planning, and ongoing reassessment to address evolving needs.

INTERVIEWS

Randomly Selected Inmates

Interviews with randomly selected inmates provided direct insight into how screening procedures are experienced at intake and beyond. Inmates consistently reported completing a PREA screening shortly after arrival at the facility, most commonly within the first 24 hours. Many also recalled participating in a follow-up reassessment within several weeks of intake.

Inmates reported being asked standardized questions addressing prior experiences of sexual victimization, sexual orientation, gender identity, perceived vulnerability, and safety concerns. Interviewees described the process as professional and respectful, noting that staff explained the purpose of the questions and how the information could be used to enhance personal safety and housing decisions. Several inmates emphasized that they did not feel pressured to respond and understood that participation was voluntary.

Risk Screening Staff

Risk screening staff provided a detailed explanation of the intake and reassessment process. Staff reported that all individuals are screened for risk of sexual victimization and abusiveness within 24 hours of arrival—exceeding the policy allowance of 72 hours. Screenings incorporate a broad range of factors, including institutional history, prior victimization, behavioral indicators, and personal characteristics associated with vulnerability or aggressiveness.

Staff further explained that reassessments are routinely conducted within 30 days of intake and may occur sooner if new information arises, such as a referral, transfer, allegation, or observed behavioral change. Transgender and gender nonconforming individuals receive enhanced assessments at intake, again within 30 days, and at

least every six months thereafter.

Staff consistently emphasized that participation in screening is voluntary and that individuals are never disciplined for declining to answer questions. When reluctance occurs, screeners explain the purpose of the screening and its connection to safety, but proceed without coercion if an individual chooses not to respond.

PREA Coordinator (PC)

The PREA Coordinator discussed the safeguards in place to protect screening information. The PC confirmed that access to screening data is strictly limited to authorized personnel, including intake and classification staff, medical and mental health professionals, and PREA leadership. Information is used solely for legitimate operational purposes such as housing decisions, treatment planning, work assignments, and safety interventions.

The Coordinator further confirmed that the Georgia Department of Corrections does not operate facilities that house individuals solely for civil immigration detention, making that screening factor inapplicable. Emphasis was placed on confidentiality, ethical use of information, and respect for personal privacy throughout the screening process.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided an overarching perspective on the facility's screening philosophy and implementation strategy. The PCM emphasized that screening and reassessment are treated as preventative safety measures rather than administrative formalities. Information gathered is actively used to guide individualized decisions related to housing, programming, supervision, and work assignments.

According to the PCM, screening results are reviewed collaboratively and are intended to distinguish individuals who may be vulnerable from those who may present a higher risk of engaging in sexually abusive behavior. The PCM stressed that decisions are data-informed, individualized, and continuously reassessed to balance safety, dignity, and operational needs.

PROVISIONS

Provision (a): Mandatory Screening at Intake and Transfer

The PAQ and supporting documentation confirm that agency policy requires all individuals to be screened upon admission and upon transfer to another facility to assess risk of sexual victimization and sexual abusiveness. This requirement establishes screening as a foundational safety measure at all points of facility movement.

Interviews with inmates consistently confirmed that screenings occurred shortly after arrival and that standardized questions addressing prior victimization, sexual orientation, gender identity, and incarceration history were asked.

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

Provision (b): Timeliness and Reliability of Screening Practices

Although policy allows intake screenings to be completed within 72 hours, the facility routinely conducts screenings within 24 hours of arrival, demonstrating a proactive and heightened operational standard. The PAQ reports that, during the past 12 months, 100 percent of 554 inmates with lengths of stay exceeding 72 hours received timely screenings.

Relevant Policy: GDC SOP 208.06 (pp. 23–24, D.2), which assigns responsibility for screening to counseling staff and requires use of the standardized instrument to guide placement and supervision decisions.

Provision (c): Objective and Standardized Screening Instrument

The facility utilizes a standardized, evidence-based screening instrument—SOP 208.06 Attachment 2 (Revised June 23, 2022)—designed to objectively assess both vulnerability to sexual victimization and risk of sexually abusive behavior. The tool employs weighted scoring and structured questions addressing both victimization indicators and aggressor risk factors.

The Auditor confirmed consistent application of the instrument and found it to be impartial, objective, and fully aligned with PREA requirements.

Provision (d): Comprehensive Consideration of PREA Risk Factors

The screening instrument addresses all PREA-mandated risk factors, including age, physical stature, prior victimization, criminal and incarceration history, mental or physical disabilities, and perceived vulnerability. Each individual is evaluated holistically to capture nuanced and individualized risk profiles.

Auditor Observation: The instrument references “mental illness.” The Auditor recommends that future revisions adopt the term “mental disability” to reflect more inclusive and contemporary terminology.

The absence of screening related to civil immigration detention was confirmed as appropriate, as GDC does not house individuals solely for that purpose.

Provision (e): Incorporation of Historical and Behavioral Indicators

The screening process integrates review of historical and behavioral information, including prior sexually abusive behavior, violent criminal history, and institutional misconduct. Self-reported information is verified against available records to improve accuracy and reliability.

Reassessments are initiated when warranted by transfers, allegations, referrals, or other significant developments. The Auditor reviewed 50 inmate files and confirmed that all initial risk screenings were completed within the required 72-hour timeframe.

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

Policy requires a reassessment within 30 days of arrival to identify any new or emerging information affecting risk classification. Facility records confirmed that all 554 inmates meeting the 30-day threshold during the review period received timely reassessments.

The Auditor’s review of 50 files verified compliance with both the timing and substantive requirements of reassessment.

Relevant Policy: GDC SOP 208.06 (p. 24).

Provision (g): Responsive Reassessments Triggered by New Information

Beyond routine reassessments, additional screenings are initiated when triggered by referrals, inmate requests, allegations, behavioral changes, or other newly identified risk factors. This responsive approach allows staff to address changing circumstances promptly and effectively.

All reviewed files reflected timely reassessment following applicable triggers.

Provision (h): Voluntary Participation and Non-Punitive Practices

Facility policy and staff practice prohibit disciplinary action for declining to answer screening questions. Screeners emphasize transparency and rapport, explaining the purpose of each question and its connection to safety.

When individuals decline to respond, staff proceed respectfully and without penalty.

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

Provision (i): Confidentiality and Controlled Use of Screening Information

Information obtained through screening is treated as highly sensitive. Access is strictly limited to authorized personnel and used solely for legitimate operational purposes, including treatment planning, housing, education, work assignments, and supervision strategies.

Relevant Policy: GDC SOP 208.06 establishes strict information security and dissemination controls.

CONCLUSION

Based on a thorough review of policies, records, and interviews with staff and inmates, the Auditor concludes that the facility fully complies with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness.

The facility demonstrates a structured, proactive, and trauma-informed approach to screening and reassessment. Practices are timely, consistent, objective, and grounded in confidentiality and respect. Staff apply screening information thoughtfully to support safe housing, programming, and supervision decisions.

	Overall, the screening process reflects PREA’s core intent: enhancing safety while preserving the dignity and respect of every individual in custody.
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.42, the Auditor conducted a comprehensive review of agency and facility documentation governing the practical use of PREA screening information in housing, classification, and programmatic decision-making. The focus of this review was to determine whether information obtained through sexual victimization and abusiveness risk screenings is meaningfully applied—not merely collected—to enhance safety, reduce vulnerability, and mitigate the risk of sexually abusive behavior.</p> <p>The Auditor reviewed the facility’s completed Pre-Audit Questionnaire (PAQ) along with all associated supporting materials submitted in advance of the on-site audit. In addition, the Auditor examined relevant Georgia Department of Corrections (GDC) policies that collectively establish expectations for intake screening, classification, reassessment, and placement decisions.</p> <p>Policies reviewed included, but were not limited to:</p> <p>GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022);</p> <p>GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders (effective July 26, 2019); and</p> <p>The SOP governing PREA Standard §115.13, Facility PREA Staffing Plan (effective July 1, 2023).</p> <p>The documentation demonstrated a structured and coordinated approach in which screening outcomes are actively incorporated into classification reviews, housing placements, and program assignments. Policies clearly establish requirements for individualized decision-making, supervisory involvement, documentation of safe housing options, and periodic reassessment to account for changes in risk, behavior, or expressed safety concerns.</p> <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p>

The PREA Coordinator provided an overview of how screening information is operationalized across the agency. The PC explained that initial gender identification is based on legal sex assignment at intake; however, all subsequent housing, classification, and programming decisions are guided by individualized safety assessments rather than categorical assumptions.

The PC emphasized that the facility gives substantial consideration to an inmate's self-identified safety concerns, particularly for transgender and intersex individuals. These perspectives are weighed alongside objective screening indicators, institutional behavior, and management considerations. The PC further noted that classification reviews occur at least every six months and may be conducted more frequently when warranted, such as following an allegation, incident, or expressed concern related to sexual safety.

Staff Responsible for Risk Screening

Staff assigned to conduct PREA risk screenings described a thorough and individualized screening process. While standardized screening instruments are used to ensure consistency, staff emphasized the importance of direct engagement with each inmate during the intake process. These discussions allow staff to identify concerns that may not be immediately evident through written responses alone.

Screening staff reported that assessment results are reviewed in conjunction with interview observations to ensure that placement decisions reflect both objective risk factors and individualized circumstances. Staff confirmed that screening information is routinely shared with classification personnel to inform housing, work assignments, and program eligibility.

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained that PREA screening results are a critical component of all classification and placement decisions. The PCM confirmed that individuals identified as having an elevated risk of sexual victimization are carefully considered for housing arrangements that minimize exposure to individuals assessed as posing a higher risk of sexually abusive behavior.

The PCM also confirmed that neither the agency nor the facility is subject to a consent decree, legal settlement, or court order requiring the creation of a separate unit, wing, or facility for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. Accordingly, individuals identifying as LGBTI are housed within the general population unless specific safety concerns necessitate alternative arrangements. When concerns arise, appropriate staff meet with the inmate to identify risks and implement individualized protective measures.

Transgender Inmates

Transgender inmates interviewed during the audit reported that their privacy and safety needs were appropriately addressed, particularly with regard to showering accommodations. Interviewed individuals stated that they were housed within the

general population and confirmed that they were not currently, nor had they ever been, housed in a unit designated exclusively for transgender inmates.

To corroborate interview statements, the Auditor reviewed the facility's housing roster and verified that transgender inmates were housed in general population units in accordance with policy and interview responses.

PROVISIONS

Provision (a): Purposeful Use of Screening Information in Housing, Classification, and Programming Decisions

The PAQ, supporting documentation, and staff interviews confirm that the facility actively uses PREA screening information to guide housing assignments, bed placements, work details, educational opportunities, and program participation. Screening outcomes are applied with the specific objective of reducing risk by separating individuals identified as vulnerable to sexual victimization from those assessed as presenting a higher likelihood of sexually abusive behavior.

The PREA Compliance Manager confirmed that screening results are routinely reviewed during classification and placement decisions. The Auditor's examination of inmate records further confirmed that screening data was consistently documented and referenced in classification determinations.

GDC SOP 208.06 (effective June 23, 2022, p. 24, §4) requires the Warden or Superintendent to designate safe housing for individuals identified as highly vulnerable to sexual abuse. Designated locations are documented in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, and Attachment 11, Staffing Plan Template.

Provision (b): Individualized Placement Decisions Based on Safety and Risk Factors

The facility reported, and interviews confirmed, that housing and program decisions are made on an individualized basis rather than through categorical or blanket placements. Staff evaluate each individual's screening results, behavioral history, expressed concerns, and institutional adjustment when determining appropriate housing and assignments.

GDC SOP 208.06 (pp. 24-25, §5), in conjunction with SOP 220.09, directs that decisions regarding the placement of transgender or intersex inmates—including assignment to a male or female facility and other housing or programming determinations—must be made on a case-by-case basis. These decisions are guided by considerations of health, safety, and security, rather than solely by gender identity.

Staff interviews confirmed that individual safety considerations remain paramount and that no inmate is automatically assigned to a particular housing location based

solely on identity status.

Provision (c): No Longer Applicable

This provision is no longer applicable to PREA compliance determinations.

Provision (d): No Longer Applicable

This provision is no longer applicable to PREA compliance determinations.

Provision (e): No Longer Applicable

This provision is no longer applicable to PREA compliance determinations.

Provision (f): No Longer Applicable

This provision is no longer applicable to PREA compliance determinations.

Provision (g): No Longer Applicable

This provision is no longer applicable to PREA compliance determinations.

CONCLUSIONS

Based on a thorough review of policies, documentation, inmate records, and interviews with staff and incarcerated individuals, the Auditor concludes that the agency and facility meet all applicable provisions of PREA Standard §115.42 - Use of Screening Information.

The facility demonstrates a consistent, deliberate, and policy-driven approach to incorporating screening information into housing, classification, and programming decisions. Placement determinations are individualized, informed by objective screening data and inmate input, and subject to periodic reassessment to address evolving circumstances. These practices reflect a strong commitment to PREA's intent of proactively using screening information to enhance safety and reduce the risk of sexual abuse for all individuals in custody.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.43, the Auditor conducted a comprehensive review of documentation governing the use of protective custody and

segregated housing in relation to sexual victimization and retaliation concerns. The review focused on whether the facility limits the use of involuntary segregation for inmates at elevated risk and whether appropriate safeguards, reviews, and alternatives are consistently applied.

Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility. In addition, the Auditor examined 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 establishes clear restrictions on the use of protective custody and outlines requirements for assessment, documentation, review, and access to services.

The documentation reflected a policy-driven approach that emphasizes alternative means of protection and limits reliance on segregated housing as a safety strategy.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported that during the twelve months preceding the audit, no inmates were placed in protective custody or involuntary administrative or punitive segregation due to risk of sexual victimization or as a result of being a victim of sexual abuse. The PCM explained that the facility prioritizes alternative safety measures and individualized placement decisions rather than defaulting to segregation.

Because no inmates were placed in protective custody during the review period, there were no individuals available for interview relative to this standard.

Facility Head or Designee

The Facility Head confirmed that every placement in segregated housing—regardless of the underlying reason—is formally documented and reviewed at least once every thirty days. This review process ensures that segregation decisions remain justified, temporary, and consistent with policy requirements.

The Facility Head further verified that no inmates had been involuntarily placed in segregated housing due to sexual victimization risk within the past year.

Staff Who Supervise Inmates in Segregated Housing

Staff responsible for supervising inmates in segregated housing reported, through both formal interviews and informal discussions, that they had not observed any inmates being involuntarily placed in segregation due to sexual abuse allegations, retaliation concerns, or perceived vulnerability.

These staff confirmed that inmates currently housed in segregation during the on-site audit were there for administrative reasons or as a result of disciplinary action unrelated to PREA concerns.

Inmates in Segregated Housing

At the time of the on-site audit, no inmates were housed in segregation as a result of alleging sexual abuse, fear of victimization, or retaliation. All inmates present in the segregated housing unit were assigned there for administrative or disciplinary reasons, confirming staff and management statements.

PROVISIONS

Provision (a): Prohibition Against Inappropriate Use of Involuntary Segregation

The PAQ and interviews confirm that the agency maintains a strict policy prohibiting the placement of inmates at elevated risk for sexual victimization in involuntary segregated housing unless all reasonable alternatives have been assessed and determined to be unavailable. The facility reported that no inmates were placed in involuntary administrative or punitive segregation for PREA-related reasons during the previous twelve months.

The PREA Compliance Manager and Facility Head both verified that there were no instances of protective custody placements during the review period. As a result, no inmate interviews were conducted for this provision.

GDC SOP 208.06 requires that inmates identified as being at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been completed and no other means of separation from likely abusers exists. If immediate placement is necessary while an assessment is completed, such placement may not exceed 24 hours.

Further guidance in SOP 208.06 (p. 25, D, §8[a-d]) requires detailed documentation in SCRIBE case notes, limits the duration of involuntary segregation, mandates access to services, and requires ongoing review.

Provision (b): Access to Programs, Privileges, and Services

The facility reported, and the Facility Head confirmed, that if an inmate were placed in segregated housing for protection-related reasons, the inmate would retain access to programs, privileges, education, and work opportunities to the extent possible.

Policy requires that any limitations to such access must be clearly documented, including the nature of the restriction, its duration, and the justification for the limitation. The facility reported zero placements under this provision during the past twelve months; therefore, no inmate interviews were conducted specific to this requirement.

GDC SOP 208.06 mandates continued access to services for inmates placed in protective safekeeping and requires documentation when restrictions are imposed.

Provision (c): Time Limits on Segregated Housing for Protection

The PAQ indicates that no inmates at risk of sexual victimization were held in

involuntary segregated housing for longer than 30 days while awaiting alternative placement during the past twelve months. This information was verified by the PREA Compliance Manager.

GDC SOP 208.06 (p. 25, D, §8[b]) strictly limits protective custody placements to the shortest time necessary and not to exceed 30 days, unless alternative placement cannot yet be arranged and continued justification is documented.

Provision (d): Ongoing Review of Extended Segregation Placements

The facility reported that no inmates were placed in involuntary segregation for PREA-related reasons beyond 30 days during the review period. This was confirmed by staff supervising segregated housing.

GDC SOP 208.06 provides that inmates at high risk for sexual victimization shall not be placed in restrictive housing unless no alternative exists and requires reassessment at regular intervals, including weekly reviews when housed in restrictive settings.

Provision (e): Periodic Review of Protective Custody Status

The facility reported, and the PREA Compliance Manager confirmed, that zero inmates were placed into protective custody during the past twelve months. As a result, no inmate interviews were conducted under this provision.

GDC SOP 208.06 (p. 25, D, §8[d]) requires a documented review at least every 30 days to determine whether continued separation from the general population is necessary.

CONCLUSION

Based on a thorough review of policies, documentation, staff and inmate interviews, and on-site observations, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.43 – Protective Custody.

The facility demonstrates a strong commitment to minimizing the use of involuntary segregated housing as a protective measure, relying instead on individualized assessments and alternative safety strategies. When segregation is considered, policies ensure it is limited in duration, subject to regular review, and accompanied by continued access to programs and services. These practices align fully with PREA’s intent to protect vulnerable individuals without imposing unnecessary or punitive isolation.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.51, the Auditor conducted a detailed review of documentation submitted by the facility and the Georgia Department of Corrections (GDC). This review focused on the agency's policies and practices governing inmate and staff access to safe, confidential, and multiple methods for reporting sexual abuse, sexual harassment, retaliation, and related misconduct.

Materials reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) and all associated supporting documentation. 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), which establishes the agency's reporting framework and staff responsibilities. Additional materials reviewed included the Offender PREA Brochure, provided in both English and Spanish, and the Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders.

Collectively, these documents outline a comprehensive reporting system designed to ensure that incarcerated individuals and staff have continuous access to confidential, accessible, and varied reporting avenues. The materials emphasize prompt reporting, staff accountability, third-party involvement, and protection against retaliation.

OBSERVATIONS

During the on-site audit, the Auditor observed a strong and consistent emphasis on PREA education and reporting visibility throughout the facility. PREA informational posters were prominently displayed in English and Spanish in housing units, intake areas, common spaces, corridors, and the dining area. In addition, PREA-themed typographical artwork was displayed on multiple walls, reinforcing key messaging related to prevention, reporting, and safety.

The Auditor also examined inmate telephones in multiple housing units and confirmed that all phones were operational, accessible, and available for use. These observations supported the facility's assertion that inmates have meaningful and practical access to reporting mechanisms, including telephonic options that enhance privacy and autonomy.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described a layered reporting system that provides inmates and staff with both internal and external options for reporting sexual abuse, sexual harassment, and retaliation. The PCM emphasized that individuals are not limited to a single reporting method and may choose the avenue that feels safest or most comfortable.

The PCM confirmed that inmates may report allegations to entities outside the facility, including independent offices not directly affiliated with daily facility operations. The

PCM also explained that staff are trained to accept all reports—regardless of how they are received—and to ensure that verbal disclosures are promptly and accurately documented in accordance with policy.

Random Staff

Randomly selected staff demonstrated a clear understanding of their obligation to accept and act upon reports of sexual abuse and sexual harassment. Staff reported that they are required to take all allegations seriously, regardless of whether the report is made verbally, in writing, anonymously, or through a third party.

Staff indicated they would immediately notify their supervisor or the appropriate authority upon receiving a report. In addition, staff articulated that employees themselves have multiple confidential reporting options, including contacting supervisors, higher-ranking officials, agency hotlines, submitting written statements, or communicating electronically. These responses reflected consistent training and familiarity with agency expectations.

Random Inmates

During confidential interviews, inmates consistently demonstrated awareness of multiple reporting avenues available to them. Interviewed inmates stated that they could report concerns directly to staff, contact the PREA Compliance Manager, use the PREA hotline, or ask a family member or other third party to report on their behalf.

Inmates expressed confidence that reporting options were available and accessible, and several noted that having multiple choices reduced fear and increased willingness to report. Interview responses indicated that inmates understood reporting could be done privately and without having to rely solely on face-to-face disclosure.

PROVISIONS

Provision (a): Multiple and Accessible Internal Reporting Options for Inmates

The PAQ and supporting documentation confirm that the facility provides inmates with multiple internal avenues to report sexual abuse, sexual harassment, retaliation by staff or other inmates, and staff neglect or policy violations that may contribute to such incidents. Interviews with inmates and the PCM corroborated the availability and accessibility of these options.

Relevant Policy: GDC SOP 208.06 (effective June 23, 2022, p. 26, Section E(1)(a-b)) authorizes inmates to report allegations verbally or in writing, immediately or at a later time, and to choose whether to identify themselves or remain anonymous. The policy further establishes the availability of a PREA hotline that does not require use of an inmate's personal identification number, thereby enhancing confidentiality and ease of access.

These provisions collectively ensure that inmates are not restricted to a single reporting mechanism and may select the method that best supports their safety and comfort.

Provision (b): Reporting to External Public or Private Entities

The facility reported on the PAQ, and the PCM confirmed, that inmates are provided with at least one method to report sexual abuse or sexual harassment to an external public or private entity not affiliated with the facility's daily operations.

GDC SOP 208.06 (p. 27, Section E(2)(a)(i-iii)) identifies external reporting options, including the State Board of Pardons and Paroles, Office of Victim Services. While other options listed—such as the Ombudsman's Office and communication with the PREA Coordinator—are agency-based, the Office of Victim Services operates independently, ensuring compliance with this provision.

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

Provision (c): Staff Acceptance and Prompt Documentation of Reports

The PAQ reflects that staff receive training on their obligation to accept reports of sexual abuse and sexual harassment through all channels, including verbal, written, anonymous, and third-party disclosures. Random staff interviews confirmed consistent understanding of these responsibilities.

GDC SOP 208.06 (p. 27, Section E(2)(b)) explicitly requires staff to accept all reports and to promptly document verbal allegations. This requirement reinforces the agency's commitment to immediate action, accurate recordkeeping, and investigative integrity.

Provision (d): Confidential Reporting Options for Staff

Documentation and interviews confirm that the agency provides confidential avenues for staff to report sexual abuse or sexual harassment involving inmates. Staff may report concerns verbally or in writing, submit statements, contact agency hotlines, send emails, or report directly to supervisors or higher-ranking officials.

GDC SOP 208.06 (p. 27, Section E(2)(c)) directs staff to immediately forward all reports or suspicions of sexual abuse or sexual harassment to a supervisor or designated Sexual Abuse Response Team (SART) member. The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders further reinforces these expectations by outlining professional boundaries, warning signs, reporting responsibilities, and prevention strategies. This guidance supports a culture of accountability, transparency, and proactive prevention.

CONCLUSIONS

	<p>Based on a comprehensive review of documentation, on-site observations, and interviews with inmates, staff, and the PREA Compliance Manager, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.51 – Inmate Reporting.</p> <p>The facility has established a well-defined, accessible, and clearly communicated reporting system that provides multiple internal and external reporting options, supports confidentiality, and reinforces staff accountability. These practices reflect a strong commitment to safety, transparency, and the prompt reporting of sexual abuse and sexual harassment.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.52, the Auditor conducted a thorough review of the facility’s documentation and policy framework related to administrative remedies. Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, as well as the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>The documentation clearly delineates the facility’s approach to PREA allegations, emphasizing that sexual abuse and sexual harassment complaints are treated as immediate reports requiring investigation rather than following the formal grievance process. Procedures outline that any grievance form submitted with a PREA allegation is redirected to investigative staff without being processed under standard grievance timelines, ensuring timely and appropriate response while maintaining confidentiality and safety.</p> <p>INTERVIEWS</p> <p>Random Inmates</p> <p>During formal interviews and informal conversations, inmates consistently reported awareness that allegations of sexual abuse or sexual harassment do not proceed through the standard grievance process. Inmates indicated that if a grievance form contains a PREA allegation, staff immediately forward it to the appropriate investigative personnel, and it is treated as a formal report rather than a grievance. Inmates expressed understanding that this process ensures timely investigation and safeguards their safety, rather than subjecting them to delays inherent in the grievance system.</p>

Random Staff

Staff interviews confirmed the procedural expectations described in the policy. Staff reported that sexual abuse and sexual harassment allegations are not grievable issues and that any grievance form received with a PREA allegation is immediately redirected to investigative staff. Staff further emphasized that bypassing the grievance process is critical for ensuring rapid response, maintaining confidentiality, and protecting both the reporting individual and the broader inmate population. Staff demonstrated a clear understanding of their responsibility to document and forward all PREA allegations promptly, irrespective of the submission method.

PROVISIONS**Provision (a): PREA Allegations Bypassing Grievance Process**

The facility reported on the PAQ, and staff verified in interviews, that allegations of sexual abuse and sexual harassment are not grievable issues. If a grievance form is submitted containing a PREA allegation, the form is treated as a written report and is immediately forwarded for investigation. The matter does not follow the grievance process or adhere to grievance timelines, thereby ensuring rapid intervention and appropriate response to the safety needs of the affected individual.

This process is explicitly addressed in GDC SOP Policy Number 208.06, page 27, Section E(3), which directs that all allegations of sexual abuse or sexual harassment be reported through the mechanisms outlined in the policy rather than the formal grievance procedure. The policy reinforces that timely reporting, proper documentation, and prompt investigative follow-up take precedence over standard grievance protocols.

Provisions (b-g): Not Applicable

As stated in Provision (a), all subsequent provisions regarding grievance procedures, timelines, and exhaustion of administrative remedies do not apply to allegations of sexual abuse or sexual harassment. The facility's policy and practice consistently redirect such allegations to the investigative process to ensure safety, confidentiality, and compliance with PREA requirements.

CONCLUSION

Based on a comprehensive review of documentation, policies, and interviews with both staff and inmates, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.52 regarding exhaustion of administrative remedies. The facility demonstrates a structured, clear, and consistent approach ensuring that PREA allegations bypass the grievance process in favor of immediate reporting and investigation. This approach protects the rights and safety of all individuals in custody while maintaining fidelity to PREA's standards for prompt and effective response.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.53, the Auditor conducted a comprehensive review of the facility’s Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted for consideration. This review focused on the facility’s policies, formal agreements, and informational materials governing inmate access to confidential emotional support services provided by external victim advocacy organizations.</p> <p>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), which establishes the agency’s requirements for collaboration with community-based victim service providers and outlines responsibilities related to inmate access, confidentiality, and advocacy support.</p> <p>Additional documentation reviewed included the Memorandum of Understanding (MOU) between the facility and The Lily Pad SANE Center, the PREA Inmate Information Guide Brochure, the “Reporting Is the First Step” informational posting, postings identifying Outside Confidential Support Services Agency contact information, the GDC Male Inmate Handbook (revised September 25, 2017), and the inmate intake packet. Collectively, these materials demonstrate a structured and consistent approach to ensuring inmates are informed of, and able to access, confidential emotional support services related to sexual abuse and sexual harassment.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site audit, the Auditor observed that PREA-related informational materials were clearly visible and strategically placed throughout the facility. PREA hotline numbers and outside advocacy contact information were posted near inmate telephones in housing units and common areas, ensuring immediate access without the need to request assistance from staff.</p> <p>The Auditor inspected inmate telephones in multiple housing areas and confirmed that each unit was fully operational. To further verify accessibility, the Auditor placed a test call to the designated outside confidential support services agency. The call connected without delay, and the Auditor spoke directly with an advocate. The advocate did not request identifying information, personal details, or inmate credentials, confirming that services are confidential, anonymous, and accessible without barriers.</p>

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates consistently confirmed awareness of outside confidential support services. All inmates interviewed stated they had been provided with both the telephone number and mailing address for The Lily Pad SANE Center and understood the purpose of the organization. Inmates reported that calls to the advocacy center are free and confidential and do not require disclosure of identifying information.

Inmates also demonstrated a clear understanding of the limits of confidentiality. Interviewees accurately described situations in which advocates are required to report information, including credible threats of self-harm or harm to others, suspected abuse of a child or vulnerable individual, or the commission of a crime. These responses reflected effective communication of confidentiality parameters during intake and through ongoing education.

Intermediate- or Higher-Level Staff

Supervisory staff reported that inmate telephones are checked daily to ensure functionality and reliability. Staff described this practice as essential to maintaining uninterrupted access to outside resources, including confidential victim advocacy organizations, legal representatives, and family members. Staff emphasized that maintaining operable communication systems is a routine operational priority directly linked to inmate safety and PREA compliance.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the facility's formal partnership with The Lily Pad SANE Center, established through a Memorandum of Understanding. The PCM explained that inmates are informed of this resource during intake and through continued access to postings and written materials throughout their confinement. Inmates receive the advocacy center's mailing address, 24-hour crisis hotline number, and information describing available emotional support services for both recent and past sexual victimization.

The PCM emphasized that ensuring access to outside confidential support services is a core component of the facility's PREA framework and is reinforced through training, supervision, and ongoing monitoring of posting and telephone access.

PROVISIONS

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

The PAQ and supporting documentation confirm that inmates are provided meaningful and consistent access to outside victim advocates for emotional support services related to sexual abuse and sexual harassment. The designated provider of

these services is The Lily Pad SANE Center, as verified through the Memorandum of Understanding, posted advocacy information, and inmate interviews.

The MOU establishes a formal collaboration between the facility and The Lily Pad SANE Center for the provision of trauma-informed emotional support services and forensic medical examinations. The agreement outlines essential components, including advocate access procedures, compliance with facility security requirements, coordination for hospital accompaniment, and the delivery of victim-centered services within the constraints of a correctional environment.

Forensic medical examinations are typically conducted at The Lily Pad SANE Center's Albany location; however, the agreement allows for on-site examinations when a private and clinically appropriate medical space is available and approved. Emotional support services include access to a free 24-hour crisis hotline, confidential written correspondence, and private in-person counseling sessions conducted in settings designed to preserve privacy and dignity.

These practices are consistent with GDC SOP 208.06, which directs facility PREA Compliance Managers, under the authority of the Warden or Superintendent, to pursue formal agreements with community rape crisis centers and ensure that contact information and monitoring limitations are clearly posted in areas accessible to inmates.

Provision (b): Clear Notification of Confidentiality Boundaries and Mandatory Reporting Obligations

The PAQ indicates that inmates are informed, prior to utilizing outside advocacy services, of the extent to which communications may be confidential and the circumstances under which advocates are required to disclose information pursuant to mandatory reporting laws. These disclosures include suspected abuse or neglect of a child or vulnerable adult and situations involving credible threats of harm.

Inmate interviews confirmed consistent understanding of these limitations. All inmates interviewed accurately described the circumstances under which confidentiality would be broken, demonstrating effective communication and transparency. This practice aligns with GDC SOP 208.06, which requires that community victim advocates be properly screened and approved and that their role remain supportive and non-intrusive with respect to security, escort, and investigative functions.

Provision (c): Formalized Advocacy Support During Medical and Investigative Processes

Documentation review confirmed that the facility maintains a current Memorandum of Understanding with The Lily Pad SANE Center to provide emotional support services to inmates who experience sexual abuse, whether recent or historical. The Auditor reviewed the agreement and verified that it includes provisions for a Sexual Assault

	<p>Victim Advocate to be available during forensic examinations and to accompany inmates, when requested, during interviews and investigative proceedings.</p> <p>Advocates provide emotional and informational support only and do not participate in investigative decision-making. As confirmed through inmate interviews, the scope of advocacy services and the limits of confidentiality are clearly explained and understood.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, direct observation, and interviews with inmates, staff, and administrative personnel, the Auditor concludes that the agency and facility fully meet all provisions of PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.</p> <p>The facility has established a reliable, accessible, and confidential system that connects inmates with outside victim advocacy and emotional support services. These practices demonstrate a sustained commitment to victim-centered care, transparency, and full compliance with PREA requirements.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.54, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Georgia Department of Corrections (GDC). Materials examined included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, as well as GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>In addition, the Auditor reviewed the GDC PREA Offender Brochure, which is made available to individuals in custody, and examined publicly accessible information on the GDC PREA webpage. These materials collectively outline the agency’s commitment to ensuring that individuals outside the facility—such as family members, advocates, or other third parties—are provided with clear, accessible, and reliable avenues to report allegations of sexual abuse or sexual harassment on behalf of incarcerated individuals.</p> <p>The documentation demonstrates that the agency actively disseminates third-party reporting information through multiple platforms, including printed materials, posted</p>

notices, and its public website, thereby increasing transparency and accessibility for external reporters.

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates confirmed awareness of third-party reporting options. Inmates consistently indicated that they understood individuals outside the facility—such as family members or other trusted persons—could report allegations of sexual abuse or sexual harassment on their behalf. Inmates further reported that information regarding third-party reporting is readily available through brochures, posted notices, and verbal instruction, and that they would utilize these methods if circumstances required.

These interviews corroborated the facility's assertion that information on third-party reporting is effectively communicated to the incarcerated population and understood as a viable and accessible reporting mechanism.

PROVISIONS

Provision (a): Availability and Accessibility of Third-Party Reporting Mechanisms

The facility reported on the PAQ that it provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment. These reporting avenues are clearly outlined in the GDC PREA Offender Brochure and on the agency's publicly accessible PREA webpage, ensuring that individuals outside the facility can submit reports without unnecessary barriers.

This provision is supported by GDC SOP Policy Number 208.06, pages 26–27, Section E(2)(a)(i–iii), which specifies that third-party reports may be submitted through several established channels, including:

1. The GDC Ombudsman's Office, reachable by mail or telephone;
2. Direct electronic reporting via email to the GDC PREA Coordinator; and
3. The State Board of Pardons and Paroles, Office of Victim Services, an external entity independent of the facility and agency operations.

The availability of both internal and external reporting entities ensures that third-party reporters may choose the avenue they perceive as most appropriate or comfortable. The Auditor observed that the offender brochure, website content, and posted notices are written in clear, accessible language and are designed to guide third parties through the reporting process effectively.

All inmates interviewed demonstrated awareness of these third-party reporting options, further confirming that the facility's outreach and education efforts are successful in conveying this information.

CONCLUSION

	<p>Based on a thorough review of documentation, policy analysis, and interviews with inmates, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.54 regarding third-party reporting. The facility has established, publicized, and maintained multiple accessible reporting mechanisms that allow individuals outside the facility to report allegations of sexual abuse or sexual harassment on behalf of inmates, thereby supporting transparency, accountability, and victim safety.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.61, the Auditor conducted a thorough review of the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Georgia Department of Corrections (GDC). This review included GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>The documentation clearly establishes agency expectations regarding mandatory reporting responsibilities for staff, confidentiality parameters, and the prompt referral of all allegations of sexual abuse and sexual harassment—including anonymous and third-party reports—to appropriate supervisory and investigative authorities.</p> <p><u>INTERVIEWS</u></p> <p>Random Staff</p> <p>Interviews with randomly selected staff demonstrated a strong understanding of their obligation to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff consistently articulated that all PREA-related allegations must be reported without delay to supervisory staff and routed through the PREA Compliance Manager (PCM) for referral to investigative personnel.</p> <p>Staff further emphasized the importance of maintaining confidentiality, noting that information related to sexual abuse allegations is shared strictly on a need-to-know basis for treatment, investigation, safety, or operational decision-making. All staff interviewed confirmed that disclosure of such information outside of these parameters is prohibited by policy.</p> <p>Medical and Mental Health Practitioners</p> <p>Medical and mental health practitioners interviewed demonstrated clear awareness of mandatory reporting requirements and were able to accurately describe the steps they would take to immediately report an allegation of sexual abuse. Practitioners</p>

articulated a strong understanding of their professional responsibilities, including the requirement to inform individuals receiving services of the limits of confidentiality prior to initiating care.

Each practitioner confirmed that individuals are advised that disclosures of sexual abuse must be reported in accordance with policy and applicable law, ensuring transparency while maintaining a trauma-informed approach.

Facility Head or Designee

The Facility Head confirmed comprehensive awareness of the agency’s reporting obligations and reinforced that all staff are required to immediately report any allegation, suspicion, or information regarding sexual abuse or sexual harassment, regardless of where or how the information is received. This reporting obligation extends equally to allegations involving retaliation or staff neglect related to sexual abuse or sexual harassment.

The Facility Head further confirmed that all reports are promptly communicated to the PREA Compliance Manager and appropriate investigative authorities, in accordance with agency policy and legal requirements.

PREA Coordinator (PC)

During the interview process, the PREA Coordinator confirmed that the facility reports every allegation of sexual abuse and sexual harassment—including third-party and anonymous reports—to the designated investigator. The PC described a consistent and structured reporting pathway that ensures no allegation is dismissed, filtered, or delayed prior to investigative review.

PROVISIONS

Provision (a): Mandatory Staff Reporting of Sexual Abuse, Harassment, Retaliation, and Neglect

The facility reported on the PAQ that all staff are required to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment occurring within a facility, regardless of whether the facility is operated by the agency. This obligation also applies to allegations of retaliation against individuals who report abuse and to staff neglect or misconduct that may have contributed to an incident.

This requirement was consistently confirmed through interviews with the Facility Head and staff at multiple levels. GDC SOP Policy Number 208.06, page 27, Section E(2)(c), explicitly mandates that staff promptly forward all reports or suspicions to an immediate supervisor or designated Sexual Assault Response Team (SART) member, ensuring swift notification and response.

Provision (b): Controlled Disclosure and Confidentiality Protections

The facility reported—and staff interviews confirmed—that staff strictly limit disclosure of information related to sexual abuse reports. Information is shared only with designated supervisors or officials and only to the extent necessary to support

treatment, investigation, security, and management decisions.

This practice aligns with GDC SOP Policy Number 208.06, page 24, Section 3 (Note), which clearly prohibits unnecessary dissemination of information and reinforces confidentiality safeguards throughout the reporting process.

Provision (c): Medical and Mental Health Reporting Duties and Notice of Confidentiality Limits

The facility reported on the PAQ that medical and mental health practitioners inform individuals, at the initiation of services, of their mandatory reporting obligations and the limits of confidentiality. Interviews with practitioners verified this practice and confirmed that individuals are advised in advance that disclosures of sexual abuse must be reported pursuant to policy and law.

Policy guidance further establishes that, unless otherwise precluded by federal, state, or local law, practitioners are required to report sexual abuse while maintaining transparency regarding confidentiality limitations.

Provision (d): Mandatory Reporting for Minors and Vulnerable Adults

The facility reported that if an alleged victim is under the age of 18 or qualifies as a vulnerable adult under state or local statute, the agency reports the allegation to the appropriate external protective services agency in accordance with mandatory reporting laws.

The Facility Head verified compliance with this requirement during the interview process. GDC SOP Policy Number 208.06 provides clear direction regarding informed consent for reporting prior sexual victimization outside an institutional setting, while also mandating reporting without consent when legally required for minors or vulnerable adults.

Provision (e): Reporting to Designated Investigative Authorities

The facility reported that all allegations of sexual abuse and sexual harassment—including third-party and anonymous reports—are forwarded to the facility's designated investigator. The PREA Coordinator confirmed this reporting practice and described consistent procedures that ensure investigative staff receive all allegations without exception.

Agency policy reinforces this requirement by mandating immediate reporting of all relevant information related to sexual abuse, retaliation, or staff neglect, thereby ensuring accountability and investigative integrity.

CONCLUSION

Based on a comprehensive review of documentation, policy analysis, and interviews with staff, medical and mental health practitioners, and facility leadership, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.61. The facility has implemented clear, well-understood, and consistently applied reporting procedures that ensure timely notification, appropriate

	confidentiality protections, and full compliance with legal and policy-based reporting obligations related to sexual abuse and sexual harassment.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.62, the Auditor conducted a comprehensive review of the facility’s completed Pre-Audit Questionnaire (PAQ) and all supporting materials provided by the Georgia Department of Corrections (GDC). This review included 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, as well as Attachment 7, the PREA Local Procedure Directive and Coordinated Response Plan.</p> <p>These documents collectively establish the agency’s formal framework for responding to situations in which an individual may be at substantial risk of imminent sexual abuse. The coordinated response plan outlines clear responsibilities for first responders, supervisory staff, medical and mental health practitioners, investigators, and facility leadership to ensure swift protective action.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Interviews with randomly selected staff confirmed a consistent and well-understood obligation to act immediately upon receiving information suggesting an imminent risk of sexual abuse. Staff articulated that their first priority is always the safety of the individual at risk.</p> <p>Staff reported that upon receiving an allegation or observing indicators of imminent danger, they would immediately separate the alleged victim and the alleged perpetrator, notify their supervisor without delay, preserve any potential evidence, and ensure the individual is safeguarded from further harm. Staff emphasized that protective action takes precedence over all other operational considerations.</p> <p>Facility Head or Designee</p> <p>During the interview process, the Facility Head confirmed that immediate protective measures are taken whenever there is reason to believe an individual faces a substantial risk of imminent sexual abuse. The Facility Head explained that protective actions are individualized and may include relocating the individual to another housing area or transferring them to another facility, depending on what is necessary to ensure safety.</p>

If an alleged perpetrator is known or identified, the Facility Head confirmed that the individual would be promptly removed from contact with the victim and placed in segregated housing as appropriate, pending further assessment and investigation. These decisions are made in coordination with facility leadership and in accordance with established policy and response plans.

PROVISIONS

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

The facility reported on the PAQ that when the agency or facility becomes aware that an individual is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect that individual. The facility further reported that there have been zero determinations within the past twelve months in which an inmate was identified as being at substantial risk of imminent sexual abuse.

This information was verified through interviews with the Facility Head and random staff, all of whom consistently described the same expectation for swift and decisive protective action.

GDC SOP Policy Number 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, provides a detailed and structured institutional framework for coordinating responses to sexual abuse incidents and threats of imminent harm. The plan clearly outlines the roles of staff first responders, medical and mental health practitioners, investigators, and facility leadership, ensuring that protective measures are implemented immediately and without delay when risk is identified.

CONCLUSION

Based on a comprehensive review of documentation, policy directives, and interviews with facility leadership and staff, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.62. The facility has established clear procedures, trained staff, and a coordinated response system that ensures immediate and effective protective action is taken whenever an individual is believed to be at substantial risk of imminent sexual abuse.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.63, the Auditor conducted a thorough review of documentation provided by the Georgia Department of Corrections (GDC) and the facility. This review included the completed Pre-Audit</p>

Questionnaire (PAQ) and supporting materials. Central to the review was 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. The policy provides comprehensive guidance on the reporting and investigation of sexual abuse and sexual harassment incidents, including those that may have occurred in other facilities, whether involving inmates or staff.

The documentation establishes a clear procedural framework for ensuring that allegations of sexual abuse or sexual harassment received from or concerning another facility are promptly communicated to the appropriate leadership or agency offices. The SOP specifies roles, timelines, and methods for notification, as well as the expectation that all allegations are handled with rigor, confidentiality, and adherence to PREA investigative standards.

INTERVIEWS

Randomly Selected Staff

Interviews with randomly selected staff reinforced an understanding of their role in supporting the agency's reporting obligations. Staff consistently described that any allegation of sexual abuse or harassment, whether originating within the facility or from another agency, must be treated with immediate attention. They emphasized that notifications are made without delay to ensure that proper investigative steps can be initiated and that the agency maintains compliance with established PREA timelines. Staff further noted that even when allegations occur in another facility, the receiving staff are responsible for documenting the notification and ensuring that the appropriate agency or facility head is informed.

Agency Head Designee

The Agency Head Designee confirmed that any notification received regarding a PREA incident—whether it involves sexual abuse, sexual harassment, or staff sexual misconduct occurring in any facility—is investigated in strict accordance with the GDC PREA guidelines. The designee emphasized that the agency maintains a consistent, centralized process to ensure notifications are handled appropriately and investigations are initiated without redundancy.

Facility Head

During the interview with the Facility Head, it was explained that allegations received from other agencies or facilities are immediately assigned for investigation upon receipt. When an inmate reports sexual abuse or sexual harassment that occurred at another facility, the Facility Head stated that the facility where the incident allegedly occurred is notified as soon as possible, but no later than 72 hours. The Facility Head highlighted that all notifications and investigative actions are documented in accordance with policy, ensuring accountability and compliance with PREA standards.

PROVISIONS

Provision (a): Notification to the Facility Where Alleged Abuse Occurred

The facility reported in the PAQ that upon receiving an allegation that an individual was sexually abused while confined at another facility, the head of the receiving

facility notifies the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Over the past twelve months, the facility reported zero allegations of sexual abuse occurring in other facilities, a fact verified through interviews with the Facility Head.

GDC SOP Policy Number 208.06, page 27, section 2(a), establishes that in cases involving alleged sexual abuse at another Department facility, the Warden/ Superintendent (or designee) of the victim's current facility must notify the Warden/ Superintendent of the facility where the alleged abuse occurred and the Department's PREA Coordinator. In instances involving alleged sexual abuse by staff at another facility, the matter is referred directly to the Regional Special Agent in Charge (SAC) and the Department's PREA Coordinator. For allegations involving non-Department facilities, the current facility head provides notification to the appropriate office of the facility where the alleged abuse occurred and the Department PREA Coordinator.

Provision (b): Timely Notification

The PAQ indicated that agency policy requires facility heads to provide such notifications as soon as possible, but no later than 72 hours after receiving an allegation. The Facility Head confirmed that this timeline is consistently followed. GDC SOP Policy Number 208.06, page 28, section 2(b), clearly directs that notifications must occur within this timeframe, ensuring prompt action and adherence to PREA standards.

Provision (c): Documentation of Notification

The facility reported that all notifications are documented within the 72-hour timeframe. Over the past twelve months, there were no instances requiring notification, and this was confirmed through Facility Head interviews. Policy stipulates that any inmate allegation of sexual abuse occurring at another facility must be reported and documented within 72 hours, as outlined in GDC SOP Policy Number 208.06, page 28, sections 2(b) and 2(c). This documentation ensures transparency, accountability, and compliance with PREA requirements.

Provision (d): Investigation of Notifications Received from Other Facilities or Agencies

The facility reported that any allegations received from other facilities or agencies are investigated in accordance with PREA standards. Over the previous twelve months, the facility received zero such allegations. This was verified by interviews with the Facility Head. GDC SOP Policy Number 208.06, page 28, section 2(d), directs that the facility head or Department office receiving notification ensures the allegation is investigated, provided no previous investigation has already occurred. This requirement ensures thorough oversight and prevents duplication of investigative efforts.

CONCLUSION

Based on an exhaustive review of the PAQ, supporting documentation, and interviews with staff, the Facility Head, and the Agency Head Designee, the Auditor concludes that the agency/facility fully meets all provisions of PREA Standard §115.63. The

	<p>facility has established clear, structured procedures to ensure timely notification to other confinement facilities or agencies, accurate documentation of all notifications, and adherence to PREA investigative standards. The process demonstrates a strong organizational commitment to accountability, transparency, and inter-facility collaboration in the prevention and investigation of sexual abuse and harassment.</p>
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115.64	Staff first responder duties
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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1DOCUMENT REVIEW

To determine compliance with PREA Standard §115.64, the Auditor conducted a comprehensive and methodical review of documentation provided by the Georgia Department of Corrections (GDC) and the facility, including the completed Pre-Audit Questionnaire (PAQ) and all associated supporting materials. This review focused on verifying that staff are clearly directed, adequately trained, and consistently prepared to respond appropriately when an allegation of sexual abuse is reported.

Central to this assessment 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 establishes a detailed framework governing staff first responder responsibilities and outlines the immediate actions required to ensure safety, preserve evidence, and protect the integrity of any subsequent investigation.

The SOP provides explicit guidance applicable to both security and non-security staff, emphasizing the importance of prompt response, scene preservation, and confidentiality. It delineates coordinated responsibilities among first responders, medical and mental health practitioners, investigative staff, facility leadership, and the Department’s PREA Unit. This coordinated response structure ensures allegations are addressed in a timely, organized, and victim-centered manner while safeguarding evidentiary integrity and institutional accountability.

INTERVIEWS

Security Staff - First Responders

Security staff interviewed demonstrated a thorough and consistent understanding of their first responder duties. Staff explained that training on these responsibilities is reinforced through annual in-service training, on-the-job instruction, and routine staff meetings. They articulated clear procedural steps taken upon receipt of an allegation, including the immediate separation of the alleged victim and alleged perpetrator, securing and preserving the scene, and ensuring both individuals remain under supervision until the Sexual Assault Response Team (SART) arrives.

Security staff further described the importance of timely communication with shift supervisors, facility leadership, and the PREA Unit. They confirmed that incidents are documented using CN 6601 Incident Reports and emphasized strict adherence to protocols designed to prevent contamination or destruction of physical evidence, such as prohibiting washing, changing clothes, eating, or drinking.

Non-Security First Responders

Non-security staff interviewed demonstrated a clear understanding of their responsibilities when serving as first responders. They explained that their primary duties include immediately notifying security staff, separating the alleged victim from the alleged perpetrator, and taking steps to prevent any actions that could compromise potential evidence. Non-security staff emphasized maintaining the scene to the extent possible until security personnel or SART members arrive, while also ensuring confidentiality and the safety of all individuals involved.

Although non-security staff did not serve as first responders during the past twelve months, interviews and training documentation confirmed that these staff receive instruction on first responder duties and are prepared to act appropriately should an allegation be disclosed to them.

Facility Staff

General facility staff interviews further reinforced a facility-wide awareness of first responder expectations. Staff consistently described the required response sequence, including immediate reporting, separation of involved individuals, scene preservation, facilitation of medical attention when necessary, and limitation of information sharing to those with a legitimate need to know. Staff demonstrated an understanding that confidentiality and professionalism are critical components of an effective PREA response.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates housed at the facility who had reported sexual abuse within the previous twelve months. As a result, no inmate interviews were conducted for this standard.

PROVISIONS

Provision (a): Comprehensive First Responder Designation and Coordinated Response Framework

The PAQ and interviews confirmed that the facility maintains a formal policy designating first responders for all allegations of sexual abuse. Both security and non-security staff demonstrated familiarity with and adherence to this policy.

GDC SOP 208.06, pages 27-28, Sections F.1 and F.3, requires facilities to maintain a written institutional plan outlining coordinated actions among first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is documented in Attachment 7, the PREA Local Procedure Directive and

Coordinated Response Plan, which includes contact information and step-by-step response procedures.

During the past twelve months, the facility reported five allegations of sexual abuse. Documentation and interviews confirmed that in each instance, first responders followed established protocols by separating alleged victims and alleged perpetrators, preserving the scene, and maintaining evidence integrity until SART arrived. Staff ensured that involved individuals did not engage in activities that could compromise evidence and remained under supervision until appropriate forensic and investigative actions could occur.

Provision (b): Defined Duties and Training for Non-Security First Responders

Agency policy requires that when a non-security staff member is the first responder, that individual must take immediate steps to prevent the destruction of physical evidence and promptly notify security staff. While non-security staff did not serve as first responders during the review period, training records and interviews confirmed that all non-security staff, volunteers, and contractors receive PREA training that includes first responder responsibilities.

This training instructs non-security personnel on isolating and containing incidents, securing the area, separating involved individuals, removing uninvolved parties, and reporting observations to the shift supervisor or PREA Compliance Manager (PCM). Staff demonstrated clear awareness of these requirements and readiness to implement them if needed.

CONCLUSION

Based on a thorough review of the PAQ, relevant policy, supporting documentation, and extensive interviews with facility staff, the Auditor concludes that the agency and facility fully comply with PREA Standard §115.64.

The facility has established a comprehensive, well-coordinated system that ensures both security and non-security staff are prepared to function effectively as first responders. Staff consistently demonstrated knowledge of required procedures, commitment to evidence preservation, protection of individuals, and coordination with medical and investigative resources. These practices reflect a strong culture of preparedness, accountability, and adherence to PREA's standards for immediate and appropriate response to allegations of sexual abuse.

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

To evaluate compliance with PREA Standard §115.65, the Auditor conducted a comprehensive and deliberate review of documentation submitted by the Georgia Department of Corrections (GDC) and the facility. Materials examined included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, most notably GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, and Attachment 7, the PREA Local Procedure Directive and Coordinated Response Plan, revised June 23, 2022.

Collectively, these materials establish the agency's required framework for coordinating facility responses to allegations of sexual abuse. The SOP mandates that each facility maintain a written institutional plan that clearly identifies and coordinates the responsibilities of staff first responders, medical and mental health practitioners, investigators, and facility leadership. This framework is designed to ensure that every allegation is addressed in a timely, organized, and consistent manner, with priority given to safety, confidentiality, and the rights of all individuals involved.

The Coordinated Response Plan emphasizes structured communication, delineated roles, and sequenced actions from the moment an allegation is reported through investigative follow-up and protective decision-making. Key elements include reporting protocols, victimization screening, identification of individuals at elevated risk, safe housing considerations, and coordination with the Department PREA Coordinator. While intentionally concise, the plan establishes measurable and repeatable steps that guide staff actions during high-risk and time-sensitive situations.

INTERVIEWS

Facility Head or Designee

During interviews, facility leadership described the Coordinated Response Plan as a foundational tool that clarifies responsibilities across staff roles when responding to a PREA allegation. The Facility Head explained that the plan breaks down expectations for each functional area, ensuring that no critical step is overlooked during the initial response or subsequent coordination phases.

Leadership emphasized that staff are routinely trained on coordinated response procedures through annual in-service training, monthly staff meetings, and on-the-job instruction. These training methods reinforce familiarity with notification requirements, evidence preservation, immediate protective measures, and coordination with medical, mental health, and investigative personnel. The Facility Head further explained that the Coordinated Response Plan is maintained within Attachment 7 of SOP 208.06 and is reviewed and updated as necessary to ensure accuracy of contact information and clarity of responsibilities.

The Facility Head noted that the plan outlines 15 measurable steps that guide staff from the initial report through protective actions and investigative coordination. These steps include immediate safety measures, victimization screening,

identification of individuals at increased risk, housing or programmatic adjustments, and communication with the Department PREA Coordinator. While the plan is intentionally streamlined and somewhat rudimentary in design, leadership emphasized that its clarity and simplicity support consistent staff execution during critical response periods.

PROVISIONS

Provision (a): Written Institutional Coordinated Response Framework

The facility reported in the PAQ, and leadership verified through interviews, that a written institutional plan has been developed to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership following an allegation of sexual abuse.

The Auditor reviewed the facility's Coordinated Response Plan and found it to be concise and functional, providing the essential information staff need to respond appropriately to PREA allegations. Although the plan is limited in length and largely generic in structure, it clearly outlines roles, responsibilities, and contact information for all parties involved. The plan identifies 15 measurable steps that guide staff actions, from initial reporting and first responder duties through victim safety measures, victimization screening, housing considerations, and coordination with investigative and administrative leadership.

The policies governing this provision include:

GDC SOP 208.06, page 28, Section 3, which requires each facility to develop and maintain a written institutional plan to coordinate actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The policy requires that the plan remain current and include names and telephone numbers of coordinating parties. Attachment 7 - PREA Local Procedure Directive and Coordinated Response Plan, revised June 23, 2022, a two-page document that operationalizes this requirement by providing a step-by-step guide for responding to PREA allegations. The attachment includes notification requirements, protective measures, victimization screening considerations, and processes for identifying individuals at elevated risk, ensuring staff responses are systematic, measurable, and consistent with PREA expectations.

CONCLUSION

Based on a thorough review of the PAQ, applicable policy, supporting documentation, and interviews with facility leadership, the Auditor concludes that the agency and facility fully comply with PREA Standard §115.65.

The facility has established and implemented a written Coordinated Response Plan that clearly assigns responsibilities, supports staff decision-making, and promotes timely, organized, and protective responses to allegations of sexual abuse. Although concise and rudimentary in design, the plan provides measurable steps that enhance consistency, accountability, and staff preparedness. Ongoing training and leadership oversight further ensure that coordinated response procedures are understood and

	effectively applied, reinforcing the facility’s commitment to safety, compliance, and PREA-driven accountability.
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.66, the Auditor conducted a thorough review of the facility’s completed Pre-Audit Questionnaire (PAQ) and supporting documentation. This review included GDC Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>The documentation confirms that the agency maintains the capacity to take immediate and appropriate actions to protect individuals from contact with alleged or confirmed abusers. Specifically, the agency’s organizational structure and policies are not constrained by collective bargaining agreements that could limit the facility’s ability to remove or separate staff or inmates involved in sexual abuse or harassment incidents. This ensures that protective actions can be taken promptly and without procedural or legal hindrance.</p> <p>INTERVIEW</p> <p>Agency Head Designee</p> <p>During the interview process, the Agency Head Designee clarified that the State of Georgia does not enter into collective bargaining agreements with staff. The designee explained that this organizational structure preserves the agency’s full authority and discretion to implement protective measures for inmates, including reassigning staff or separating individuals involved in allegations of sexual abuse or harassment. The designee confirmed that these policies are consistently applied to maintain inmate safety and comply with PREA standards.</p> <p>PROVISIONS</p> <p>Provision (a): Protection from Contact with Abusers</p> <p>The facility reported in the PAQ that, because the State of Georgia does not participate in collective bargaining, there are no restrictions on the agency’s ability to remove or reassign staff or separate inmates who pose a risk to others. The Agency Head Designee verified that this structure ensures the facility can act immediately to protect individuals from contact with alleged or confirmed abusers.</p> <p>Provision (b): Auditor Review Not Required</p>

	<p>Provision (b) does not require auditor review and was therefore not assessed.</p> <p><u>CONCLUSION</u></p> <p>Based on a review of the PAQ, supporting documentation, and the interview with the Agency Head Designee, the Auditor concludes that the agency/facility fully meets all applicable provisions of PREA Standard §115.66. The facility maintains the authority and organizational capacity necessary to implement protective measures without restriction, ensuring the safety of all individuals under its supervision and compliance with PREA requirements.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To determine compliance with PREA Standard §115.67, the Auditor conducted an extensive and methodical review of documentation submitted by the Georgia Department of Corrections (GDC) and the facility. Materials examined included the completed Pre-Audit Questionnaire (PAQ), GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, Attachment 8, Retaliation Monitoring Checklist (effective June 23, 2022), and a facility-specific memorandum issued by the Deputy Warden on December 9, 2024, addressing retaliation monitoring responsibilities and procedures.</p> <p>Together, these documents establish a structured, prevention-focused system designed to safeguard any individual who reports sexual abuse or sexual harassment, or who participates in a PREA-related investigation, from retaliation. The policies clearly assign responsibility for retaliation monitoring, outline standardized monitoring activities, and identify multiple protective measures available to both incarcerated individuals and staff. The framework requires monitoring to begin immediately upon receipt of an allegation and to continue for a minimum of 90 days, with extensions authorized when circumstances indicate an ongoing risk. Documentation requirements ensure that all monitoring activities are traceable, reviewed, and subject to oversight.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>During the interview, the Agency Head Designee emphasized that retaliation prevention is a core expectation under GDC policy and a non-negotiable component of PREA compliance. The designee explained that retaliation monitoring is initiated as</p>

soon as an allegation is reported and applies broadly—not only to the alleged victim, but also to staff or incarcerated individuals who cooperate with or support an investigation. The designee reinforced that no person should experience adverse consequences for reporting misconduct or participating in an investigative process, and that agency leadership expects facilities to apply protective measures consistently and without delay.

Facility Head or Designee

Facility leadership described the operational measures used to prevent and mitigate retaliation at the facility level. The Facility Head explained that protective strategies may include changes to housing or program assignments, adjustments to work details, transfers when necessary, or separating individuals to eliminate unnecessary contact with alleged abusers. Leadership emphasized that these actions are preventive rather than punitive and are carefully monitored to ensure they do not create unintended hardships or safety risks. The Facility Head further confirmed that designated staff are tasked with ensuring that no negative treatment, discipline, or assignment changes occur as a result of an individual’s involvement in a PREA report or investigation.

Retaliation Monitor

The designated Retaliation Monitor provided a detailed explanation of the day-to-day monitoring process. The Monitor stated that all individuals who report sexual abuse, as well as any individual who expresses fear of retaliation due to participation in an investigation, are placed under formal monitoring. Monitoring begins on the date the allegation is received and generally continues for at least 90 days, with extensions implemented when warranted.

Monitoring activities include regular in-person status checks, reviews of housing and work assignments, examination of disciplinary reports, and, for staff, review of performance evaluations and work reassignments. All monitoring actions are documented on the Retaliation Monitoring Checklist (Attachment 8). The Monitor explained that original documentation is maintained in a master retaliation monitoring file, with copies placed in the corresponding Sexual Assault Response Team (SART) investigative file. The Retaliation Monitor confirmed that no allegations or indicators of retaliation were identified during the previous twelve months.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no incarcerated individuals housed at the facility who had reported sexual abuse within the previous twelve months. As a result, no interviews were conducted with individuals in this category for this standard.

Inmates in Segregated Housing

At the time of the on-site audit, the facility reported that no individuals were placed in segregated housing as a result of sexual victimization risk or following an allegation of sexual abuse.

PROVISIONS

Provision (a): Formal Policy and Assigned Responsibility for Retaliation Prevention

The facility reported in the PAQ, and documentation confirmed, that the agency maintains a formal policy to protect all individuals—both incarcerated persons and staff—who report sexual abuse or sexual harassment or who cooperate with PREA investigations from retaliation. The policy designates specific staff responsible for retaliation monitoring and establishes a standard monitoring period of 90 days, with extensions authorized as needed. A memorandum issued by the Deputy Warden formally designates the Chaplain as the facility’s Retaliation Monitor. Governing policy provisions are found in SOP 208.06, Sections 4(a) through 4(c), which define prohibited retaliatory behavior, disciplinary consequences, monitoring responsibilities, and required documentation using Attachment 8.

Provision (b): Availability and Application of Multiple Protective Measures

The facility confirmed that a range of protective measures is available to mitigate the risk of retaliation. These measures include housing changes, transfers, removal of alleged abusers from contact with reporting individuals, and access to emotional or pastoral support services. Protections apply equally to incarcerated individuals and staff. Facility leadership verified that these measures are implemented proactively and tailored to individual circumstances, ensuring safety while avoiding punitive or unnecessary restrictions.

Provision (c): Active Monitoring for Retaliatory Conduct

The facility reported, and the Retaliation Monitor verified, that the conduct and treatment of individuals who report abuse or participate in investigations are actively monitored for at least 90 days following an allegation. Monitoring is extended beyond 90 days when warranted by ongoing concerns. Status checks assess changes in housing, work assignments, disciplinary actions, and, for staff, performance evaluations. The facility reported zero instances of retaliation during the previous twelve months.

Provision (d): Periodic and Documented Status Checks

The facility confirmed that periodic, documented status checks are conducted throughout the monitoring period. These checks include direct observation, interviews when appropriate, and systematic review of institutional records to identify any indicators of retaliatory behavior. This structured approach ensures that potential concerns are identified early and addressed promptly.

Provision (e): Equal Protections for Cooperating Individuals

The facility reported that any individual who cooperates with a PREA investigation and expresses fear of retaliation is afforded the same level of protection as an alleged victim. The Retaliation Monitor confirmed that this practice is applied consistently, ensuring the safety of witnesses, reporting parties, and all individuals involved in

	<p>investigative processes.</p> <p>Provision (f): Auditor Review Not Required</p> <p>Provision (f) does not require assessment by the Auditor and was therefore not evaluated during this audit.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the PAQ, applicable policies, facility memoranda, retaliation monitoring documentation, and interviews with agency leadership, facility leadership, and designated monitoring staff, the Auditor concludes that the agency and facility fully comply with PREA Standard §115.67.</p> <p>The facility has implemented a proactive and well-coordinated retaliation prevention system that emphasizes early identification, consistent monitoring, and meaningful protective measures. Responsibilities are clearly assigned, monitoring is documented and sustained, and leadership oversight reinforces a culture in which reporting and cooperation are protected rather than discouraged. These practices reflect a strong institutional commitment to accountability, safety, and full adherence to PREA requirements.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.68, the Auditor undertook a comprehensive and methodical review of documentation submitted by the facility and the Georgia Department of Corrections (GDC). This review began with an examination of the facility’s completed Pre-Audit Questionnaire (PAQ), supplemented by supporting agency records that collectively outline procedures, safeguards, and accountability measures related to post-allegation protective custody.</p> <p>Central to this assessment was 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. This policy establishes a structured and clearly articulated framework governing the placement of individuals in protective custody following allegations of sexual abuse or sexual harassment.</p> <p>The SOP emphasizes that involuntary placement in segregated housing is an extraordinary intervention and may be utilized only when all less restrictive protective alternatives have been thoroughly evaluated and determined to be insufficient. The policy further requires that protective placements be temporary, subject to routine</p>

review, and accompanied by continued access to programs, services, education, work opportunities, and privileges to the greatest extent possible. Any restrictions imposed must be narrowly tailored, justified by documented safety concerns, and recorded in the individual's case notes. Collectively, these provisions underscore the agency's intent to prioritize safety while minimizing isolation and preserving normalcy whenever feasible.

INTERVIEWS

Staff Who Supervise Inmates in Segregated Housing

Staff assigned to supervise segregated housing units provided detailed insight into how post-allegation protective custody is operationalized at the facility. They emphasized that individuals who report sexual abuse are not automatically placed in segregation. Instead, staff described a deliberate and individualized assessment process in which multiple alternative protective options—such as housing reassignment, changes in work or program schedules, or facility transfers—are explored prior to considering segregation.

Supervisory staff further explained that when segregated housing is used, it is closely monitored through daily supervision and individualized attention. Staff reported that they remain attentive to the well-being of individuals in protective custody and work collaboratively with classification, mental health, and security personnel to ensure that placements remain appropriate, humane, and limited in duration.

Facility Head or Designee

The Facility Head provided additional context regarding decision-making at the administrative level. They confirmed that the safety of all involved parties guides every post-allegation response and that either the alleged victim or the alleged perpetrator may be transferred to another facility if doing so presents the most effective means of protection.

The Facility Head stressed that involuntary segregated housing is considered only after all reasonable alternatives have been exhausted. When such placement is unavoidable, the Facility Head explained that the facility conducts formal reviews every 30 days to reassess the necessity of continued separation from the general population. These reviews evaluate safety concerns, available alternatives, and the individual's access to programming and services. The Facility Head also affirmed that individuals in protective custody continue to receive access to education, work assignments, and programming consistent with safety and security considerations, with an overarching goal of minimizing isolation and disruption.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported that there were zero individuals housed in segregated housing for protection from sexual victimization or as a result of prior allegations of sexual abuse. This absence was consistent across records

reviewed and staff interviews and reflects the facility's success in implementing alternative protective measures and limiting reliance on segregated housing as a protective strategy.

PROVISIONS

Provision (a): Restrictive Use of Involuntary Segregated Housing Following Allegations of Sexual Abuse

Information reported in the PAQ confirms that agency policy expressly prohibits placing any individual who alleges sexual abuse into involuntary segregated housing unless all alternative means of protection have been assessed and found to be inadequate. During the previous twelve months, the facility reported that zero individuals were placed in segregation for one to 24 hours while protective options were assessed, and zero individuals were held involuntarily in segregation for longer than 30 days while awaiting alternative placement. These representations were corroborated through staff interviews and document review.

Detailed procedural guidance is set forth in GDC SOP 208.06, page 25, sections 8(a-d), which outlines the following requirements for managing protective custody placements:

1. Involuntary segregation may be authorized only after a determination is made that no reasonable alternative means of separation from potential abusers exist. The decision-making process, including safety considerations and rationale, must be clearly documented in the individual's SCRIBE case notes.
2. Individuals placed in segregated housing for protective reasons receive services consistent with SOP 209.06, Administrative Segregation, ensuring continued access to programs, education, and privileges to the maximum extent possible.
3. Protective segregation is intended to be temporary in nature and should not ordinarily exceed 30 days while alternative protective options are identified and implemented.
4. Any restrictions on access to programs, work assignments, or privileges must be specifically documented, including the nature of the limitation, the duration, and the justification for the restriction.
5. Formal reviews of all protective placements are conducted at least every 30 days, with documentation reflecting whether continued separation from the general population remains necessary.

The Facility Head confirmed that these policy requirements are consistently followed, including timely reviews, individualized assessments, and thorough documentation of all decisions related to involuntary protective custody.

CONCLUSION

	<p>Based on an in-depth review of the facility’s Pre-Audit Questionnaire, applicable GDC policies, interviews with facility leadership and staff responsible for supervising segregated housing, and direct observations during the on-site audit, the Auditor determines that the agency and facility exceed the requirements of PREA Standard §115.68.</p> <p>This assessment is further supported by the facility’s consistent implementation of Sexual Abuse Incident Reviews (SAIRs) for all applicable cases. SAIRs are required to be completed within 30 days following the conclusion of an investigation that results in a substantiated or unsubstantiated finding. During the past twelve months, all sexual abuse allegations were determined to be unfounded, and therefore, no SAIRs were mandated. Nevertheless, the facility maintains clear procedures to conduct SAIRs promptly whenever required, demonstrating proactive compliance with PREA standards.</p> <p>The facility exhibits a strong and deliberate commitment to ensuring that protective custody is utilized only as a last resort, after thoroughly considering and attempting all alternative protective measures. Individuals placed in segregated housing for safety reasons continue to have access to education, programming, and work opportunities to the greatest extent possible. The institution’s systematic 30-day review process, meticulous documentation practices, and individualized assessment approach reflect a culture of thoughtful, trauma-informed decision-making.</p> <p>Collectively, these practices highlight the facility’s unwavering dedication to safeguarding the safety, dignity, and well-being of all individuals under its supervision while exceeding the expectations of PREA for post-allegation protective custody.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.71, the Auditor conducted a detailed review of the facility’s completed Pre-Audit Questionnaire (PAQ) and all supporting documentation. Key documents reviewed included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>The documentation establishes a comprehensive framework for conducting both criminal and administrative investigations into allegations of sexual abuse and sexual harassment. Policies outline standardized investigative procedures, evidence collection requirements, protection of victims, preservation of records, and collaboration with prosecutorial authorities when criminal conduct is suspected. The</p>

framework ensures investigations are thorough, objective, and impartial, regardless of whether reports are made anonymously, by third parties, or through internal reporting mechanisms.

INTERVIEWS

Investigative Staff

Interviews with investigative personnel revealed a consistent understanding of and adherence to established investigative protocols. Investigators indicated that investigations begin immediately upon receipt of any allegation, regardless of reporting method—including verbal, written, telephonic, anonymous, or third-party reports. Investigators confirmed attendance at all mandated training sessions, and the Auditor reviewed training records to verify compliance.

Investigative protocols require that the alleged victim be interviewed first, followed by any witnesses, with the alleged perpetrator interviewed last. Investigators described procedural variations for sexual harassment versus sexual assault allegations and emphasized that SAFE/SANE-designated locations are utilized for forensic examinations whenever applicable. Evidence collection and preservation are conducted in accordance with policy, with investigators trained to secure physical evidence, document the crime scene, and maintain chain-of-custody procedures.

In cases where criminal conduct is suspected, investigators coordinate with the OPS-Criminal Division to ensure compelled interviews comply with legal requirements and do not jeopardize potential prosecutions. Miranda warnings are issued where applicable. Investigators emphasized that polygraph examinations are not used in PREA investigations and that all individuals' credibility is evaluated impartially, based on evidence and interview outcomes.

Investigators further confirmed that administrative investigations assess staff actions or failures to act, documenting findings in detailed investigative reports. Evidence of criminal conduct is promptly referred to the OPS-Criminal Division, and investigations continue to conclusion regardless of the release, transfer, or termination of any involved party, including victims or alleged abusers. Investigators noted that facilities maintain communication with the OPS-Criminal Division and cooperate fully throughout the investigative process.

PREA Coordinator (PC)

The PREA Coordinator confirmed that all investigation-related documentation is retained for the duration of the alleged abuser's incarceration or employment, plus an additional five years. Most inmate-related investigative information is permanently stored in the SCRIBE database, ensuring continuity of records and compliance with retention requirements.

PREA Compliance Manager (PCM)

The PREA Compliance Manager emphasized that the departure of an alleged abuser or victim does not interrupt or terminate any investigation. Investigations are designed to continue to completion to ensure accountability and the thorough documentation of all findings.

Facility Head or Designee

The Facility Head reported that in the previous twelve months, the facility did not have any substantiated allegations of criminal sexual conduct that were referred for prosecution. The Facility Head emphasized the facility's ongoing commitment to cooperation with investigations, the protection of victims, and ensuring that staff act in accordance with PREA policies and procedures

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates in house who had reported sexual abuse in the past 12 months. Therefore, no one was interviewed for this standard.

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

Documentation and interviews confirmed that the agency maintains a formal, comprehensive policy requiring every allegation of sexual abuse or sexual harassment to be investigated, regardless of the reporting source or method. This includes reports made anonymously or submitted by third parties. SOP 208.06 codifies this obligation, directing that all allegations be addressed promptly, thoroughly, and objectively through administrative or criminal investigative channels—or both when appropriate—ensuring no report is disregarded. Investigative staff confirmed their understanding that no allegation is too minor to warrant a full investigation and that even historical or previously unreported incidents are reviewed when identified.

Provision (b): Qualified Investigators

The facility reported, and the Auditor verified, that all investigations are conducted exclusively by personnel who have completed specialized training in sexual abuse investigations within confinement settings, in accordance with PREA Standard §115.34. Investigators confirmed completion of PREA-specific investigative training covering evidence collection, interview techniques, forensic coordination, and trauma-informed practices. SOP 208.06 reinforces the requirement that only trained, designated investigators may assume responsibility for PREA investigations, ensuring a consistent and competent approach.

Provision (c): Comprehensive Evidence Collection

Interviews and PAQ responses indicated that investigators are responsible for systematically gathering and preserving all forms of evidence, including physical and DNA evidence, electronic monitoring data, documentation, and testimonial accounts. Investigators conduct thorough interviews of alleged victims, suspects, and witnesses, while reviewing prior complaints involving the alleged perpetrator. SOP 208.06 outlines standardized procedures to ensure all evidence is collected, preserved, and documented in a manner suitable for both administrative review and potential criminal prosecution, emphasizing legal integrity and reliability of findings.

Provision (d): Coordination with Prosecutors

The agency confirmed that when evidence suggests a potential criminal case, investigators consult with prosecutorial authorities before conducting compelled

interviews, ensuring that investigative actions do not compromise future legal proceedings. SOP 208.06 establishes explicit expectations for such coordination, including consultation protocols and documentation of any guidance received from prosecutors. This ensures alignment between internal investigation and external criminal prosecution.

Provision (e): Individual Credibility Assessment and Polygraph Policy

Investigators evaluate the credibility of alleged victims, witnesses, and suspects on an individual, case-specific basis, relying solely on corroborating evidence and factual information. PAQ responses and interviews confirmed that no incarcerated person is required to submit to a polygraph or other truth-verification method as a condition for the investigation. SOP 208.06 explicitly prohibits reliance on institutional rank, status, or polygraph results in determining credibility, reinforcing fair and impartial investigative practices.

Provision (f): Staff Conduct Evaluation

The facility reported that administrative investigations include a thorough review of staff actions, omissions, or policy deviations that may have contributed to or failed to prevent the incident. Investigative reports are documented in detail, including physical and testimonial evidence, assessment of credibility, and reasoned conclusions. SOP 208.06 requires that findings related to staff conduct be clearly addressed and reflected in the written investigative report, ensuring accountability for systemic or individual lapses.

Provision (g): Criminal Investigations by Law Enforcement

The PAQ and interviews confirmed that cases meeting the threshold for criminal investigation are fully documented, including physical, testimonial, and documentary evidence, along with supporting materials when feasible. Allegations that potentially involve criminal conduct are referred to the appropriate external law enforcement agency, with facility staff cooperating fully to provide information, evidence, and case context. This coordination ensures thorough criminal case preparation while maintaining investigative integrity.

Provision (h): Criminal Referrals

The facility reported, and records verified, that all substantiated allegations involving potential criminal conduct are formally referred for prosecutorial review. During the most recent audit period, three substantiated sexual abuse allegations were referred for criminal investigation and prosecutorial consideration. SOP 208.06 outlines procedures for determining when referrals are appropriate and emphasizes supervisory oversight to ensure consistency and compliance.

Provision (i): Retention of Records

The agency confirmed that all investigative records, both administrative and criminal, are retained for the duration of the alleged abuser's incarceration or employment, plus a minimum of five additional years. The PREA Coordinator verified that records are maintained both in hard copy and electronically within the SCRIBE system, ensuring secure, accessible, and long-term documentation in accordance with SOP 208.06.

Provision (j): Continuation of Investigations

The facility reported that investigations continue to completion even when the alleged abuser or victim leaves the agency’s custody or employment. The PREA Compliance Manager confirmed that this policy ensures that all allegations are fully examined and documented regardless of the parties’ status. SOP 208.06 explicitly mandates the continuation of investigations until a final determination is reached.

Provision (k): Not Auditable

This provision falls outside the Auditor’s required review scope under PREA and was therefore not evaluated during this audit.

Provision (l): Internal Investigative Responsibility

The PAQ indicated that all sexual abuse and sexual harassment investigations are conducted internally by trained agency staff, with no external agency responsible for investigative execution. SOP 208.06 affirms that designated investigators and the facility’s Sexual Assault Response Team (SART) retain responsibility for handling all investigations. Should external agencies become involved in the future, facility staff are expected to actively cooperate and remain informed regarding investigative progress and outcomes.

CONCLUSION

Based on a comprehensive review of the PAQ, SOP 208.06, investigative training records, written case files, and interviews with investigators, facility leadership, and individuals who reported sexual abuse, the Auditor concludes that the facility fully complies with PREA Standard §115.71 – Criminal and Administrative Investigations.

The investigative process is systematic, thorough, and consistent with PREA requirements: all allegations are investigated promptly; investigators are properly trained; evidence is collected, preserved, and documented in a legally sound manner; individual credibility is assessed fairly; potential staff contributions are examined; criminal referrals are handled appropriately; and investigations are completed regardless of changes in custody or employment. These practices reflect a robust, policy-driven commitment to accountability, safety, and trauma-informed management of sexual abuse allegations.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In assessing compliance with PREA Standard §115.72, the Auditor conducted a focused and comprehensive review of documentation governing the evidentiary standards applied in administrative investigations of sexual abuse and sexual

harassment. This review centered on ensuring that the agency employs a fair, clearly defined, and consistently applied burden of proof that aligns with PREA requirements and supports timely and impartial investigative outcomes.

The review began with an examination of the facility's Pre-Audit Questionnaire (PAQ), which outlined the evidentiary threshold used in administrative investigations. This was supplemented by a detailed review of agency policy documents that guide investigative decision-making across all facilities. Chief among these 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.

SOP 208.06 explicitly establishes the "preponderance of the evidence" standard as the controlling evidentiary threshold for administrative determinations of sexual abuse and sexual harassment. The policy deliberately distinguishes administrative investigations from criminal proceedings by rejecting higher evidentiary burdens such as "beyond a reasonable doubt." Instead, administrative findings are based on whether the evidence, when viewed as a whole, demonstrates that an allegation is more likely than not to have occurred. This clearly articulated standard promotes consistency, fairness, and efficiency while ensuring that administrative investigations remain accessible and responsive to reported misconduct.

INTERVIEWS

Investigative Staff

Investigative personnel were interviewed to assess how the evidentiary standard is applied in practice. Investigators demonstrated a clear and consistent understanding that administrative findings are based on the preponderance of the evidence rather than criminal evidentiary thresholds. They described a methodical process in which all available evidence is collected and evaluated, including physical and forensic evidence, documentary records, surveillance footage when available, and detailed interviews with alleged victims, witnesses, and alleged perpetrators.

Investigators explained that substantiation occurs when the collective body of evidence supports the conclusion that the alleged conduct was more likely than not to have occurred. They emphasized that no single piece of evidence is determinative; rather, findings are based on the totality of the evidence. This approach ensures that investigations remain thorough and objective while avoiding the imposition of evidentiary standards intended for criminal prosecution.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided additional context regarding the practical and ethical importance of the evidentiary standard. The PCM emphasized that the preponderance standard enables investigators to reach fair administrative conclusions without being constrained by evidentiary thresholds that are inappropriate for administrative proceedings. According to the PCM, this standard allows investigators to weigh physical evidence, testimonial accounts, and

documentary information in a balanced manner, promoting timely resolution of allegations and reinforcing confidence in the investigative process.

The PCM further noted that consistent application of this evidentiary threshold across all administrative investigations enhances institutional credibility, ensures procedural fairness, and supports the agency's zero-tolerance stance by allowing substantiated misconduct to be addressed through appropriate administrative action.

PROVISIONS

Provision (a): Clearly Defined Evidentiary Threshold for Administrative Substantiation

Provision (a) requires agencies to apply a preponderance of the evidence standard, or a lower burden of proof, in administrative investigations of sexual abuse and sexual harassment. The PAQ confirms that the agency applies the preponderance of the evidence standard in all administrative PREA investigations and does not impose any higher evidentiary requirement.

Interviews with investigative staff and the PREA Compliance Manager confirmed consistent understanding and application of this standard. Investigators evaluate whether the evidence as a whole supports a finding that the alleged conduct was more likely than not to have occurred, ensuring that administrative determinations are fair, impartial, and grounded in comprehensive fact-finding rather than criminal trial standards.

This requirement is explicitly established in GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Section G(5), page 30, formally designates the preponderance of the evidence as the governing standard for administrative investigations of sexual abuse and sexual harassment.

CONCLUSION

Based on a thorough review of the PAQ, applicable policy, and structured interviews with investigative staff and the PREA Compliance Manager, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.72.

The agency has clearly defined and consistently applied an appropriate evidentiary standard for administrative investigations. By utilizing the preponderance of the evidence threshold, the facility ensures that allegations of sexual abuse and sexual harassment are evaluated in a fair, objective, and accessible manner that aligns with PREA's intent. This approach supports timely administrative accountability, reinforces institutional integrity, and upholds the rights and dignity of all individuals involved in the investigative process.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.73, the Auditor conducted an in-depth and methodical review of the facility's Pre-Audit Questionnaire (PAQ) along with all associated supporting documentation. This review focused on verifying that incarcerated individuals who report sexual abuse or sexual harassment are appropriately informed of investigative outcomes in a timely, consistent, and well-documented manner.

Central to this assessment 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. Particular emphasis was placed on Attachment 3, the GDC PREA Disposition Offender Notification Form, which serves as the formal and standardized mechanism for documenting notification to inmates regarding the status and outcome of PREA-related investigations.

In addition to policy review, the Auditor examined a representative sample of completed PREA administrative and criminal investigation files, as well as the facility's PREA tracking documentation. These materials provided a comprehensive view of allegation reporting, investigative determinations, notification timelines, and recordkeeping practices. Collectively, the documentation confirmed that the facility has established a structured, policy-driven system designed to ensure inmates are informed of investigative outcomes in a consistent and verifiable manner.

INTERVIEWS

Investigative Staff

Investigative staff described inmate notification as a required and integral component of every PREA investigation. Staff explained that once investigative activities are completed, a detailed investigative report is prepared outlining the evidence reviewed, interviews conducted, and the rationale for the final determination. In administrative investigations, this report is submitted to facility leadership, who are responsible for ensuring the inmate receives appropriate notification.

For cases referred for criminal investigation, investigative staff explained that responsibility for inmate notification transitions to the Criminal Operations (OPS) Division, with coordination maintained between OPS and facility leadership. Investigative staff confirmed that all notifications are completed in accordance with SOP 208.06 and are formally documented using the PREA Disposition Offender Notification Form (Attachment 3).

Facility Head or Designee

Facility leadership provided an overview of the notification protocols followed when

investigations are completed. Leadership confirmed that inmates are informed of investigative outcomes in accordance with policy and that additional notifications are provided in substantiated staff-on-inmate cases when specific changes in staff status occur. These include situations in which a staff member is no longer assigned to the inmate's housing unit, is no longer employed by the facility, is arrested for a sexual abuse-related offense within the facility, or is convicted of such an offense.

Leadership further reported that during the twelve months preceding the audit, all staff-related allegations were determined to be unfounded. In cases involving substantiated inmate-on-inmate sexual abuse, leadership confirmed that victims are notified when the alleged perpetrator is indicted, charged, or convicted. All notifications are documented in accordance with established policy requirements.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates housed at the facility who had reported sexual abuse within the past twelve months. As a result, no interviews were conducted with inmates for this standard.

PROVISIONS

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

Agency policy requires that inmates who report sexual abuse or sexual harassment are informed, either verbally or in writing, of the outcome of the investigation, including whether the allegation is substantiated, unsubstantiated, or unfounded. The PAQ and supporting documentation indicate that during the past twelve months, eight administrative and/or criminal PREA investigations were completed. In all applicable cases, inmates received documented notification using the PREA Disposition Offender Notification Form (Attachment 3).

Policy further requires that the Warden/Superintendent or a designated member of the Sexual Assault Response Team (SART) ensures notifications are completed and properly documented. When allegations are referred to the OPS Criminal Division, inmates are also notified of the final criminal investigative outcome.

Provision (b): Notification by External Investigative Entities

This provision is not applicable. The agency conducts all PREA-related administrative and criminal investigations internally. Interviews with investigative staff confirmed that no external entities are utilized to conduct PREA investigations on behalf of the facility.

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

In cases of substantiated staff-on-inmate sexual abuse, policy requires the facility to notify the inmate when significant changes occur in the staff member's status, including reassignment away from the inmate's housing unit, termination of

employment, arrest, or conviction for a sexual abuse-related offense within the facility. During the reporting period, there were no substantiated staff-on-inmate sexual abuse allegations. Documentation and interviews confirmed that the facility remains prepared to implement these notification requirements should such circumstances arise.

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

For substantiated inmate-on-inmate sexual abuse allegations, the facility is required to notify victims when the alleged perpetrator is indicted, charged, or convicted. Facility leadership confirmed that this notification process is consistently followed and documented in accordance with policy requirements.

Provision (e): Documentation of Notifications and Termination of Obligation

The PAQ and supporting records indicate that during the past twelve months, five inmates received written notification of sexual abuse investigation outcomes, and two inmates received written notification related to sexual harassment investigations. SOP 208.06 requires that all notifications be documented and clearly states that the agency’s obligation to notify terminates upon the inmate’s release from custody.

Provision (f): Not Auditable Provision

This provision is not subject to audit under PREA and was not evaluated as part of this compliance review.

CONCLUSION

Based on a comprehensive review of the PAQ, GDC SOP 208.06, investigative files, PREA Disposition Offender Notification Forms, and interviews with investigative staff and facility leadership, the Auditor concludes that the facility fully complies with PREA Standard §115.73.

The facility has established and consistently implements a clear, transparent, and well-documented process for informing inmates of PREA investigative outcomes. These practices reinforce accountability, support confidence in the reporting process, and ensure adherence to PREA requirements while protecting the rights, dignity, and well-being of all individuals involved.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>
	To evaluate compliance with PREA Standard §115.76, the Auditor conducted an

extensive and detailed review of the facility's Pre-Audit Questionnaire (PAQ) and all associated supporting documentation. This review focused on the agency's disciplinary framework for addressing staff misconduct related to sexual abuse, sexual harassment, or other sexually inappropriate behavior, with emphasis on accountability, proportionality, and transparency.

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. This foundational policy clearly establishes a zero-tolerance standard and defines a structured range of disciplinary sanctions applicable to staff who violate PREA-related prohibitions. The policy identifies termination as the presumptive sanction for substantiated incidents of sexual abuse, while also requiring that disciplinary responses to other forms of sexual misconduct or harassment be proportionate to the nature and severity of the conduct.

Additionally, SOP 208.06 mandates that substantiated incidents involving criminal conduct be referred to appropriate law enforcement agencies and, when applicable, to professional licensing or credentialing authorities. This requirement reinforces external accountability and ensures that disciplinary actions extend beyond internal administrative remedies when warranted. Collectively, the reviewed documentation reflects a comprehensive, clearly articulated system designed to deter misconduct, promote ethical behavior, and safeguard the safety and dignity of incarcerated individuals.

INTERVIEWS

Facility Head Designee

The Facility Head Designee was interviewed to assess leadership's role in enforcing disciplinary standards and ensuring consistent application of policy. Leadership emphasized that all staff are subject to disciplinary action up to and including termination for violations involving sexual abuse, sexual harassment, or sexually inappropriate conduct. The interview confirmed that termination is treated as the default outcome for substantiated sexual abuse, with additional referrals made for criminal prosecution when appropriate.

The Facility Head Designee reported that during the 12-month review period, there were no substantiated incidents of staff sexual abuse or sexual harassment, no terminations related to PREA violations, and no staff resignations in lieu of termination. Leadership attributed this record to clear expectations, consistent training, and a culture in which misconduct is neither ignored nor minimized.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided further insight into how the disciplinary framework functions in practice. The PCM described a tiered response system in which alleged violations are promptly assessed and disciplinary actions are calibrated based on the seriousness of the conduct, the staff member's disciplinary history, and

established agency precedent. The PCM emphasized that even minor policy violations are addressed promptly to prevent escalation and reinforce accountability.

The PCM confirmed that there were no staff violations related to sexual abuse or sexual harassment during the audit period and highlighted proactive training and ongoing communication as key factors contributing to the absence of incidents. According to the PCM, staff are consistently reminded that PREA violations carry significant consequences and that the agency maintains a firm commitment to enforcing its zero-tolerance policy without exception.

PROVISIONS

Provision (a): Presumptive Termination and Comprehensive Sanctions for Sexual Abuse and Harassment

Provision (a) requires that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ indicates that the facility enforces a comprehensive range of sanctions, with termination identified as the presumptive disciplinary response for substantiated incidents of sexual abuse. This information was corroborated through interviews with facility leadership.

GDC SOP 208.06, page 33, Section H(1)(a), explicitly prohibits individuals who engage in sexual abuse from working in or returning to any GDC facility. The policy establishes termination as the expected outcome and further requires pursuit of criminal prosecution when applicable, reinforcing the seriousness with which such violations are treated.

Provision (b): Tracking and Reporting of Staff Terminations and Resignations

Provision (b) requires agencies to document and track all staff terminations, demotions, or resignations related to sexual abuse or sexual harassment. The facility reported in the PAQ that there were no staff violations, terminations, or resignations in lieu of termination related to PREA misconduct during the past 12 months. This information was confirmed during interviews with the Facility Head Designee.

SOP 208.06, page 33, Section H(1)(a), reinforces that substantiated sexual abuse results in termination, ensuring that any such actions would be formally recorded and reported. The absence of such incidents reflects consistent adherence to policy and effective preventive practices.

Provision (c): Proportionate Discipline for Non-Abusive Sexual Misconduct

Provision (c) addresses disciplinary sanctions for staff who engage in sexual harassment or other sexually inappropriate behavior that does not rise to the level of sexual abuse. The PAQ indicates that sanctions for such conduct are imposed in proportion to the severity of the behavior, the staff member's disciplinary history, and comparable disciplinary actions for similar conduct.

GDC SOP 208.06, page 33, Section H(1)(b), requires that disciplinary measures for sexual harassment be commensurate with the nature of the violation. The facility reported no instances during the review period in which staff were disciplined short of termination for PREA-related misconduct, a finding confirmed through leadership interviews.

Provision (d): Mandatory External Reporting and Professional Accountability

Provision (d) requires agencies to report staff terminations or resignations in lieu of termination for sexual abuse to law enforcement agencies and, when applicable, to relevant licensing or certification bodies, except in cases where the conduct is not criminal. The PAQ reflects that no such reporting was required during the past 12 months due to the absence of substantiated incidents.

GDC SOP 208.06, page 34, Section H(1)(c), mandates notification to law enforcement and the Peace Officer Standards and Training (POST) Council when staff are terminated or resign under investigation for sexual abuse. Interviews with the Facility Head Designee confirmed that this requirement is understood and would be implemented immediately if applicable.

CONCLUSION

Based on a comprehensive review of the PAQ, a detailed examination of GDC SOP 208.06, and structured interviews with facility leadership and the PREA Compliance Manager, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.76. The facility has demonstrated a robust and consistently enforced disciplinary framework that upholds PREA’s zero-tolerance mandate.

The absence of staff violations, terminations, or resignations related to sexual abuse or sexual harassment during the past 12 months reflects not only compliance but an institutional culture grounded in accountability, professionalism, and ethical conduct. Policies clearly establish termination as the presumptive sanction for sexual abuse, require proportionate discipline for lesser misconduct, and mandate transparent reporting to external authorities when applicable. This rigorous approach strengthens institutional integrity, promotes staff accountability, and reinforces trust in the facility’s commitment to protecting the safety and dignity of all individuals in its care.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.77, the Auditor conducted a thorough review of all documentation submitted by the facility. This review included</p>

the completed Pre-Audit Questionnaire (PAQ) and accompanying supporting materials provided in advance of the on-site audit. In addition, the Auditor examined the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.

The documentation reviewed clearly outlines the agency's expectations and procedural requirements for contractors and volunteers operating within correctional facilities. These materials establish explicit guidance regarding prohibited conduct, mandatory reporting obligations, corrective actions, and restrictions on facility access when violations occur. Collectively, the records demonstrate a structured framework designed to ensure that contractors and volunteers are held to professional standards consistent with those imposed on agency staff.

INTERVIEWS

Facility Head or Designee

During the on-site interview, the Facility Head provided confirmation regarding the facility's experience with contractor and volunteer conduct over the preceding twelve-month period. Leadership affirmed that there were no incidents involving contractors or volunteers that required referral to law enforcement agencies or professional licensing bodies for allegations of sexual abuse involving incarcerated individuals. Additionally, no contractors or volunteers were reported to external regulatory or investigative authorities during this period.

The Facility Head further described the facility's proactive approach to contractor and volunteer oversight. Contractors and volunteers are required to comply fully with PREA standards and agency policies prohibiting sexual abuse and sexual harassment. Leadership explained that clear procedures are in place to ensure immediate review and response should any allegation arise. These procedures include prompt assessment of the nature of the allegation, immediate restriction or removal of access to incarcerated individuals when warranted, and mandatory reporting to external authorities when conduct meets criminal thresholds. This approach reflects an emphasis on prevention, accountability, and swift corrective action.

PROVISIONS

Provision (a): Mandatory Reporting and Immediate Access Restrictions

The facility reported in the PAQ that agency policy requires decisive and immediate action when a contractor or volunteer is determined to have engaged in sexual abuse. These required actions include prompt referral to the appropriate law enforcement agency unless the conduct is clearly determined to be non-criminal in nature, notification of relevant professional licensing or certifying bodies when applicable, and the immediate prohibition of the contractor's or volunteer's contact with incarcerated individuals.

The Facility Head verified that no incidents meeting these criteria occurred during the past twelve months. Nonetheless, leadership demonstrated clear understanding of the policy requirements and the expectation that reporting and access restrictions would be implemented without delay should such circumstances arise.

GDC SOP 208.06, Section H.2, Page 34, establishes that contractors or volunteers who engage in sexual abuse of an incarcerated individual shall be permanently barred from contact with offenders. The policy further requires referral to law enforcement authorities—unless the behavior is clearly non-criminal—and notification of applicable professional licensing or certifying bodies. In situations involving non-criminal violations of sexual abuse or harassment policy, the SOP directs facilities to implement appropriate remedial measures and to carefully evaluate whether continued access to incarcerated individuals is appropriate.

Provision (b): Corrective Action for Non-Criminal Policy Violations

The PAQ also reflects that the facility maintains procedures to address violations of sexual abuse or sexual harassment policies by contractors or volunteers that do not rise to the level of criminal conduct. These procedures include corrective action, evaluation of continued access to the facility, and implementation of safeguards designed to protect incarcerated individuals.

The Facility Head confirmed that, during the most recent twelve-month period, there were no instances requiring corrective action or reassessment of access privileges for any contractor or volunteer. Even in the absence of reportable incidents, the facility maintains active oversight of contractor and volunteer conduct and is prepared to take appropriate remedial action should a policy violation occur.

CONCLUSION

Based on a comprehensive review of the PAQ, supporting documentation, GDC SOP 208.06, and information obtained through interviews with facility leadership, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.77.

The facility has established clear, policy-driven procedures for addressing sexual abuse or sexual harassment by contractors and volunteers. These procedures emphasize mandatory reporting, immediate restriction of access, and corrective action when warranted. The absence of reportable incidents during the audit period reflects effective oversight, consistent enforcement of professional standards, and a strong institutional commitment to maintaining a safe and secure environment for all incarcerated individuals.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.78, 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) and all supporting documentation, as well as the Georgia Department of Corrections' Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. These documents collectively outline the agency's framework for inmate discipline related to sexual abuse, sexual harassment, and sexual misconduct, and establish clear expectations for due process, proportional sanctions, and rehabilitative considerations.

INTERVIEWS

Medical and Mental Health Staff

During interviews, medical and mental health professionals described the facility's approach to addressing sexually abusive behavior through clinically appropriate interventions. Staff confirmed that therapy, counseling, and other evidence-based interventions are available to address underlying behavioral, cognitive, or emotional factors that may contribute to abusive conduct. The facility considers participation in such interventions when determining an offending inmate's eligibility for programming, privileges, or other benefits, reinforcing a balanced approach that emphasizes both accountability and rehabilitation.

Facility Head or Designee

In a separate interview, the Facility Head provided an overview of institutional practices related to discipline and PREA enforcement. Leadership confirmed that the GDC strictly prohibits sexual activity between inmates and applies disciplinary sanctions only through a formal disciplinary process following an administrative substantiation or a criminal finding of guilt. It was further confirmed that there were zero administrative findings and zero criminal findings of inmate-on-inmate sexual abuse at the facility during the previous twelve months. The Facility Head also emphasized that inmates are disciplined for sexual contact with staff only when it is determined that the staff member did not consent, and that no inmate is subject to disciplinary action for making a PREA report in good faith based on a reasonable belief that the alleged conduct occurred.

PROVISIONS

Provision (a): Formal Disciplinary Process and Findings

The facility reported through the PAQ that disciplinary sanctions are imposed only after the completion of a formal disciplinary process and only when an administrative

finding substantiates inmate-on-inmate sexual abuse or a criminal finding of guilt has been entered. The PAQ further reflects that there were no such administrative or criminal findings within the past twelve months. This information was corroborated during the interview with facility leadership.

These requirements are supported by GDC SOP 208.06, page 34, Section H(3)(a), which clearly prohibits all consensual sexual activity between offenders and establishes that such conduct is addressed as a disciplinary matter unless coercion is determined. Additionally, SOP 208.06, page 34, Section H(3)(b), mandates that disciplinary sanctions follow a formal process and are imposed only upon substantiated administrative findings or criminal convictions, in accordance with SOP 209.01, Offender Discipline.

Provision (b): Proportionality and Consistency of Sanctions

The PAQ indicates that disciplinary sanctions are proportionate to the nature and circumstances of the offense, the inmate's disciplinary history, and sanctions imposed for comparable conduct by inmates with similar histories. This practice was confirmed during the interview with the Facility Head.

GDC SOP 208.06, page 35, Section H(3)(c), explicitly requires that sanctions be commensurate with these factors, ensuring fairness, consistency, and equity in the disciplinary process while reinforcing institutional safety and accountability.

Provision (c): Consideration of Mental Health Factors

The facility reported that, when determining whether sanctions are appropriate and what type of sanctions should be imposed, the disciplinary process includes consideration of whether an inmate's mental disability or mental illness contributed to the behavior. Facility leadership verified this practice during the interview process.

This requirement is codified in GDC SOP 208.06, page 35, Section H(3)(d), which directs decision-makers to consider mental health factors and refers to SOP 508.18, Mental Health Discipline Procedures, ensuring that disciplinary decisions are informed, individualized, and clinically appropriate.

Provision (d): Therapeutic and Corrective Interventions

According to the PAQ, the facility offers therapeutic services, counseling, and other interventions designed to address and correct underlying causes or motivations for sexually abusive behavior. Medical and mental health staff confirmed that the facility evaluates whether participation in such interventions should be offered or required as a condition of access to programming or other institutional benefits.

GDC SOP 208.06, page 35, Section H(3)(e), supports this practice by requiring the facility to consider therapeutic participation as part of its broader response to sexually abusive conduct, reinforcing the PREA emphasis on prevention and

behavioral change.

Provision (e): Sexual Conduct with Staff

The PAQ reflects that inmates are disciplined for sexual contact with staff only upon a determination that the staff member did not consent to such contact. This safeguard was verified during the interview with the Facility Head.

This provision is clearly articulated in GDC SOP 208.06, page 35, Section H(3)(f), which limits inmate discipline in such cases to situations involving non-consensual conduct, ensuring alignment with PREA standards and due process principles.

Provision (f): Protection for Good-Faith Reporting

The PAQ indicates that the agency prohibits disciplinary action against inmates who report sexual abuse in good faith based on a reasonable belief that the alleged conduct occurred, even when the allegation cannot ultimately be substantiated. Facility leadership confirmed this protection during interviews.

This requirement is reinforced by GDC SOP 208.06, page 35, Section H(3)(g), which clarifies that good-faith reporting does not constitute false reporting or dishonesty for disciplinary purposes, thereby supporting a culture of reporting and transparency.

Provision (g): Sexual Activity Between Inmates

The facility reported that all sexual activity between inmates is prohibited and is considered sexual abuse only when coercion is determined. This practice was verified with the Facility Head.

GDC SOP 208.06, page 34, Section H(3)(a), establishes that consensual sexual activity between offenders is a disciplinary issue rather than sexual abuse, while also requiring that all sexual contact be treated as non-consensual unless an investigation determines otherwise. This approach prioritizes inmate safety while preserving investigatory integrity.

CONCLUSION

Based on a thorough review of documentation, detailed interviews with facility leadership and medical and mental health staff, and careful analysis of applicable policies and procedures, the Auditor concludes that the agency and facility fully meet all provisions of PREA Standard §115.78. The disciplinary framework in place demonstrates due process, proportionality, clinical awareness, and strong protections for good-faith reporting, consistent with PREA requirements governing disciplinary sanctions for inmates.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>In preparation for assessing compliance with PREA Standard §115.81, the Auditor completed an in-depth and methodical review of the facility’s Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the agency. This review focused on evaluating the policies, procedures, and safeguards that govern medical and mental health responses to disclosures of sexual victimization and sexually abusive behavior, with particular attention to confidentiality, informed consent, and continuity of care.</p> <p>As part of this assessment, the Auditor examined the Georgia Department of Corrections’ (GDC) comprehensive policy framework that establishes expectations for identifying risk, initiating referrals, and managing sensitive information in a manner consistent with PREA requirements. Primary among the documents 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 provides a structured, agency-wide protocol for screening, referral, documentation, and follow-up services for individuals identified as victims of sexual abuse, individuals with a history of sexually abusive behavior, or those otherwise identified as being at heightened risk.</p> <p>The Auditor also reviewed GDC SOP Reference Number VH82-0001, Informed Consent, effective April 1, 2002. This policy establishes ethical and procedural requirements governing how medical and mental health information is obtained, disclosed, and protected. Together, these policies form the operational and ethical foundation ensuring that incarcerated individuals receive appropriate and timely medical and mental health care while preserving confidentiality and complying with PREA mandates.</p> <p><u>INTERVIEWS</u></p> <p>Risk Screening and Classification Staff</p> <p>Interviews were conducted with staff responsible for intake screening and classification functions to evaluate how information related to sexual victimization and abusiveness is identified, protected, and appropriately shared. These staff described a clearly defined process in which screening results are reviewed for indicators of risk or prior sexual victimization and referrals are initiated as required. Interviewees emphasized that medical and mental health information is maintained in a secure, separate electronic system accessible only to authorized medical or mental health personnel.</p> <p>Staff further explained that information derived from PREA screenings is shared with non-medical staff strictly on a limited, need-to-know basis and only for legitimate operational purposes, such as housing placement, programming decisions, or safety</p>

planning. This controlled dissemination process reinforces confidentiality while ensuring that management decisions are informed by relevant safety considerations.

Medical and Mental Health Practitioners

Medical and mental health staff were interviewed to assess compliance with informed consent requirements, confidentiality standards, and follow-up care obligations. Practitioners consistently demonstrated a clear understanding of their responsibilities under PREA and agency policy. They explained that informed consent is obtained before reporting information regarding prior sexual victimization that did not occur in an institutional setting, unless the individual is under the age of 18. Staff confirmed that this consent process is conducted in accordance with agency policy and is properly documented in the individual's health record.

Medical and mental health practitioners also described the facility's procedures for providing follow-up services. When intake screenings identify individuals as having a history of sexual victimization, a risk of sexual victimization, or a history of sexually abusive behavior, a follow-up meeting with a qualified mental health professional is offered within 14 days. These encounters are documented, tracked, and maintained within the medical or mental health record to ensure continuity of care, accountability, and PREA compliance.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported no incidents of sexual abuse involving incarcerated individuals within the previous 12 months. As a result, there were no individuals available to be interviewed for this standard.

PROVISIONS

Provision (a)

Provision (a) requires that incarcerated individuals who disclose prior sexual victimization during screening are offered a follow-up meeting with a qualified medical or mental health practitioner. According to the PAQ, the facility consistently offers such follow-up meetings within 14 days of intake screening. Medical and mental health staff document each encounter to ensure continuity of care and compliance with established protocols. Interviews with screening and medical staff corroborated that this practice is routinely implemented.

This requirement is explicitly set forth in GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Page 25, Section D(7), directs that individuals whose screenings indicate prior sexual victimization, a history of sexually assaultive behavior, or involvement as an alleged victim or aggressor in a sexual abuse or sexual harassment allegation must be offered medical and mental health counseling within 14 days of screening. Compliance is documented through completion of Attachment 14, the PREA Counseling Referral Form.

Provision (b)

Provision (b) addresses the requirement that individuals who have previously perpetrated sexual abuse be offered a follow-up meeting with a mental health practitioner within 14 days of staff becoming aware of the behavior. The facility reported full compliance with this provision in the PAQ. Mental health staff confirmed that referrals are made promptly and that detailed records of mental health encounters are maintained to document services provided and ensure timely follow-up.

This requirement is also governed by GDC SOP 208.06, page 25, Section D(7), which mandates consistent referral, documentation, and monitoring practices for individuals identified as having a history of sexually abusive behavior.

Provision (c)

Provision (c) is not applicable, as the facility is not a jail and does not house detainees subject to this specific requirement.

Provision (d)

Provision (d) pertains to the controlled and intentional use of information related to sexual victimization or abusiveness that occurred in an institutional setting. The PAQ reflects that such information is used solely to inform safety-related and management decisions, including treatment planning, housing and bed assignments, work details, educational placements, program participation, or as otherwise required by law. Interviews with risk screening staff confirmed that this information is not broadly disseminated and is carefully restricted to those with a legitimate operational need, thereby reinforcing confidentiality while enhancing institutional safety.

Provision (e)

Provision (e) requires that medical and mental health professionals obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, except when the individual is under the age of 18. The facility reported compliance with this requirement in the PAQ, and interviews with medical and mental health staff confirmed consistent adherence to this practice.

This provision is governed by GDC SOP Reference Number VH82-0001, Informed Consent, effective April 1, 2002. Page 3, Section VI(A)(1-4), establishes that upon entry into GDC custody, individuals are asked to review and sign a general informed consent form authorizing noninvasive examinations, procedures, and treatments for the duration of confinement. The policy further ensures accessibility by requiring that informed consent be explained in a language or manner understood by individuals who cannot read, write, or speak English or Spanish. Signed consent forms are maintained in the health record, and implied consent applies following appropriate explanation of examinations, treatments, or procedures.

CONCLUSION

Based on a comprehensive review of documentation, detailed interviews with facility staff, and careful analysis of policy implementation and practice, the Auditor

	<p>concludes that the agency and facility fully meet the requirements of PREA Standard §115.81. The facility has established clear, well-defined policies and consistently applied procedures that ensure timely medical and mental health follow-up, protect confidentiality, secure informed consent, and appropriately limit the use of sensitive information related to sexual victimization and sexually abusive behavior.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>In assessing compliance with PREA Standard §115.82, the Auditor conducted a comprehensive and methodical review of documentation governing the facility’s response to allegations of sexual abuse requiring urgent medical and mental health intervention. This review included the completed Pre-Audit Questionnaire (PAQ) and all accompanying exhibits, which collectively outline the facility’s framework for delivering immediate, trauma-informed clinical care and crisis intervention services without barriers, cost, or conditional requirements.</p> <p>Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes the agency’s mandate to ensure prompt access to emergency medical and mental health services following a report of sexual abuse. It delineates roles and responsibilities for medical providers, mental health professionals, and first responders, and emphasizes clinician-driven decision-making grounded in professional judgment.</p> <p>The policy further references SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault), which together provide detailed procedural guidance for forensic examinations, prophylactic treatment, consent protocols, and continuity of care. Collectively, these documents demonstrate a coordinated and compliant approach designed to prioritize survivor safety, dignity, and timely clinical intervention.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>Interviews with licensed medical and mental health practitioners confirmed that emergency services are initiated immediately upon receipt of a sexual abuse report, without delay, precondition, or administrative barrier. Staff consistently emphasized that all clinical decisions regarding the nature, scope, and timing of services are based exclusively on professional medical judgment and current standards of care.</p>

Medical providers explained that individuals reporting sexual abuse are promptly evaluated and offered comprehensive treatment, including emergency contraception and prophylactic medication for sexually transmitted infections (STIs), when medically appropriate and consistent with Centers for Disease Control and Prevention (CDC) guidance. Each case is approached individually, with a strong emphasis on privacy, informed consent, and respect for personal autonomy.

Staff described the coordinated response process: upon notification, the individual is escorted to the medical unit for an immediate assessment. Nursing staff determine whether emergency hospital transport is required, while facility medical staff provide supportive care and preserve forensic evidence pending the involvement of outside medical providers, if necessary. Attending physicians authorize treatment orders and follow-up care, which includes counseling on STI prevention, emotional health, and available support services.

Mental health referrals are offered to every individual who reports sexual abuse. While medical treatment takes precedence due to urgency, mental health services follow closely. Referrals are typically initiated the same day staff become aware of the allegation, with mental health appointments scheduled as soon as medical treatment concludes to ensure uninterrupted support.

First Responders (Security and Non-Security Staff)

Interviews with security staff who may serve as first responders confirmed their understanding of immediate responsibilities following a report of sexual abuse. Officers explained that their primary duties include ensuring the safety of the alleged victim, separating involved parties when appropriate, preserving potential evidence, and notifying medical and mental health staff without delay.

Non-security staff, including administrative and support personnel, described a complementary role. They reported that upon receiving a disclosure, they are trained to remain with the individual, ensure safety, and immediately notify security staff so that the appropriate response protocol can be activated. Both security and non-security staff demonstrated familiarity with their role as a critical bridge between disclosure and clinical care.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported no incidents of sexual abuse involving incarcerated individuals within the previous 12 months. As a result, there were no individuals available to be interviewed for this standard.

PROVISIONS

Provision (a): Clinician-Directed, Timely Emergency Medical and Crisis Intervention Services

Provision (a) requires that incarcerated individuals who experience sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services, with the scope of care determined by qualified medical and

mental health practitioners.

According to the PAQ, individuals who report sexual abuse while in custody are provided prompt access to emergency medical care and crisis services. Medical and mental health staff confirmed during interviews that these services are delivered without obstruction and are guided solely by professional clinical judgment. Secondary documentation, including logs and forms, is maintained to record the timeliness of care, the actions taken by non-health staff when medical personnel are not immediately available, and the provision of information related to emergency contraception and STI prophylaxis.

This requirement is supported by GDC SOP 208.06, page 36, Section I, which outlines the agency's obligation to provide emergency medical and mental health services in compliance with PREA regulations (28 CFR §115). The SOP explicitly references SOP 507.04.85 and SOP 507.04.91 as governing clinical procedures.

Provision (b): First-Responder Protective Actions and Rapid Medical Notification

Provision (b) addresses the responsibilities of first responders when a report of recent sexual abuse is made in the absence of on-duty medical or mental health practitioners. The PAQ indicates that trained security staff initiate immediate protective measures consistent with §115.62 and ensure that medical and mental health personnel are contacted without delay.

Interviews with security staff confirmed that officers are trained to protect the alleged victim, isolate any known alleged perpetrator, preserve evidence, and expedite notification to healthcare staff. These practices were consistently described and align with policy expectations.

GDC SOP 208.06, page 36, Section I, affirms that when healthcare providers are not immediately available, first responders are responsible for initiating protective actions and securing timely medical intervention, consistent with SOP 507.04.85 and SOP 507.04.91.

Provision (c): Timely Access to Emergency Contraception and STI Prophylaxis

Provision (c) requires that incarcerated individuals who experience sexual abuse be offered timely information about, and access to, emergency contraception and STI prophylaxis when medically appropriate.

As documented in the PAQ and confirmed through interviews with medical staff, individuals are promptly informed of available treatment options and offered emergency contraception and STI prophylactic medications in accordance with accepted clinical standards. Healthcare staff emphasized that these services are delivered without unnecessary delay and that individuals receive clear, understandable information to support informed decision-making.

This requirement is reinforced by GDC SOP 208.06, page 36, which mandates timely

access to appropriate medical interventions following sexual abuse, consistent with professional medical protocols.

Provision (d): No-Cost Access to Medical and Mental Health Treatment

Provision (d) ensures that all treatment services related to sexual abuse are provided at no cost and without regard to an individual’s willingness or ability to cooperate with an investigation.

The PAQ states, and medical staff confirmed, that all medical and mental health services associated with a sexual abuse report are provided free of charge. Access to care is not contingent upon identifying the alleged perpetrator or participating in an investigation.

This requirement is codified in GDC SOP 208.06, page 16, Section B(c), which explicitly mandates that treatment related to sexual abuse be provided at no cost and without conditional requirements.

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, and interviews with medical and mental health professionals, first responders, and incarcerated individuals, the Auditor concludes that the facility meets the requirements of PREA Standard §115.82. The facility has established and effectively implemented a coordinated, trauma-informed response system that ensures immediate access to emergency medical and mental health services following reports of sexual abuse. Policies align with federal PREA standards, staff demonstrate a strong understanding of their roles, and practices consistently prioritize timely, confidential, and clinically appropriate care at no cost to the individual.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In order to evaluate compliance with PREA Standard §115.83, the Auditor conducted a comprehensive and methodical review of the facility’s Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation. This review was designed to assess the agency’s policies and operational practices governing the delivery of ongoing medical and mental health care for individuals who report sexual abuse, including requirements related to evaluation, treatment, follow-up services, and continuity of care.

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. This policy establishes the agency's overarching framework for responding to sexual abuse, ensuring access to necessary medical and mental health services, protecting confidentiality, and providing continued care following an incident. The Auditor also examined GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018, which provides detailed clinical direction for mental health assessments, treatment planning, professional boundaries, and the separation of clinical services from investigative responsibilities.

Taken together, these policies reflect a structured, trauma-informed, and clinically driven approach that prioritizes the physical and psychological well-being of individuals who experience sexual abuse while incarcerated.

INTERVIEWS

Medical and Mental Health Professionals

Interviews with medical and mental health professionals focused on the immediacy, scope, and quality of care provided following reports of sexual abuse. Staff described a coordinated response in which treatment is initiated without delay and guided by professional clinical judgment. Interviewees emphasized that all medical and mental health services related to sexual abuse are provided at no cost to the individual and are consistent with recognized community standards of care.

Medical staff outlined the range of services available, including emergency medical intervention, forensic examinations when indicated, sexually transmitted infection (STI) testing, prophylactic treatment, and follow-up medical care. Mental health practitioners described the provision of crisis intervention, psychiatric and psychological services, ongoing counseling, and referrals for specialized treatment as clinically appropriate. Staff repeatedly emphasized the importance of confidentiality, noting that identifying information and details of incidents are safeguarded and not disclosed beyond informing treatment and safety decisions.

Mental health staff further confirmed that when there is a known history of inmate-on-inmate sexual abuse, efforts are made to conduct a mental health evaluation within 60 days of staff becoming aware of the history. When clinically indicated, treatment and counseling services are offered and documented to support behavior management and reduce the risk of future harm.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported no incidents of sexual abuse involving incarcerated individuals within the previous 12 months. As a result, there were no individuals available to be interviewed for this standard.

PROVISIONS

Provision (a): Immediate and Ongoing Medical and Mental Health Evaluation

and Treatment

Provision (a) requires that all individuals who have been victimized by sexual abuse receive appropriate medical and mental health evaluations and treatment. The facility reported in the PAQ that such services are provided in every instance, and this was consistently confirmed through interviews with medical and mental health staff.

Documentation reviewed by the Auditor reflected a comprehensive continuum of care, including crisis intervention, psychiatric and psychological services, STI testing, prophylactic treatment, and ongoing clinical follow-up. Services are provided regardless of whether the individual identifies the alleged abuser or cooperates with an investigation and are delivered without financial cost. This approach aligns with accepted correctional healthcare practices and trauma-informed care principles.

This provision is further supported by GDC SOP 508.22, which requires that individuals reporting sexual abuse be treated in a sensitive, professional, and nonjudgmental manner. The policy mandates that an initial clinical mental health evaluation—distinct from any investigative activity—be conducted within one business day, or sooner when clinically indicated. Staff performing these evaluations do not participate in investigative or credibility determinations, ensuring a clear separation between treatment and investigation.

Provision (b): Follow-Up Services, Treatment Planning, and Continuity of Care

Provision (b) addresses the requirement for appropriate follow-up services, individualized treatment planning, and referrals to ensure continuity of care following a transfer, placement in another facility, or release from custody. The facility reported compliance with this provision in the PAQ, and interviews with medical and mental health staff confirmed that these practices are consistently implemented.

GDC SOP 208.06 requires that care provided to victims of sexual abuse include follow-up evaluations and referrals as clinically appropriate. Documentation reviewed by the Auditor demonstrated thorough treatment planning, detailed progress notes, and scheduled follow-up appointments. Records reflected ongoing monitoring by healthcare staff to support stabilization, recovery, and continuity of services.

Provision (c): Community-Equivalent Standards of Care

Provision (c) requires that medical and mental health services provided to victims of sexual abuse be consistent with community standards of care. The facility reported compliance in the PAQ, and interviews with medical and mental health staff confirmed that services delivered within the facility mirror those available in the community.

This requirement is explicitly reinforced in GDC SOP 208.06, which affirms that incarcerated individuals who are victims of sexual abuse are entitled to professional medical and mental health services equivalent in scope and quality to those provided outside a correctional setting.

Provision (d): Not Applicable - Pregnancy-Related Medical Services

Provision (d), which addresses pregnancy-related medical services, is not applicable to this facility based on its population and operational characteristics.

Provision (e): Not Applicable - Pregnancy Counseling and Support Services

Provision (e), which addresses pregnancy counseling and related services, is not applicable to this facility based on its population and operational characteristics.

Provision (f): Sexually Transmitted Infection Testing and Preventive Care

Provision (f) requires that victims of sexual abuse be offered testing for sexually transmitted infections when medically appropriate. The facility reported compliance with this provision in the PAQ, which was verified through interviews with medical staff.

GDC SOP 208.06 mandates that individuals who experience sexual abuse while incarcerated are offered STI testing and preventive care as clinically indicated. Medical staff confirmed that testing options are explained, offered promptly, and conducted in a confidential and respectful manner.

Provision (g): No-Cost Access to Medical and Mental Health Services

Provision (g) ensures that all treatment services related to sexual abuse are provided without financial cost and without regard to an individual's participation in an investigation. The facility reported in the PAQ that all related medical and mental health services are provided free of charge.

This requirement is codified in GDC SOP 208.06, page 16, Section B(c), which explicitly states that access to treatment is not contingent upon naming an alleged abuser or cooperating with investigative processes. Interviews with medical and mental health staff confirmed consistent adherence to this policy.

Provision (h): Mental Health Evaluation and Treatment of Known Abusers

Provision (h) requires facilities to make an effort to conduct a mental health evaluation of individuals with a known history of inmate-on-inmate sexual abuse within 60 days of becoming aware of such history and to offer treatment when clinically appropriate. The facility reported compliance with this requirement in the PAQ, and mental health staff verified this practice during interviews.

This requirement is supported by GDC SOP 208.06, page 25, Section D(7), which mandates follow-up medical and mental health counseling for individuals identified through screening as having a history of sexual victimization or sexually assaultive behavior. Compliance is documented through completion of the PREA Counseling Referral Form and ongoing clinical records.

CONCLUSION

Based on a comprehensive review of documentation, structured interviews with medical and mental health professionals, and interviews with incarcerated individuals, the Auditor concludes that the agency and facility meet all provisions of

	<p>PREA Standard §115.83. The facility has demonstrated a consistent, trauma-informed, and professionally guided approach to providing ongoing medical and mental health care to victims of sexual abuse, supported by clear policies, effective implementation, and documented continuity of care in alignment with PREA requirements.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.86, the Auditor conducted an in-depth and systematic review of the facility’s Pre-Audit Questionnaire (PAQ) along with all supporting materials submitted in advance of the on-site audit. This review focused on the facility’s established procedures for completing Sexual Abuse Incident Reviews (SAIRs) following the conclusion of criminal or administrative investigations, as well as the mechanisms in place to evaluate trends, identify contributing factors, and strengthen PREA-related prevention, detection, and response practices.</p> <p>The Auditor reviewed governing policies and procedural guidance issued by the Georgia Department of Corrections (GDC), including Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Particular attention was given to Attachment 9 of this policy, the Sexual Abuse Incident Review (SAIR) Checklist, which functions as the agency’s standardized review instrument. This tool is designed to guide multidisciplinary incident reviews, ensure consistent documentation, and capture both immediate findings and long-term recommendations for corrective or preventive action.</p> <p>Collectively, the reviewed documentation demonstrates that the agency has established a structured, accountable, and policy-driven framework for post-incident analysis. This framework supports organizational learning, promotes transparency, and reinforces leadership oversight in alignment with PREA requirements.</p> <p>-</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head confirmed that Sexual Abuse Incident Reviews are treated as a critical component of institutional accountability and quality assurance. The Facility Head explained that the Incident Review Team (IRT) is intentionally composed of executive-level and senior management representatives from multiple operational areas to ensure a comprehensive and informed review process. Recommendations resulting from SAIRs are evaluated carefully for feasibility and effectiveness, and when recommendations cannot be implemented, the reasons</p>

for non-implementation are formally documented in accordance with agency policy.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the procedural oversight role associated with the SAIR process. The PCM confirmed that the Incident Review Team convenes within 30 days following the conclusion of any qualifying criminal or administrative sexual abuse investigation. Completed SAIR documentation is formally submitted to both the Facility Head and the PCM, allowing for leadership review, tracking of corrective actions, and follow-up to ensure accountability and compliance with PREA standards.

Incident Review Team (IRT)

Members of the Incident Review Team outlined a structured and collaborative review process guided by GDC policy and the SAIR Checklist. Team members reported that each review involves a deliberate examination of contributing factors, staff actions, environmental considerations, policy adherence, and opportunities for systemic improvement. The team's multidisciplinary composition—including upper-level management, line supervisors, investigators, and medical and mental health professionals—ensures that reviews reflect both operational realities and clinical considerations.

PROVISIONS

Provision (a): Timely Post-Investigation Sexual Abuse Incident Reviews

Provision (a) requires facilities to conduct a sexual abuse incident review following the conclusion of every substantiated or unsubstantiated criminal or administrative investigation, excluding allegations determined to be unfounded.

During the 12-month period preceding the audit, the facility reported five sexual abuse allegations. Three allegations involved staff-on-inmate conduct and were investigated administratively. At the time of the on-site audit, two of these allegations had been determined to be unfounded, and one was determined not to meet the PREA threshold. None of these cases were referred for criminal investigation or prosecution.

The remaining two allegations involved inmate-on-inmate conduct and were also investigated administratively. At the time of the audit, both allegations had been determined to be unfounded and were not referred for criminal investigation. In all cases, affected inmates were notified of the outcomes of the investigations in accordance with policy.

Although SAIRs are not required for allegations determined to be unfounded, the facility conducted sexual abuse incident reviews in each case within 30 days of the conclusion of the investigations. This practice reflects a proactive approach to oversight and quality assurance beyond the minimum requirements of the standard.

This requirement is governed by GDC SOP 208.06, page 36, Section J(1), which

mandates that the Incident Review Team conduct a review within 30 days of the conclusion of every substantiated and unsubstantiated sexual abuse investigation using Attachment 9, the SAIR Checklist. The policy specifies that reviews are not required for sexual harassment allegations or incidents determined to be unfounded or not PREA-related.

Provision (b): Documentation of Incident Reviews Using a Standardized Instrument

Provision (b) addresses the requirement that sexual abuse incident reviews be documented using a consistent and standardized format.

The PAQ indicates that the facility conducts Sexual Abuse Incident Reviews within 30 days of concluding qualifying investigations. During the previous 12 months, five investigations into alleged sexual abuse were completed, all of which were determined to be unfounded. While SAIRs were not required under PREA for these determinations, the facility nevertheless completed incident reviews within the prescribed timeframe.

Attachment 9 to GDC SOP 208.06, the Sexual Abuse Incident Review Checklist, serves as the standardized documentation tool for all required reviews. The Auditor confirmed that this checklist is used to ensure thorough analysis, consistent documentation, and alignment with PREA standards whenever SAIRs are conducted.

Provision (c): Multidisciplinary Composition of the Incident Review Team

Provision (c) requires that sexual abuse incident reviews be conducted by a multidisciplinary team that includes upper-level management and incorporates input from relevant operational and clinical staff.

The facility reported in the PAQ that the Incident Review Team includes upper-level management, line supervisors, investigators, and medical or mental health practitioners. This composition was confirmed during interviews with the Facility Head and Incident Review Team members.

GDC SOP 208.06 requires that an administrative review be completed for all alleged sexual abuse and staff sexual harassment incidents unless the allegation is determined to be unfounded. The policy further directs the Facility Head to obtain input from security supervisors, investigators, and medical or mental health practitioners, ensuring that incident reviews are comprehensive, balanced, and informed by multiple professional perspectives.

Provision (d): Formal Reporting and Leadership Oversight of Review Findings

Provision (d) requires that facilities produce a written report documenting the findings of each sexual abuse incident review, including any determinations and

recommendations for improvement, and submit the report to facility leadership.

The facility reported in the PAQ that all SAIR findings and recommendations are documented and submitted to both the Facility Head and the PREA Compliance Manager. This reporting process was confirmed during interviews and is supported by policy documentation.

GDC SOP 208.06 reiterates that the Incident Review Team must complete and document reviews within 30 days of qualifying investigations using the SAIR Checklist. These reports function as a formal oversight mechanism, enabling leadership to monitor trends, evaluate institutional practices, and ensure accountability.

Provision (e): Implementation or Documentation of Review Recommendations

Provision (e) requires facilities to implement recommendations resulting from sexual abuse incident reviews or to formally document the reasons why recommendations cannot be implemented.

The PAQ reflects that the facility implements SAIR recommendations when appropriate and documents justification when recommendations are not feasible. This practice was confirmed during the interview with the Facility Head.

GDC SOP 208.06 mandates that review teams include upper-level management and incorporate multidisciplinary input. The policy further requires that recommendations resulting from incident reviews be implemented whenever possible, or that the reasons for non-implementation be clearly documented. Any proposed improvements requiring agency-level approval must be submitted to the Georgia Department of Corrections for review and authorization.

CONCLUSION

Based on a comprehensive review of policy and procedural documentation, interviews with facility leadership, PREA staff, and Incident Review Team members, and examination of investigative records, the Auditor concludes that the facility exceeds the requirements of PREA Standard §115.86. The facility demonstrates a consistent practice of conducting Sexual Abuse Incident Reviews following all allegations, regardless of outcome, as a means of maintaining heightened oversight and reinforcing institutional accountability.

The facility has established and effectively implemented a structured, timely, and multidisciplinary SAIR process that not only meets PREA requirements but also strengthens prevention, detection, and response efforts through continuous evaluation and improvement.

115.87	Data collection
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 576 376">DOCUMENT REVIEW</p> <p data-bbox="256 412 1469 613">To determine compliance with PREA Standard §115.87, the Auditor conducted an in-depth review of agency-wide documentation and data management practices related to the collection, aggregation, analysis, and reporting of sexual abuse data. This review extended beyond facility-level practices to ensure that data processes were implemented consistently across all custodial settings under the agency’s authority.</p> <p data-bbox="256 649 1485 851">The Auditor examined the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility and the Georgia Department of Corrections (GDOC). Particular attention was given to documentation demonstrating how sexual abuse allegations are tracked from initial reporting through investigation, review, and final disposition.</p> <p data-bbox="256 887 1461 1133">In addition, the Auditor reviewed GDOC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes the formal, systemwide framework governing sexual abuse data collection, uniform definitions, reporting timelines, annual aggregation, internal review, and public dissemination of findings.</p> <p data-bbox="256 1169 1469 1415">To further assess accuracy, consistency, and compliance with federal requirements, the Auditor reviewed the agency’s most recent Survey of Sexual Victimization (SSV2) submission, along with the agency’s Annual PREA Report. These documents were evaluated to confirm alignment with Department of Justice (DOJ) reporting standards and to verify that data is aggregated and analyzed in a manner that supports accountability, transparency, and continuous improvement.</p> <p data-bbox="256 1491 456 1527">INTERVIEWS</p> <p data-bbox="256 1563 619 1599">PREA Coordinator (PC)</p> <p data-bbox="256 1635 1453 1881">During the interview, the PREA Coordinator provided an overview of the agency’s centralized and standardized approach to sexual abuse data management. The PC explained that the agency maintains a uniform data collection system that captures both incident-based and aggregated sexual abuse data from all state-operated facilities, as well as from any private facilities operating under contract for inmate confinement.</p> <p data-bbox="256 1917 1453 2074">The PREA Coordinator confirmed that the agency is fully prepared to submit all required data to the Department of Justice upon request and adheres to established federal timelines, including submission of data from the prior calendar year no later than June 30. The PC emphasized that centralized oversight allows the agency to</p>

ensure consistency in definitions, reporting practices, and data integrity across all facilities.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the operational processes used to collect, maintain, and review sexual abuse data at both the facility and agency levels. The PCM explained that incident-level information is systematically gathered from multiple primary source documents, including incident reports, investigative files, and Sexual Abuse Incident Review documentation.

The PCM further noted that collected data is actively reviewed for accuracy, completeness, and consistency before submission. This information is then used to identify trends, evaluate policy effectiveness, assess staff performance, and inform corrective or preventive actions. The interview confirmed that data collection and analysis are ongoing, purposeful activities that support the agency's PREA compliance efforts and broader commitment to sexual safety.

PROVISIONS

Provision (a): Standardized and Uniform Data Collection Practices

The facility reported in the PAQ that the agency collects accurate, consistent, and uniform data for every allegation of sexual abuse using a standardized instrument and a common set of definitions across all facilities under its control. This structured approach ensures that data is comparable systemwide and supports meaningful analysis. The PREA Coordinator confirmed these practices during the interview.

Agency policy reinforces this requirement. GDOC SOP 208.06, effective June 23, 2022, page 36, section 2(a), requires each facility to submit a monthly sexual abuse data report to the Department's PREA Analyst using an electronic spreadsheet developed by the PREA Coordinator's office. Reports must be submitted via email no later than the third calendar day of the month following the reporting period and must include all allegations investigated during that month, along with their dispositions.

Completion of these reports is governed by the Facility PREA Log User Guide, ensuring standardized data entry and accuracy.

Additionally, SOP 208.06, page 36, section 2(b), requires facilities to submit copies of Attachment 9, Sexual Abuse Incident Review Checklists, for each Sexual Abuse Incident Review Team (SAIRT) meeting conducted during the reporting month. These submissions, also due by the third calendar day of the following month, further support comprehensive and uniform data tracking.

Provision (b): Annual Aggregation, Review, and Analysis of Data

The facility indicated in the PAQ that the agency aggregates incident-based sexual abuse data at least annually. This practice was confirmed during the interview with the PREA Coordinator and validated through the Auditor's review of the most recent Annual PREA Report.

GDOC SOP 208.06, page 37, section 2(c), requires the Department to review and aggregate all sexual abuse allegation data to improve staff performance, identify systemic or facility-specific problem areas, enhance operational practices, and strengthen sexual safety for incarcerated individuals. The policy mandates the preparation and publication of an annual report that compares data across reporting years and evaluates progress made in addressing sexual abuse. This report is made publicly available on the agency's website, reinforcing transparency and accountability.

Provision (c): Alignment with Department of Justice Survey Requirements

According to the PAQ, the agency's standardized data collection instrument captures, at a minimum, all information required to complete the most recent version of the Department of Justice Survey of Sexual Violence (SSV). This was confirmed during the interview with the PREA Coordinator.

GDOC SOP 208.06, pages 36-37, section J, requires that the agency's annual PREA report be forwarded to the U.S. Department of Justice, Bureau of Justice Statistics. The policy further specifies that, upon request, the agency will provide all relevant data from the previous calendar year, ensuring full compliance with federal survey and reporting requirements.

Provision (d): Use of Comprehensive Incident-Based Documentation

The facility reported in the PAQ that the agency maintains, collects, and reviews data derived from all available incident-based documentation, including initial reports, investigative files, and Sexual Abuse Incident Reviews. This practice was verified during interviews with the PREA Coordinator.

As outlined in SOP 208.06, page 36, section 2(a), monthly reporting requirements ensure that every investigated allegation and its outcome are documented and submitted to the Department's PREA Analyst. This systematic and continuous process ensures that incident-level information is preserved, reviewed, and available for both internal analysis and external reporting.

Provision (e): Inclusion of Data from Contracted Facilities

The PAQ reflects that the agency obtains both incident-based and aggregated sexual abuse data from all private facilities with which it contracts for inmate confinement. This practice was confirmed during the interview with the PREA Coordinator.

GDOC SOP 208.06, pages 36-37, section J, requires the agency's annual PREA report to include comparisons between current-year data, corrective actions, and data from prior years. The report must evaluate progress in addressing sexual abuse and receive approval from the Commissioner before publication. The policy also permits the redaction of information that could compromise safety or security, provided that an explanation for any redactions is documented.

Provision (f): Submission of Data to the Department of Justice

	<p>The facility reported in the PAQ that the agency provides the Department of Justice with sexual abuse data from the previous calendar year upon request. This was confirmed through the interview with the PREA Coordinator.</p> <p>The Auditor reviewed the most recent SSV2 submission and verified that the agency complied with DOJ reporting requirements, demonstrating its capacity to respond accurately, thoroughly, and within required timeframes to federal data requests.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of agency policies, data management documentation, interviews with PREA leadership, and verification of reporting practices, the Auditor concludes that the agency and facility fully comply with all provisions of PREA Standard §115.87, Data Collection. The evidence demonstrates a consistent, standardized, and transparent system for collecting, aggregating, reviewing, and reporting sexual abuse data in full alignment with PREA standards and Department of Justice requirements.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.88, the Auditor conducted a comprehensive examination of agency- and facility-level documentation addressing the review, analysis, publication, and application of sexual abuse data for corrective action and ongoing improvement. This review focused on how the agency uses data collected under PREA to evaluate performance, identify trends, and strengthen sexual abuse prevention and response efforts systemwide.</p> <p>The Auditor reviewed the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility and the Georgia Department of Corrections (GDC). These materials were evaluated to determine whether data review processes are formalized, consistently applied, and integrated into agency decision-making and oversight.</p> <p>In addition, the Auditor examined 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 establishes the agency’s structured framework for data analysis, annual reporting, public disclosure, and corrective action planning based on identified trends and outcomes.</p> <p>Supplemental documentation reviewed included the most recent Survey of Sexual Victimization (SSV-2), the agency’s most recent PREA Annual Data Report, and PREA-</p>

related materials publicly available on the GDC website. The Auditor accessed the agency's PREA webpage to verify that annual reports and supporting PREA information are publicly accessible, current, and presented in a transparent manner consistent with PREA requirements.

INTERVIEWS

Agency Head or Designee

The Agency Head Designee described the purpose and use of the PREA annual report as a key management and accountability tool. The Designee explained that the report includes a comparison of current-year sexual abuse data and corrective actions with those from prior reporting periods. This longitudinal analysis allows the agency to measure progress, identify emerging issues, and evaluate the effectiveness of corrective strategies over time.

The Designee further stated that the annual report documents the steps taken by the agency and its facilities to enhance safety for incarcerated individuals and staff. The report is approved at the executive level and posted on the agency's PREA webpage, ensuring transparency and accessibility for stakeholders, oversight bodies, and the general public.

PREA Coordinator (PC)

The PREA Coordinator outlined the agency's systematic process for reviewing and analyzing data collected pursuant to PREA Standard §115.87. The PC explained that data is evaluated to assess the effectiveness of sexual abuse prevention, detection, response, and training practices across all facilities. This analysis includes identifying trends, recurring issues, and areas requiring corrective action or policy enhancement.

The PC further noted that the results of this analysis are documented in a comprehensive annual PREA report. The report is made publicly available on the agency's website, with redactions limited to personal identifying information or content that could compromise safety or security. All other findings, analyses, and conclusions are included to the greatest extent possible to support transparency and public accountability.

PREA Compliance Manager (PCM)

During the interview, the PREA Compliance Manager emphasized the agency's commitment to transparency and public access to PREA-related information. The PCM explained that a substantial portion of PREA documentation, including annual reports and supporting materials, is posted on the agency's website.

The PCM noted that public availability of this information allows stakeholders to understand how the agency evaluates sexual abuse data, identifies trends, and implements corrective actions. This transparency reinforces accountability and demonstrates the agency's ongoing commitment to PREA compliance and continuous improvement.

Facility Head

The Facility Head confirmed that sexual abuse allegations are reviewed at the facility

level by the facility's PREA Committee. The Facility Head explained that each review examines contributing factors, policy compliance, and potential corrective measures. Findings, trends, and relevant observations from these reviews are forwarded to the PREA Coordinator for inclusion in the agency's broader data analysis and annual reporting process.

This practice ensures that facility-level insights and operational realities directly inform agency-wide assessments and corrective action planning.

PROVISIONS

Provision (a): Systematic Data Review to Improve Policies, Practices, and Training

The facility reported in the PAQ that the agency routinely reviews data collected under PREA Standard §115.87 to evaluate and improve sexual abuse prevention, detection, and response policies, procedures, and training programs. This ongoing review process includes identifying problem areas, implementing corrective actions as issues arise, and documenting outcomes in an annual PREA report. The PREA Coordinator confirmed this practice during the interview.

GDC SOP 208.06, effective June 23, 2022, requires the PREA Coordinator to analyze collected data to assess the effectiveness of applicable agency policies and procedures. The policy further mandates the preparation of institution-specific reports submitted to the Commissioner that identify deficiencies, recommend corrective actions, and compare current findings with data from the previous reporting year.

Provision (b): Comparative Analysis and Measurement of Progress Over Time

According to the PAQ, the agency's annual PREA report includes a structured comparison of current-year data and corrective actions with those from prior years. This longitudinal analysis allows the agency to measure progress, evaluate the sustainability of corrective actions, and identify trends requiring further intervention. This practice was confirmed during the interview with the Agency Head Designee.

The Auditor reviewed the most recent PREA Annual Data Report and determined that it meets PREA requirements. The report contains year-to-year comparative analysis, clearly documents corrective actions taken, and assesses the agency's progress in addressing sexual abuse across facilities. The report is publicly available through the GDC PREA webpage.

Provision (c): Public Transparency Through Annual Publication

The PAQ indicates that the agency makes its PREA annual report publicly available on at least an annual basis via its website. This practice supports transparency and public accountability and is consistent with PREA standards.

The Auditor verified that GDC posts all PREA annual reports on its PREA webpage, where they are readily accessible for public review. This was confirmed through direct observation of the website and reinforced during the interview with the Agency Head Designee.

	<p>Provision (d): Limited, Purposeful, and Justified Redaction of Information</p> <p>The facility reported in the PAQ that any redactions made to the PREA annual report prior to publication are narrowly tailored and limited to information that would pose a clear and specific threat to safety or security if disclosed.</p> <p>This practice was confirmed during the interview with the PREA Coordinator, who explained that redactions are generally limited to personal identifying information. All substantive data, analysis, and findings remain intact in the published report, ensuring transparency while maintaining appropriate security safeguards.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of policies, documentation, public reporting practices, and interviews with agency and facility leadership, the Auditor concludes that the agency and facility fully meet all provisions of PREA Standard §115.88, Data Review for Corrective Action. The evidence demonstrates a structured, transparent, and effective process for analyzing sexual abuse data, implementing corrective actions, and publicly reporting outcomes in full compliance with PREA requirements.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.89, the Auditor conducted a detailed and methodical review of documentation related to the secure storage, long-term retention, and public dissemination of sexual abuse data. The review focused on the agency’s safeguards for protecting sensitive information, its compliance with mandated retention timelines, and its procedures for ensuring transparency through public reporting.</p> <p>Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Georgia Department of Corrections (GDC). These materials were examined to determine whether data protection and retention practices are formalized, consistently implemented, and aligned with PREA standards.</p> <p>The Auditor also reviewed 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 establishes agency-wide requirements governing the secure maintenance, retention duration, public release, and eventual destruction of PREA-related data.</p> <p>In addition, the Auditor examined the most recent GDC Annual PREA Report, as well</p>

as reports from prior years published on the agency's website, to verify compliance with data retention requirements and to confirm that aggregated sexual abuse data remains accessible to the public in accordance with PREA expectations.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator provided a detailed overview of the agency's layered approach to safeguarding sexual abuse data while ensuring compliance with retention and transparency requirements. The PC explained that sexual abuse data is stored within secure electronic systems, including local Risk Management Systems, which restrict access to authorized staff with a legitimate operational or oversight need.

At the agency level, the PC described how data is retained to support federal reporting obligations, including completion of the Department of Justice Survey of Sexual Victimization (SSV-2), and to support public accountability through publication on the GDC website. The PC further explained that most inmate-related data is permanently preserved within the SCRIBE database, providing long-term continuity and protection against data loss.

The PC emphasized that while aggregated sexual abuse data is made publicly available, all personal identifying information is removed prior to publication to safeguard privacy and institutional security. This balance ensures transparency without compromising safety.

PROVISIONS

Provision (a): Secure Storage and Controlled Retention of Sexual Abuse Data

The facility reported in the PAQ that the agency securely retains both incident-based and aggregated sexual abuse data generated by facilities under its direct control, as well as data received from contracted private facilities. This practice ensures continuity, oversight, and systemwide accountability. The PREA Coordinator verified this practice during the interview.

Agency policy requires that all PREA-related data be protected through secure electronic storage systems with appropriate access controls. These safeguards are designed to prevent unauthorized access while ensuring that required information remains available for analysis, reporting, and regulatory review.

Provision (b): Annual Public Access to Aggregated Sexual Abuse Data

According to the PAQ, agency policy mandates that aggregated sexual abuse data from both state-operated facilities and contracted private facilities be made publicly available on at least an annual basis. This requirement promotes transparency and public confidence in the agency's PREA compliance efforts.

The Auditor verified that the GDC PREA webpage provides public access to annual PREA reports and related data summaries. This practice was confirmed through the

interview with the PREA Coordinator and through direct observation of the agency's publicly accessible website.

Provision (c): Protection of Privacy Through Removal of Personal Identifiers

The facility indicated in the PAQ that all personal identifying information is removed from sexual abuse data prior to public release. This practice ensures compliance with PREA confidentiality requirements while preserving the integrity of the reported data.

During the interview, the PREA Coordinator confirmed that redactions are narrowly limited to personal identifiers and information that could compromise safety or security. No substantive findings, trends, or analytical conclusions are altered or withheld beyond what is necessary to protect individual privacy.

Provision (d): Compliance With Required Data Retention Timeframes

The facility reported in the PAQ that sexual abuse data is retained for a minimum of ten years following initial collection, unless a longer retention period is required by federal, state, or local law. The facility further reported that most inmate-related information is permanently retained within the SCRIBE database. These practices were confirmed during the interview with the PREA Coordinator.

GDC SOP 208.06, effective June 23, 2022, specifies retention requirements for both criminal and administrative investigation records. Criminal investigation files and related documentation are retained for the duration of the alleged abuser's incarceration or employment, plus five years, or for ten years from the date of the initial report, whichever period is longer. Administrative investigation records are retained under the same minimum standards.

The Auditor reviewed historical PREA reports and supporting documentation and confirmed that sexual abuse data has been retained and published in accordance with PREA standards and agency policy.

CONCLUSION

Based on a thorough review of policies, documentation, publicly available reports, and interviews with agency staff, the Auditor concludes that the agency and facility fully meet all provisions of PREA Standard §115.89. The evidence demonstrates that sexual abuse data is securely stored, appropriately retained, responsibly published, and protected from unauthorized disclosure, reflecting full compliance with PREA requirements and established agency policy.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.401, the Auditor reviewed publicly available information and agency documentation related to the frequency and scope of PREA audits conducted by the Georgia Department of Corrections (GDC). The primary source reviewed was the GDC's publicly accessible PREA webpage, which houses audit reports, sexual abuse data, and related PREA compliance materials.

The GDC PREA webpage provides transparency into the agency's audit history and ongoing compliance efforts and serves as the official repository for PREA audit reports and supporting information for facilities operated by or on behalf of the agency.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator confirmed that the current audit is occurring during the first year of the agency's new three-year PREA audit cycle. The PC explained that GDC maintains a structured audit schedule to ensure all facilities are audited within each required cycle.

The PC further reported that every facility operated by GDC was audited during the previous three-year audit cycle, covering the period from 2022 through 2025. The PC emphasized that completed audit reports are made available to the public and can be accessed through the GDC PREA webpage, which contains multiple reports related to sexual abuse data and audit outcomes in accordance with PREA standards.

Random Inmates

During interviews, randomly selected incarcerated individuals indicated they were informed of and provided the opportunity to submit confidential correspondence to the Auditor. Individuals reported that this process mirrored the same protections afforded to legal mail, ensuring privacy and confidentiality throughout the audit process.

PROVISIONS

Provision (a): Three-Year Audit Coverage

The facility reported on the Pre-Audit Questionnaire (PAQ) that, during the prior three-year audit period, the agency ensured that each facility it operates—or that is operated by a private organization on its behalf—was audited at least once.

The Auditor verified that the current audit cycle spans from 2025 to 2028 and that copies of all previous PREA audit reports are publicly available on the GDC PREA webpage. These records demonstrate the agency's consistent adherence to PREA's audit cycle requirements and provide transparency for public review.

Provision (b): Annual Audit Distribution

According to the PAQ, the agency ensures that during each one-year period, at least one-third of each facility type operated by the agency or by a contracted private entity is audited.

The PREA Coordinator confirmed that the present audit falls within the first year of the fifth three-year PREA audit cycle and that audit scheduling continues to align with PREA requirements. The Auditor verified that documentation and audit reports supporting this practice are available on the GDC PREA webpage.

Provision (c) through Provision (g): Not Applicable

These provisions are not applicable to the facility or agency at the time of this audit.

Provision (h): Auditor Access to Facility Areas

The facility reported on the PAQ that the Auditor would be granted full access to all areas of the facility. During the on-site phase of the audit, the Auditor was afforded complete, unrestricted access to every area requested.

Throughout the on-site audit, agency and facility staff were available to escort the Auditor as needed and ensured unimpeded access to housing units, program areas, and support spaces, consistent with PREA requirements.

Provision (i) through Provision (l): Not Applicable

These provisions are not applicable to the facility or agency at the time of this audit.

Provision (m): Private Interviews

The facility reported on the PAQ that the Auditor would be permitted to conduct private interviews with incarcerated individuals. During the on-site audit, the Auditor was provided with a secure and private location to conduct all interviews, ensuring confidentiality and encouraging open communication.

At all stages of the audit process, the facility provided all requested documentation and information promptly and in a complete manner, further supporting compliance with the scope requirements of this standard.

Provision (n): Confidential Correspondence with the Auditor

The facility reported on the PAQ that incarcerated individuals were permitted to send confidential correspondence to the Auditor in the same manner as legal mail. Interviews with incarcerated individuals confirmed that this process was available and clearly communicated during the audit period.

Provision (o): Not Applicable

This provision is not applicable to the facility or agency at the time of this audit.

CONCLUSION

Based on a comprehensive review of documentation, interviews with agency staff

	<p>and incarcerated individuals, and observations made during the on-site audit, the Auditor concludes that the agency and facility fully meet all applicable provisions of PREA Standard §115.401. The evidence demonstrates consistent compliance with PREA requirements governing the frequency, scope, and integrity of audits.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.403, the Auditor reviewed information made publicly available by the Georgia Department of Corrections (GDC) through its official PREA webpage. This webpage serves as the agency’s centralized platform for publishing PREA-related materials, including audit reports, sexual abuse data, and findings from facilities operated by or on behalf of the agency.</p> <p>The publicly accessible nature of this information demonstrates the agency’s commitment to transparency, accountability, and adherence to PREA requirements related to audit content and reporting.</p> <p><u>PROVISION</u></p> <p>Provision (f): Public Availability of Audit Findings</p> <p>The Georgia Department of Corrections maintains a publicly accessible webpage that contains multiple reports related to sexual abuse allegations, PREA audits, and compliance outcomes for facilities across the agency. These reports include audit findings and supporting documentation consistent with PREA standards governing audit content and disclosure.</p> <p>The Auditor verified that the GDC PREA webpage provides comprehensive access to PREA audit reports and related data, allowing stakeholders, oversight entities, and members of the public to review the agency’s compliance efforts. This level of accessibility ensures that audit findings are transparent and readily available, as required by PREA.</p> <p>All reviewed materials were clearly organized and accessible through the agency’s official website at: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>CONCLUSION</u></p> <p>Based upon a thorough review and analysis of all available documentation and publicly accessible materials, the Auditor concludes that the agency and facility</p>

	<p>meet every applicable provision of PREA Standard §115.403. The evidence demonstrates full compliance with PREA requirements governing the content, publication, and accessibility of audit findings.</p>
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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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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.)	yes
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,	na

	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	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	yes

	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	na

	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).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior 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.)	
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