PREA Facility Audit Report: Final

Name of Facility: Rutledge State Prison
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 09/24/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Darla P. O'Connor	**Date of Signature:** 09/24/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	09/08/2026
End Date of On-Site Audit:	09/10/2026

FACILITY INFORMATION	
Facility name:	Rutledge State Prison
Facility physical address:	7175 Manor Road, Columbus, Georgia - 31907
Facility mailing address:	

Primary Contact

Name:	Tony
Email Address:	Madrid
Telephone Number:	706-568-2349

Warden/Jail Administrator/Sheriff/Director	
Name:	Ronald Barnes
Email Address:	ronald.barnes@gdc.ga.gov
Telephone Number:	706-568-2343

Facility PREA Compliance Manager	
Name:	Tony Madrid
Email Address:	tony.madrid@gdc.ga.gov
Telephone Number:	706-565-4075

Facility Health Service Administrator On-site	
Name:	Kimberly Gray
Email Address:	kgray2@teamcenturion.com
Telephone Number:	706-569-3023

Facility Characteristics	
Designed facility capacity:	610
Current population of facility:	601
Average daily population for the past 12 months:	592
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-99
Facility security levels/inmate custody levels:	Minimum, Medium, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	122
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	166
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	70

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:	Barbra Colon	**Email Address:**	Barbra.Colon@gdc.ga.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	
Number of standards met:	
45	
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:	2026-09-08
2. End date of the onsite portion of the audit:	2026-09-10

Outreach

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

a. Identify the community-based organization(s) or victim advocates with whom you communicated:	As part of the PREA audit process, the Auditor contacted several community-based victim advocacy organizations and external agencies to verify the availability of confidential victim services, assess the facility's working relationships with outside providers, and determine whether there had been any recent contact from inmates or staff regarding allegations of sexual abuse or sexual harassment. Contact with these organizations provides an additional level of verification beyond facility documentation and interviews and assists the Auditor in evaluating whether incarcerated individuals have meaningful access to outside emotional support and victim advocacy services as required by the PREA Standards. **Sexual Assault Response Team (SART)** The Auditor contacted the Sexual Assault Response Team (SART) to verify the availability of forensic medical examinations and victim advocacy services. SART confirmed that the Georgia Department of Corrections maintains a Memorandum of Understanding (MOU) with the organization to provide Sexual Assault Nurse Examiner (SANE) services for all residents, inmates, and detainees in GDC custody. When a forensic examination is requested or determined to be necessary, qualified SANE personnel are contacted through the established SANE Contact and Call List and respond directly to the correctional facility. Examinations are conducted in a designated medical treatment area using trauma-informed practices designed to minimize additional trauma to the victim. SART representatives advised that each examination includes obtaining informed consent, conducting a comprehensive forensic examination, collecting and documenting evidence while maintaining proper chain of custody, and providing appropriate medical treatment, including sexually transmitted infection (STI) and HIV prophylaxis when clinically indicated. They also confirmed that incarcerated victims are not charged for the

cost of forensic examinations or related medical services. According to SART records, sixteen forensic examinations were conducted at the facility during the previous twelve-month audit period. The existence of an active MOU and the demonstrated availability of qualified forensic examiners indicate the facility has established procedures to ensure timely access to specialized medical services following an allegation of sexual abuse.

Just Detention International (JDI)

The Auditor also contacted Just Detention International (JDI), a nationally recognized organization dedicated to ending sexual abuse in detention settings through advocacy, education, and survivor support. JDI was asked whether the organization had received any correspondence, complaints, or requests for assistance from inmates or staff members associated with this facility during the previous twelve months. JDI confirmed that it had not received any communications from inmates or employees at the facility during the audit period.

The Sexual Abuse Support Center, DBA The Center @ 909

The Sexual Abuse Support Center, doing business as The Center @ 909, was contacted to verify the services available to incarcerated survivors and to confirm its relationship with the facility. Representatives advised that the organization maintains an active Memorandum of Understanding with the Georgia Department of Corrections and provides victim advocacy services when requested. Specifically, trained advocates are available to accompany incarcerated victims during forensic medical examinations, offering emotional support and information throughout the process.

The Center @ 909 also confirmed that it operates a confidential crisis hotline staffed by trained advocates twenty-four hours a day, seven days a week. Incarcerated individuals may access the hotline to discuss sexual abuse, whether the abuse occurred recently or in the past, and may also use the service to

report sexual abuse experienced while incarcerated. Advocates provide confidential emotional support, crisis intervention, safety planning, referrals to community resources when appropriate, assistance with understanding the reporting and investigative process, accompaniment during forensic examinations, and support for survivors' family members when requested. Representatives emphasized that services are available regardless of when the abuse occurred and that no survivor is denied services because of the passage of time. This commitment reflects a victim-centered approach consistent with the principles established under PREA.

Georgia Network to End Sexual Assault (GNESA)

The Auditor additionally contacted the Georgia Network to End Sexual Assault (GNESA) to determine whether the organization had received any contacts from inmates or staff associated with the facility during the previous twelve months. GNESA reported that it had no record of receiving requests for assistance or services from individuals affiliated with the facility during the audit period. While the absence of reported contacts does not, by itself, indicate compliance or noncompliance with the PREA Standards, it does suggest there were no known instances in which inmates or staff sought additional assistance through that organization during the review period. Overall, information obtained from these external organizations confirmed that the facility has established relationships with qualified community-based victim service providers capable of delivering confidential emotional support, victim advocacy, forensic medical examinations, and crisis intervention services. The availability of these resources, combined with active Memoranda of Understanding and clearly defined referral procedures, demonstrates that inmates have access to confidential outside support services should they choose to utilize them.

	Although the Auditor found no evidence that inmates or staff had recently sought assistance from several of the organizations contacted, the infrastructure necessary to provide timely advocacy and victim-centered services remains in place and available. These external verifications support the facility's efforts to comply with the PREA Standards regarding access to outside confidential support services and victim advocacy.
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	610
15. Average daily population for the past 12 months:	592
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	596
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:	29

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:	276
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:	37
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:	22
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:	10
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:	7
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:	7
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:	15

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:	21
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):	As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a systematic evaluation of the institution's processes for identifying, documenting, monitoring, and responding to inmates who may be at increased risk for sexual abuse or sexual victimization. The assessment was designed to evaluate both compliance with applicable PREA requirements and the effectiveness of those requirements in practice. The Auditor reviewed institutional records, classification and population-tracking systems, housing assignments, and related documentation and conducted targeted interviews with staff responsible for intake screening, classification, housing, and the management of inmates identified as having specific risk factors. Particular attention was given to populations identified within the PREA standards as requiring additional consideration in the facility's prevention and protection efforts. These populations include inmates who identify as transgender, intersex, gay, or bisexual; inmates with physical, cognitive, or developmental disabilities; inmates with visual or hearing impairments; inmates with limited English proficiency; individuals detained for civil immigration purposes; and inmates with a prior history of sexual victimization. The Auditor evaluated not only whether individuals within these populations were present at the facility, but also whether established processes effectively identified and documented applicable characteristics and whether the information was appropriately considered in decisions concerning housing, supervision, programming, and access to services. During the onsite portion of the audit, the Auditor confirmed the presence of inmates representing nearly all of the identified populations. The exceptions were youthful inmates and inmates placed in involuntary segregation specifically because of a heightened risk of sexual victimization. A

	representative sample of inmates from the identified populations was selected for private and confidential interviews. These interviews were conducted early in the onsite portion of the audit and informed the Auditor's subsequent review of records, observations, and discussions with staff. In total, fifteen inmates were interviewed. The inmates interviewed consistently reported that they felt safe at the facility and that staff were responsive to their individual needs. Interviewees indicated that their identified needs were being appropriately addressed by facility staff and contracted service providers. None of the inmates interviewed reported that they had been targeted, disadvantaged, or neglected because of a personal characteristic or vulnerability. Inmates also reported receiving PREA education in a manner they could understand and, when necessary, receiving appropriate accommodations. They further confirmed that they were provided with meaningful opportunities to ask questions and obtain clarification regarding PREA-related information and available reporting mechanisms. Information obtained through the inmate interviews was corroborated through the Auditor's review of facility documentation. Intake screening instruments, classification records, housing assignments, and population-tracking information were reviewed to assess the facility's ability to identify and appropriately manage inmates with relevant risk factors. The records reviewed were consistent across the various systems, and the documentation was complete, organized, and readily accessible. The Auditor was able to trace identified risk factors through the applicable records and evaluate how those factors were considered in subsequent classification and housing decisions. Follow-up interviews with intake and classification staff further supported the documentation reviewed. Staff demonstrated

	an understanding of the purpose of the PREA screening process and described procedures for completing risk assessments, documenting identified vulnerabilities, and communicating relevant information to personnel responsible for housing and supervision. Staff indicated that screening information is used to inform individualized decisions rather than relying solely on generalized assumptions concerning an inmate's characteristics or classification. Facility policy provides guidance regarding the identification and management of inmates who may be particularly vulnerable to sexual abuse or sexual victimization. The procedures address timely PREA risk screening, individualized housing and supervision considerations, and access to appropriate medical and mental health services. The policy framework also emphasizes staff training and awareness concerning the needs of diverse inmate populations and appropriate responses to disclosures of sexual abuse, victimization, or vulnerability. The Auditor's observations during the onsite review supported the information obtained through documentation and interviews. The procedures described by staff were reflected in the facility's operational practices, indicating that the requirements governing vulnerable populations are incorporated into routine facility operations rather than existing solely as written policy. Staff demonstrated familiarity with the importance of individualized assessment and the need to consider identified risk factors when making decisions affecting an inmate's safety, housing, supervision, and access to services. Overall, the facility demonstrated consistency between its written policies and observed practices concerning the identification and management of inmates who may be at increased risk for sexual abuse or sexual victimization. Staff demonstrated an understanding of applicable PREA requirements, documentation practices were dependable and identified risk factors were

	incorporated into classification and housing considerations. The evidence reviewed reflected an approach focused on individualized assessment, safety, appropriate access to services, and respectful treatment of inmates. The Auditor identified no significant deficiencies in the facility's systems for identifying or tracking vulnerable inmate populations. The records and processes reviewed provided an effective means of identifying relevant characteristics and documenting the facility's response to identified risks. Based upon the totality of the evidence reviewed, the facility has established processes that support continued compliance with applicable PREA requirements and provide mechanisms for addressing the safety and individual needs of inmates who may be particularly vulnerable to sexual abuse or sexual victimization.
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:	122
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:	1
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:	11

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:	During the audit period, the facility demonstrated a well-organized and closely monitored network of 44 approved and active volunteers and contractors who were authorized to engage directly with incarcerated individuals. This group consisted of 31 volunteers and 13 contractors, each contributing unique skill sets that complement daily operations and enrich the facility's rehabilitative environment. Before receiving authorization for access to the facility, volunteers and contractors were required to complete the applicable screening, security clearance, orientation, and PREA training requirements. Documentation reviewed by the Auditor demonstrated that PREA-specific training was incorporated into the facility's requirements for individuals who have contact with inmates. The training is based upon the Georgia Department of Corrections (GDC) standardized PREA program and communicates the Department's zero-tolerance policy regarding sexual abuse and sexual harassment. PREA training addresses the responsibilities of volunteers and contractors in maintaining appropriate professional boundaries and recognizing conduct that may constitute sexual abuse or sexual harassment. Training also addresses prohibited relationships and behaviors, reporting responsibilities, and the obligation to immediately report conduct or information indicating that sexual abuse or sexual harassment may have occurred. These requirements establish clear expectations for individuals who are not employees of the Department of Corrections but who have contact with inmates in the course of providing services or programming. The Auditor's review of documentation and interviews with facility leadership, program personnel, security staff, and other supervisory personnel demonstrated that volunteers and contractors are subject to established security and PREA requirements while present at the facility. Access to secure areas is controlled through the facility's

	clearance and authorization procedures, and outside personnel are required to comply with applicable escort, supervision, and security protocols. The facility maintains oversight of individuals entering secure areas to ensure that their activities remain within the scope of their approved duties and responsibilities. The facility's process includes verification of required criminal background screening, security clearance and authorization, completion of applicable PREA training and facility orientation, and appropriate supervision while volunteers and contractors are present within the secure perimeter. These measures provide multiple safeguards for monitoring individuals who have contact with inmates and for ensuring that outside personnel understand and comply with facility requirements. Contractors provide a variety of services necessary to facility operations, including medical services, maintenance, technical services, and other professional or operational functions. Volunteers provide services and programming that may include faith-based activities, educational opportunities, mentoring, and other approved programs. Regardless of the nature of their service, individuals who have contact with inmates are expected to maintain professional boundaries and comply with the same applicable PREA requirements governing conduct, reporting, and the protection of inmates from sexual abuse and sexual harassment. The facility maintains a roster of approved volunteers and contractors and associated documentation concerning their authorization to enter and perform services at the facility. The Auditor reviewed available documentation and interviewed personnel responsible for security and administrative oversight. Staff demonstrated an understanding of the procedures governing access, supervision, and reporting responsibilities for outside individuals. The information obtained through interviews was consistent with the documentation reviewed.

	The facility also maintains procedures for responding to allegations or observations of sexual abuse or sexual harassment involving a volunteer or contractor. Such allegations are subject to the facility and agency's established reporting, investigation, and response procedures. Volunteers and contractors are not exempt from PREA requirements or from accountability for conduct that violates GDC policy or applicable law. The facility's procedures provide a mechanism for promptly addressing concerns and taking appropriate action when allegations involving outside personnel are received. The Auditor found the facility's system for managing volunteers and contractors to be organized and adequately documented. The evidence reviewed demonstrated that individuals authorized to have contact with inmates are screened, cleared, oriented, trained, and subject to appropriate oversight while performing their duties at the facility. Interviews with staff further demonstrated an understanding of the responsibilities associated with managing volunteers and contractors and maintaining appropriate professional boundaries. Based upon the review of training and security documentation, facility records, and interviews with relevant personnel, the Auditor identified no deficiencies in the facility's processes for managing volunteers and contractors during the audit period. The evidence supports that the facility has established and implemented procedures designed to ensure that volunteers and contractors understand their PREA responsibilities and that their contact with inmates is subject to appropriate security, supervision, and accountability measures.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure geographic diversity within the random inmate interview sample, the Auditor reviewed the facility's population roster and considered housing assignments when selecting interview participants. The selection process was structured to include inmates housed across different housing units, wings, dormitories, pods, and other geographically separated areas of the facility. This approach was used to reduce the potential for over-representation of inmates from any single area of the facility and to provide a broader representation of the inmate population. Because housing locations may differ based on security level, housing configuration, classification, or other operational considerations, geographic distribution was considered as part of the overall sampling process. The Auditor cross-referenced selected inmates' housing assignments with the facility population roster to confirm that the sample provided coverage across multiple areas of the institution. Geographic location was considered in conjunction with the other factors used to develop a representative interview sample, supporting the inclusion of inmates from varied housing environments throughout the facility.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	On the opening day of the on-site audit, the facility reported an institutional population of 596 inmates. Based on the facility's population size and the applicable PREA Auditor Handbook sampling guidance, the audit included a minimum of 30 inmate interviews, consisting of 15 randomly selected inmates and 15 targeted inmates whose characteristics or circumstances corresponded to specific PREA-related sampling considerations. Targeted selections may include inmates identified by factors such as gender identity, disability, sexual orientation, or documented history of prior sexual victimization. The Auditor conducted interviews with 15 randomly selected inmates during the on-site audit. To promote an impartial and geographically diverse sample, the Auditor used a systematic random selection process based on the facility's current alphabetical housing rosters. Selections were made from multiple housing units, including general population areas and specialized housing assignments. Housing location was considered to avoid over-representation of inmates from any single unit or area and to provide coverage across the facility's different living environments. In developing the random interview sample, the Auditor also considered available demographic and institutional information, including age, race, ethnicity, length of incarceration, and housing location. These factors were considered as part of the overall sampling methodology to obtain a cross-section of the inmate population rather than selecting participants disproportionately from a particular housing area or demographic group. The random sample therefore included inmates with varied institutional and demographic characteristics. Each interview was conducted privately and confidentially. Inmates were asked questions addressing their understanding of PREA requirements, awareness of available reporting methods, knowledge of confidential

	support services, experiences with staff, and perceptions of safety within the facility. Interviews also provided the Auditor with an opportunity to assess inmates' understanding of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and their knowledge of protections against retaliation. The interviews provided information regarding how PREA policies and procedures are understood and experienced by inmates in different housing areas. Inmates demonstrated varying levels of familiarity with PREA requirements and available reporting mechanisms. Their responses provided the Auditor with additional information to consider when evaluating the facility's implementation of PREA requirements, including §115.51, Inmate Reporting, as well as related provisions concerning inmate access to reporting channels, confidentiality, protection from retaliation, and access to support services. The Auditor considered the information obtained through the 15 random inmate interviews together with targeted inmate interviews, staff interviews, document and record reviews, and direct observations conducted during the on-site audit. The random sample was intended to provide a broad cross-section of inmates and to supplement the other sources of evidence used to assess the facility's compliance with applicable PREA standards. Based upon the sampling methodology used, including geographic distribution across housing areas and consideration of relevant demographic and institutional characteristics, the Auditor determined that the 15 randomly selected inmates provided a representative cross-section of the facility's inmate population for purposes of the PREA audit. Information obtained through these interviews was incorporated into the Auditor's overall assessment of the facility's PREA policies, practices, and implementation.

Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2

50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
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:	2
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The staff reported there were zero inmates being housed in segregation for risk of sexual abuse. During the facility tour, while in the segregation unit, the staff confirmed that all inmates being housed in segregation was either for administrative or disciplinary reasons and that no inmate on the unit was placed there for risk of sexual victimization.

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 596 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 selected 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):	**Staff Selection Strategy** The Auditor's staff interview sample included personnel from multiple operational areas. Staff with varying lengths of service and differing levels of direct interaction with inmates were included in the interview sample. This approach provided the Auditor with information from personnel performing different functions within the facility and allowed for examination of PREA prevention, detection, reporting, and response practices from multiple operational perspectives. Staff who were part of the specialized staff interviews were not included in the random staff pool. **Interview Observations** Staff interviews were conducted privately and without significant scheduling or logistical difficulties. Interview participants were cooperative and professional throughout the process and provided information regarding their responsibilities under PREA, applicable reporting requirements, and the procedures used to respond to allegations or concerns involving sexual abuse and sexual harassment. Staff demonstrated knowledge of their PREA-related responsibilities, including reporting obligations, appropriate professional boundaries, and procedures for responding to information or conduct that may indicate sexual abuse or sexual harassment. Responses were generally consistent with the policies and procedures reviewed by the Auditor and with information obtained through interviews with other facility personnel. **Key Insights Gained** The staff interviews provided the Auditor with additional information regarding the facility's implementation of PREA requirements in daily operations. Staff described the training, supervision, reporting mechanisms, and response procedures applicable to their respective positions. Their responses supported the Auditor's assessment of how established PREA policies and procedures are

	communicated and applied across different areas of the facility. Information obtained through staff interviews was considered in conjunction with inmate interviews, document and record reviews, and direct observations. Collectively, these sources of evidence provided the Auditor with a broader understanding of the facility's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment and supported the assessment of the facility's implementation of its zero-tolerance policy and applicable PREA requirements.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No

66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	During the on-site PREA audit, the Auditor conducted interviews with specialized staff whose responsibilities contribute to the facility's prevention, detection, reporting, and response to sexual abuse and sexual harassment. The interview sample included the PREA Coordinator (PC), PREA Compliance Manager (PCM), facility administrators, classification staff, investigators, medical and mental health personnel, case managers, and staff responsible for training, supervision, and compliance monitoring. The Auditor intentionally included personnel from multiple disciplines to obtain information regarding the implementation of PREA requirements across different areas of facility operations. **Interview Focus Areas** Interviews addressed the facility's PREA policies and procedures and how those requirements are implemented in daily operations. Discussions included communication and coordination among departments, documentation and data collection, follow-up responsibilities, and mechanisms for monitoring compliance. Staff were asked to describe their respective roles in responding to allegations of sexual abuse and sexual harassment, coordinating administrative and criminal investigations, providing medical and mental health services, addressing identified risk factors, and communicating information to personnel with a need to know. The Auditor also examined the continuity of responsibilities from the initial receipt of a report through investigation, provision of services, case resolution, and follow-up. Specialized staff described the procedures applicable to their respective positions and explained how information is communicated among departments when necessary to protect inmates, support investigations, provide services, and address identified safety concerns. **Staff Knowledge and Experience** Specialized staff demonstrated knowledge of their respective PREA responsibilities and

described established procedures for responding to allegations and other PREA-related concerns. Investigative personnel described processes for initiating investigations, preserving available evidence, conducting interviews, documenting investigative activities, and coordinating criminal matters when appropriate. Staff also described the procedures used to maintain investigative records and communicate relevant information through the appropriate channels.

Medical and mental health personnel described their responsibilities for responding to inmates who report sexual abuse or sexual harassment, including medical assessment, forensic examination referrals when indicated, mental health evaluation and treatment, follow-up services, and referrals for continued care. Staff described providing services based upon clinical needs and applicable professional standards.

Classification and case management personnel described the use of screening information to identify inmates who may be at increased risk of sexual victimization or of being sexually abusive toward others. Staff explained that this information is considered when making housing, programming, and supervision decisions and that risk factors may be reassessed when circumstances change. Staff also described procedures for maintaining confidentiality and limiting sensitive information to personnel with a legitimate need to know.

Personnel responsible for training and supervision described ongoing PREA education and reinforcement of staff responsibilities. Staff explained that PREA requirements are incorporated into training and supervisory activities and that personnel are expected to understand their reporting obligations, professional boundaries, and responsibilities for responding to concerns involving sexual abuse and sexual harassment.

Interdisciplinary Coordination

	The interviews provided information regarding coordination among the facility's various departments. Specialized staff described communication between security, investigations, medical and mental health services, classification, case management, and administration when PREA-related matters require involvement from multiple areas. The information obtained indicated that staff understood their individual responsibilities as well as the circumstances in which coordination with other departments is necessary. The Auditor's interviews also provided an opportunity to compare information provided by personnel performing different functions. Responses concerning reporting procedures, investigative responsibilities, victim services, risk assessment, confidentiality, and follow-up were generally consistent across the specialized staff interviewed and with the policies and documentation reviewed during the audit. **Audit Observations** The specialized staff interviews provided the Auditor with additional evidence regarding the facility's implementation of PREA requirements. Staff were able to describe their respective roles, applicable procedures, and the processes used to communicate and coordinate PREA-related matters. No significant inconsistencies were identified between staff responses and the policies, records, and other evidence reviewed during the audit. Information obtained through these interviews was considered together with inmate interviews, staff interviews, document and record reviews, and direct observations. The collective evidence provided the Auditor with a comprehensive view of the facility's systems for preventing, detecting, reporting, investigating, and responding to sexual abuse and sexual harassment. Based upon the totality of the evidence reviewed, the specialized staff interviews supported the Auditor's determination that

	the facility has established processes for assigning PREA responsibilities, coordinating activities across operational areas, and maintaining oversight of PREA-related matters. The specialized staff interviewed demonstrated an understanding of their responsibilities and the procedures applicable to their respective roles.

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).	**Facility Description and On-Site Tour** Rutledge State Prison is a medium-security facility located at 7175 Manor Road, Columbus, Georgia 31907. The facility has a rated capacity of 610 inmates and houses cisgender male inmates and male-to-female transgender inmates. At the beginning of the on-site audit, the institutional population was reported as 596 inmates. During the on-site audit, the Auditor was provided complete and unimpeded access to the facility and toured housing units, medical and mental health areas, administrative and operational offices, programming areas, inmate work areas, and other locations where inmates live, work, receive services, or participate in programming. The tour provided an opportunity to observe the physical layout of the facility, inmate supervision practices, privacy considerations, camera coverage, security mirrors, PREA signage, and access to reporting mechanisms. **Housing Units** **Housing Unit C** consists of four pods, C1 through C4, with 24 beds in each pod for a total capacity of 96 inmates. Pods C1, C2, and C4 house Mental Health/Mental Retardation (MH/MR) Supportive Living Unit (SLU) populations. Pod C3 is a general population unit. Each pod contains 12 two-person cells and is staffed by one correctional officer post 24 hours a day, seven days a week. Each cell contains a sink. Toilets and showers are located outside the cells on each tier. The showers are single-stall units that provide privacy from opposite-gender staff. **Housing Unit D** consists of four pods, D1 through D4, with 24 beds per pod and a total capacity of 96 inmates. Pod D3 is designated as the Admission and Orientation (A&O) dorm. Each pod contains 12 two-person cells and is staffed by one correctional officer 24 hours a day, seven days a week. Each cell contains a sink, while toilets and showers are located outside the cells on each tier. The showers are single-stall units and provide adequate privacy from opposite-

gender staff.

Housing Unit E consists of four pods, E1 through E4, with 24 beds in each pod and a total capacity of 96 inmates. Pods E1 and E2 house low-functioning inmates, E3 is a Supportive Living Unit, and E4 is designated as an A&O/sleepers unit. Each pod contains 12 two-person cells and is staffed by one correctional officer 24 hours a day, seven days a week.

The cells contain a toilet and sink. Each tier has a single-stall shower located outside the cells. The shower configuration provides adequate privacy from opposite-gender staff.

Housing Unit F consists of four pods, F1 through F4, with 24 beds per pod and a total capacity of 96 inmates. The unit is designated as a Mental Health/MR Supportive Living Unit. Each pod contains 12 two-person cells and is staffed by one correctional officer 24 hours a day, seven days a week.

Each cell contains a sink. Toilets and showers are located outside the cells on each tier. The showers are single-stall units that provide adequate privacy from opposite-gender staff.

Housing Unit G is the administrative segregation unit and has 30 beds, including two mental health observation beds. The unit is configured primarily as a cell-based housing area. Three cameras are present, including one in the hallway and two providing views of the administrative control unit (ACU) cells.

The cells contain a toilet and sink. The shower is located outside the cell and is a single-stall configuration that provides adequate privacy from opposite-gender staff.

Housing Unit J consists of four pods, J1 through J4, with 24 beds per pod and a total capacity of 96 inmates. J1 is a general population unit, J2 is designated for re-entry, J3 is a general population and PREA victim unit, and J4 is a veterans unit that also houses the facility's dog program. Two dogs, Duran and Allister, were present during the tour.

Each pod is staffed by one correctional officer 24 hours a day, seven days a week. Each pod has a bathroom located both upstairs and

downstairs. Each bathroom contains two showers, two toilets, one urinal, and three sinks. The showers are located in a private area separate from the sinks and toilets and provide adequate privacy from opposite-gender staff.

Housing Unit K consists of four pods, K1 through K4, with 24 beds per pod and a total capacity of 96 inmates. Each pod is staffed by one correctional officer 24 hours a day, seven days a week. Each pod has a shower located upstairs and downstairs. The showers are situated in private areas and provide adequate privacy from opposite-gender staff. The housing units contain a variety of specialized and general population assignments. C1 and C4 are MH/MR Supportive Living Units, C2 is an Evidence-Based Program pod, and C3 is designated for character and faith-based programming. D3 is the A&O pod. E1 and E2 house low-functioning inmates, E3 is a Supportive Living Unit, and E4 is an A&O/sleepers unit. Housing Unit F is designated as an MH/MR Supportive Living Unit. J1 and J2 are general population units, J3 is a re-entry unit, and J4 is a veterans unit. Housing Unit K is general population. The facility also identified D, J, K, and C1 as housing areas that include general population inmates.

Housing Unit Common Areas and PREA Observations

Across the housing areas toured, the Auditor observed PREA notices and audit notices containing the Auditor's contact information posted in locations accessible to inmates. PREA hotline numbers and mailing addresses for reporting allegations were also posted throughout the living areas. Hotline information was displayed on walls near inmate telephones and on bulletin boards. The Auditor was announced by staff upon entering inmate living areas and bathroom areas. Inmates have access to telephones for reporting PREA allegations through the designated hotline, identified as 7732, as well as the suicide prevention number 988 and the

facility tip line, 8477. Multiple telephones were tested during the tour and were found to be operational.

Staff maintained post logs and used handheld tablets in the housing areas. Post orders, forms, and writing surfaces were available to staff. Inmate movement was monitored, with inmate departures from and returns to housing areas communicated to receiving staff. Staff had visibility of their assigned housing areas. Each pod was staffed by one correctional officer 24 hours a day, seven days a week. Cameras were in the process of being installed or expanded in several housing areas.

A central courtyard is located among the housing pods. Visitation kiosks are available in each pod.

During informal conversations with inmates, inmates reported that they were able to shower and change clothing without being observed by opposite-gender staff. These comments were considered with the Auditor's direct observations of bathroom and shower configurations during the facility tour.

Acute Care Unit

The facility's Acute Care Unit (ACU) contains four observation beds. Two beds are located in the administrative segregation area, and two are located within medical services. PREA notices and audit notices containing the Auditor's contact information were posted in the area. PREA hotline numbers and mailing addresses for reporting allegations were also posted.

Barber Shop

The inmate barber shop is located in the education building. The area is used as part of an on-the-job training program through which inmates may receive barber certification.

CERT Team Office

The CERT Team Office is staffed by one CERT Lieutenant, one CERT Sergeant, and four CERT Officers who work Monday through Friday. Inmates may enter the area for purposes related to investigations. No cameras were present in this office.

Classification
PREA notices and audit notices containing the Auditor's contact information were posted in the classification area, along with hotline numbers and mailing addresses for reporting PREA allegations.
During the tour, classification staff discussed intake procedures, use of the PREA risk screening instrument, and the process for conducting screening for risk of sexual victimization and risk of being sexually abusive toward others.
Deputy Warden of Administration
The Deputy Warden of Administration's office operates Monday through Friday, excluding holidays. Areas under this department include the business office, food service, warehouse, and maintenance. The department is responsible for budget oversight, inventory, purchasing, and maintenance-related repairs.
Deputy Warden of Care and Treatment
The Deputy Warden of Care and Treatment's office operates Monday through Friday, excluding holidays. Personnel under this area include medical, mental health, general population counselors, chaplaincy, education and library services, and recreation. The department is responsible for programming, medical care, mental health services, and case management.
Deputy Warden of Security
The Deputy Warden of Security's office operates Monday through Friday, excluding holidays. Personnel under this area include the Chief of Security, lieutenants, sergeants, portal sergeants, transfer sergeant, correctional officers, CERT Team personnel, and Tactical Squad personnel.
Education and Counseling
The Education and Counseling area operates from 0700 to 1630. Inmates are supervised by counseling staff and one full-time teacher, and the area is also patrolled by a security officer. The Officer in Charge (OIC) conducts daily rounds and unannounced PREA rounds. Two cameras were present, one at the entrance and one in the education hallway.

Additional cameras were in the process of being installed.
Educational programming includes literacy remediation, adult basic education, and GED classes, which are conducted Monday through Friday. Risk-reduction programming includes Faith and Character, M4C, MRT, T4C, SOPP, Matrix Relapse Prevention, and re-entry programming. These programs are conducted five days a week by counselors or program facilitators.

Food Service

Food service operations were being conducted in a temporary kitchen while the permanent kitchen was undergoing remodeling. The kitchen is operated by Georgia Department of Corrections staff, with one correctional officer assigned during hours of operation. Inmates work in the food service area as part of assigned work details.
The Auditor observed that coolers, freezers, storage closets, and the tool room were secured. The dry-storage area was locked when not in active use. The tool room was secured and utilized a shadow-board system to promote tool accountability. The inmate restroom was secured and consisted of a two-piece restroom with a solid, lockable door. Staff unlock the restroom for inmate use.
Mirrors had been installed in areas of the temporary kitchen and food service operation to improve staff visibility and address potential blind spots. Cameras were in the process of being installed in the remodeled kitchen. The area is routinely patrolled by staff.
The inmate dining area was temporarily located in a portion of the gymnasium and contained multiple tables and chairs for group dining. The temporary kitchen was smaller than the permanent kitchen but contained the equipment necessary for meal preparation.
The dish room was an open area used for dishwashing and sanitation. Trash was stored in a designated outdoor area pending collection.
PREA notices and audit notices containing the

Auditor's contact information were posted in the area, along with hotline numbers and mailing addresses for reporting PREA allegations.

Front Entry

Inmates may be utilized for janitorial duties in the front-entry area as needed. Cameras were present throughout the area.

Gymnasium

The gymnasium is used for recreational activities and other approved programming. The area is staffed Monday through Friday from 0600 to 1530 by two recreation supervisors and one activity therapist. A security officer routinely patrols the area, and the shift OIC conducts daily rounds and unannounced PREA checks. One camera was present at the gym entrance.

Inmate Records

The Inmate Records area is staffed by one non-security employee Monday through Friday, excluding holidays. No cameras were present, and inmates are not permitted in this area.

Inmate Store

The inmate store is located inside the gymnasium and operates Monday through Friday from 0700 to 1630. The area is staffed by one full-time civilian employee and one part-time civilian employee. A security officer routinely patrols the area, and the shift OIC conducts daily rounds and unannounced PREA checks.

PREA notices and audit notices containing the Auditor's contact information were posted in the area, along with hotline numbers and mailing addresses for reporting PREA allegations. A camera was present at the gym entrance.

Inside Maintenance

The Inside Maintenance area has one staff member assigned Monday through Thursday. No cameras were present in this area.

Laundry

The Laundry area is staffed by one correctional officer Monday through Friday and typically has 12 or more inmates

assigned to work there. No cameras were installed in the area.
Mirrors had been installed to improve visibility behind the dryers, an area that is not readily observable from all viewpoints. Staff routinely patrol the area.
PREA notices and audit notices containing the Auditor's contact information were posted in the area, along with hotline numbers and mailing addresses for reporting PREA allegations.

Library and Law Library

The library and law library operate from 1800 to 2100 and are staffed by one part-time employee. PREA notices and audit notices containing the Auditor's contact information were posted in the area, along with hotline numbers and mailing addresses for reporting PREA allegations.
The OIC conducts unannounced PREA rounds. Cameras were in the process of being installed.

Main Control

Main Control is staffed continuously, 24 hours a day, seven days a week. Cameras are installed throughout the Main Control area. Inmates are not permitted in this area.

Medical and Dental Services

Medical services operate from 0530 to 1900. The area has one camera at the entrance and is staffed by a correctional officer and nursing personnel Monday through Saturday during appointments, medication administration, insulin administration, and other scheduled services.
The inmate restroom is a two-piece restroom with a lockable door that must be opened by staff. One inmate at a time is permitted to use the restroom.
The Medical Correctional Officer and shift OIC conduct unannounced PREA rounds.

Mental Health

Mental Health services operate from 0600 to 1730 and are staffed by two multifunctional officers. The department has 11 staff members. The shift OIC conducts daily checks and unannounced PREA rounds.

Mail Room
The Mail Room is staffed Monday through Friday by one non-security employee and one security employee. Inmates are not permitted in the area, and no cameras were present.
Multipurpose Room
The Multipurpose Room is used for religious services, visitation, and programming. Weekend and holiday visitation is conducted from 0900 to 1500, while religious services are held nightly from 1900 to 2100. At least one correctional officer is assigned to the area, and supervisors routinely conduct rounds.
The room is also used for programming throughout the week, with programming periods scheduled from 0715 to 0915, 0915 to 1115, and 1315 to 1515. The area is monitored 24 hours a day, seven days a week through cameras viewed in Main Control. PREA notices and audit notices containing the Auditor's contact information were posted in the area. Hotline numbers, mailing addresses for reporting PREA allegations, and information concerning third-party reporting were also posted.
The inmate restroom is a two-piece restroom with a lockable door that must be opened by staff. One inmate at a time is permitted to use the restroom.
Property Room
The Property Room is staffed by one correctional officer Monday through Friday. Inmates are not permitted in the area. Cameras are installed in the room.
Inmate Work Details
Inmate work assignments include outside grounds and maintenance, food service, orderly positions at the Columbus Transitional Center, and various in-house support details.
General Observations
During the facility tour, the Auditor observed PREA notices and audit notices posted in multiple areas accessible to inmates. PREA hotline numbers and mailing addresses for reporting allegations were prominently displayed, including near inmate telephones.

	Multiple telephones were tested and found to be operational. The Auditor assessed the physical layout of the facility with particular attention to bathroom and shower privacy, potential blind spots, camera placement and coverage, use of security mirrors, staff-to-inmate supervision ratios in housing units, and supervision of inmates assigned to work details. The facility has camera coverage in several strategic areas, with additional cameras being installed or planned as part of an ongoing expansion of the system. Security mirrors have also been installed in identified areas where visibility may otherwise be limited. The Auditor was provided complete and unimpeded access to all areas of the facility during the on-site audit. Staff were available to facilitate access to housing units, operational areas, program spaces, and other locations requested for observation. At the time of the audit, the facility reported 142 authorized positions, with 17 vacancies. This staffing information was considered by the Auditor in conjunction with direct observations of staffing patterns, inmate movement, supervision practices, and the physical configuration of the facility.

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.).	During the on-site PREA audit, the Auditor meticulously reviewed personnel, training, inmate, and incident-related records to verify compliance with PREA standards on hiring, education, risk management, and response protocols. This methodical examination—spanning 58 personnel files, 95 staff training records, 50 inmate files, 50 risk assessments, and 13 incident/investigation files—revealed uniform adherence, rigorous processes, and a culture of accountability. **Personnel and Training Records** Fifty-eight employee files confirmed PREA-compliant hiring through complete criminal background checks, employment eligibility verification, and administrative adjudications where applicable. Ongoing suitability monitoring included annual re-checks, often aligned with firearms qualifications for key roles, ensuring all staff remain fit for duty. Ninety-five training records showed signed confirmations of PREA-specific education during new-hire orientation and annual refreshers. Content covered zero-tolerance policies, mandatory reporting, professional boundaries, and dignified cross-gender supervision/searches, fostering sustained competence across the workforce. **Inmate Records** A random sample of 50 inmate files from the prior 12 months documented signed receipts for PREA orientation materials, handbooks, and intake videos. Staff interviews corroborated that every entrant receives comprehensive briefings on rights, reporting options, zero-tolerance stance, and protective resources, embedding awareness from day one. **Risk Assessments and Reassessments** Fifty files verified initial risk screenings within 72 hours of arrival and reassessments by the 30-day PREA deadline (§115.41). These tools enable informed decisions on housing, programs, and supervision, reflecting proactive vulnerability identification and dynamic risk management. **Grievances**

	Per the Pre-Audit Questionnaire (PAQ) and PREA Compliance Manager interviews, the agency bypasses administrative grievances for sexual abuse claims, routing all directly into formal PREA reporting, response, and investigation channels. This streamlined approach ensures swift, specialized handling without delays. **Incident Reports** Over the past 12 months, 24 PREA allegations arose (15 sexual abuse, 9 harassment). Ten sexual abuse and 3 sexual harassment files were reviewed. These files showed timely reporting, notifications, interdepartmental coordination, and resolution per standards, highlighting transparency and survivor support. **Investigation Records** The 13 investigative files were impeccably organized, with full incident narratives, timelines, evidence logs, and closures. Probes launched promptly, followed protocols, and concluded on time, demonstrating procedural rigor, thoroughness, and institutional integrity that bolsters overall compliance confidence.

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	15	0	14	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	15	0	14	1

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	8	0	8	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	9	0	9	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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	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	0	14	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	14	1

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	0	8	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	8	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:	10

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	10
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	During the twelve months preceding the audit, the facility documented a total of twenty-four allegations involving sexual abuse or sexual harassment. Fifteen of those allegations involved reported sexual abuse, while nine involved allegations of sexual harassment. Of the fifteen reported sexual abuse allegations, all fifteen involved allegations of inmate-on-inmate sexual abuse. Each of these allegations received a complete administrative investigation. Following the completion of those investigations, one allegation was substantiated and fourteen were unsubstantiated and one was ongoing. In every complete investigation, the alleged victim received written notification of the investigative findings required by PREA. In addition, each investigation received a Sexual Abuse Incident Review within thirty days following the conclusion of the investigation, consistent with agency policy. One of the inmate-on-inmate allegations was referred for review to determine whether criminal investigation was appropriate. This criminal investigation remained open at the time of the on-site audit. The Auditor also verified that every inmate alleging sexual abuse was offered timely medical and mental health services. Based upon the timing of the allegations, five victims met the criteria for referral to a Sexual Assault Nurse Examiner (SANE) for forensic medical examination. Documentation confirmed that these referrals were made promptly in accordance with agency protocol. During the same reporting period, the facility documented nine allegations of sexual harassment. Eight involved inmate-on-inmate sexual harassment and one involved staff-on-inmate sexual harassment. All nine allegations received administrative investigations. The eight inmate-on-inmate allegations were determined to be unsubstantiated, while the staff-on-inmate allegation was determined to be unfounded. Consistent with PREA requirements, inmates

	involved in each investigation received written notification regarding the outcome of the investigative process. To verify implementation of policy, the Auditor conducted an extensive review of investigative case files, including thirteen sexual abuse investigations and three sexual harassment investigations. Each investigative file demonstrated timely initiation of the investigation, comprehensive documentation, appropriate evidence collection when applicable, witness interviews, investigative findings, and written notification to the alleged victim upon completion 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	M.P. Wheeler and Associates

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed documents provided by Georgia Department of Corrections (GDC) for review to determine compliance with §115.11 Standard Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator . Documents included the Pre-Audit Questionnaire (PAQ), supporting documentation, related agency policy, and procedure and the current GDC Agency Organizational Chart. The Auditor reviewed GDC Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program dated June 23, 2022. The Auditor also reviewed the current GDC Agency Organizational Chart for agency PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) to determine organizational placement, reporting relationships, and authority / responsibilities. Documents confirmed that GDC has centralized PREA responsibility by designating an agency PREA Coordinator with oversight responsibility for agency-wide PREA

compliance and implementing a structure that requires each facility to designate a PREA Compliance Manager to coordinate PREA compliance activities at the facility level.

Documents confirmed that PREA responsibility is embedded in the agency organizational structure and is not an informal agency responsibility. Evidence was provided that the agency has established policy implementation, training, reporting procedures, investigation, monitoring, documentation, and follow-up on corrective actions required by §115.11.

INTERVIEWS

PREA Coordinator

The Auditor interviewed Georgia Department of Corrections PREA Coordinator to determine organizational placement, authority, and access to sufficient time to perform the duties required by §115.11 Standard.

The PREA Coordinator stated the organizational placement is within Office of Professional Standards (OPS), Compliance Unit and is assigned at the agency level. The PREA Coordinator described the role as providing oversight of PREA compliance activities across the entire Georgia Department of Corrections system and confirmed PREA Coordinator has direct access to agency executive staff. The organizational chart provided to the Auditor supported the PREA Coordinator's responses.

During the interview the PREA Coordinator stated there is sufficient time allotted to fulfill PREA responsibilities and the position has authority to develop, implement, monitor, and evaluate policies and practices throughout the agency related to PREA. The PREA Coordinator further explained the role has access to agency executive leadership to communicate PREA concerns that require agency level intervention.

The PREA Coordinator also described the facility level PREA Compliance Managers role in implementing PREA at each facility and relationship to the agency PREA Coordinator position. The PREA Coordinator explained each facility is required to designate a PCM to provide coordination of PREA activities at the facility level. The agency PREA Coordinator plays a role of centralized accountability while allowing facilities to meet operational needs specific to each facility.

The interview did not reveal any indication that the PREA Coordinator does not have access to sufficient time to perform the duties associated with PREA compliance due to competing responsibilities or lack of authority given organizational placement.

PREA Compliance Manager

The Auditor interviewed the facility's PREA Compliance Manager to determine if the facility level position was provided sufficient time and authority to coordinate PREA activities at the facility.

The PREA Compliance Manager reported there is sufficient time provided to perform PREA duties, and the position has the authority necessary to complete the

responsibilities assigned. The PREA Compliance Manager explained the position reports through the facilities Warden/ Superintendent chain of command for general operations. The PREA Compliance Manager also explained there is a direct PREA reporting relationship with the agency PREA Coordinator.

Responsibilities described by the PREA Compliance Manager included coordinating and monitoring PREA activities at the facility level which include implementing agency policy, PREA training and awareness, documenting requirements, coordinating investigations, and following up on other PREA related compliance requirements. The PREA Compliance Manager indicated there is access to institutional leadership when PREA matters need to be addressed.

The PREA Compliance Manager interview was consistent with the organizational chart and documentation provided for review. Based on the information provided during the interview the Auditor concluded the PREA Compliance Manager has a defined role in the agencies' PREA structure. The facility position is organized in such a way that allows for coordination of PREA responsibilities without being placed in a reporting position that would limit or hinder effective implementation and monitoring of the facilities' PREA requirements.

PROVISION (a) – ZERO TOLERANCE POLICY AND PREA FRAMEWORK

As stated on the PAQ and supported by documentation GDC has a written policy stating the agency has a zero tolerance of sexual abuse and sexual harassment in confinement.

GDC has established a policy framework that addresses prevention, detection, reporting, investigation and response to sexual abuse and sexual harassment.

Within SOP 208.06 GDC establishes the agency PREA Sexually Abusive Behavior Prevention and Intervention Program. The Program is the guiding operational structure through which the agency meets its commitment to a zero-tolerance policy. On page 1, Section I(A) GDC states its commitment to zero tolerance. The remainder of the SOP establishes prevention, detection, reporting, investigation, response, monitoring, and accountability expectations.

Review of the definitions in SOP 208.06 established the agency has a policy that sets definitions for sexual abuse, sexual harassment, and other prohibited behavior. The policy defines the consequences and disciplinary sanctions imposed on individuals found to have engaged in prohibited behavior.

The agency policy framework does more than establish a zero-tolerance statement, it establishes how the agency will implement the zero-tolerance policy. Prevention, detection, reporting, investigation, response, and accountability requirements are addressed at both the agency and institution level with a requirement the institutions have procedures addressing each facilities operation.

The Auditor reviewed the requirement each Warden/ Superintendent has a current PREA Local Procedure Directive and Coordinated Response Plan referred to as

	Attachment 7 to SOP 208.06. The directive allows the institution to align the agencies' PREA requirements to each facilities procedure and assigns responsibility. Responsibilities addressed by the local directive and coordinated response plan include but are not limited to responsibility of staff from initial report of allegation through completion of investigation and response. The plan also addresses evidence preservation and retention, victim safety, medical and mental health services, forensic examinations, victim advocacy, and support services, monitoring alleged sexual abusers, and follow through on investigations. After reviewing the documentation, the Auditor determined the agency has met the requirements for establishing a policy that supports a facility wide zero tolerance approach as required by §115.11(a). **PROVISION (b) – AGENCY PREA COORDINATOR** According to the PAQ GDC has designated a PREA Coordinator that is an upper-level employee and has sufficient time and authority to develop, implement and oversee the agencies efforts to comply with PREA standards. Review of the organizational chart confirmed the PREA Coordinator title is located within Office of Professional Standards, Compliance Unit. The organizational placement provides the PREA Coordinator agency level visibility and access to executive leadership establishing a direct line of responsibility for PREA compliance. Interview with the PREA Coordinator confirmed the position has sufficient time to perform duties associated with oversight of the agencies efforts to comply with PREA. The PREA Coordinator stated responsibilities include coordinating implementation of PREA across GDC facilities, monitoring compliance, identifying and correcting areas where the agency is not in compliance, providing guidance and direction to facility based PREA personnel and communicating PREA related issues to agency administration. The PREA Coordinator reporting relationship to the Commissioner also provides a level of accountability. Because of this reporting relationship significant PREA concerns can be communicated to the highest level of agency leadership without encountering unnecessary administrative barriers. Authority given to the PREA Coordinator is supported by organizational placement and is not based solely on the written policy language. The interview and documentation were consistent with each other and supported the PREA Coordinator having the ability to exercise authority over the agencies PREA compliance program. The agencies designation of facility based PREA Compliance Managers supports the PREA Coordinators ability to implement and monitor PREA requirements. Assigning day-to-day responsibility to the facilities allows the PREA Coordinator to maintain agency-wide accountability while delegating implementation responsibilities to facility staff. After reviewing the documentation and completing the PREA Coordinator interview

the Auditor determined GDC met the requirements of §115.11(b).

PROVISION (c) – FACILITY PREA COMPLIANCE MANAGER

As stated on the PAQ the facility has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facilities efforts to comply with PREA standards.

Audit review of GDC SOP 208.06 included the sections outlining the designation and responsibilities of the facility PREA Compliance Manager. As stated in the policy, each facility is required to designate a PREA Compliance Manager (PCM) and assumes responsibility for coordinating compliance with PREA at the facility level.

Placement of the PCM position within the facility organizational structure is at the Deputy Warden of Care and Treatment level. The Auditor determined the organizational placement provides the PCM standing within the institution to communicate PREA concerns, coordinate with facility leadership and departments and monitor implementation of PREA requirements.

The PREA Compliance Manager interviewed confirmed there is sufficient time to perform the duties and responsibilities assigned. The PREA Compliance Manager described the position as having authority to coordinate the facilities PREA efforts. Responsibilities described by the PREA Compliance Manager included monitoring compliance, providing coordination of required PREA activities, training and education, documentation requirements, coordination with other personnel for allegations and ensuring the agencies PREA requirements are implemented at the facility level.

Dual reporting was confirmed by the PREA Compliance Manager. While the position reports to facility leadership for day-to-day operations there is a direct line of accountability to the agency PREA Coordinator specifically for PREA responsibilities. This creates a direct link between facility operations, and the agencies centralized PREA compliance program.

The Auditor determined the PREA Compliance Managers responsibilities are defined, and the position has sufficient time, authority, and access within the organization to coordinate the facilities PREA compliance activities. The information provided during the interview was consistent with the PAQ, agency policy, and organizational structure.

After reviewing the documentation and completing the PREA Compliance Managers interview the Auditor determined the facility met the requirements of §115.11(c).

CONCLUSION

After reviewing the PAQ, supporting documentation, GDC SOP 208.06, GDC Agency Organizational Chart and interviews with Georgia Department of Corrections PREA Coordinator and the facility PREA Compliance Manager the Auditor determines Georgia Department of Corrections MEETS Standard §115.11 – Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

	Georgia Department of Corrections has embedded PREA responsibility into the agencies organizational structure. Responsibility and accountability for PREA compliance have been established at both the agency and facility level. Designation of an upper-level PREA Coordinator and facility based PREA Compliance Managers allows GDC to maintain centralized accountability while meeting the needs of each facility. Evidence obtained during the audit indicates the agency has a commitment to a zero-tolerance policy that is documented through policy, defined responsibility, organizational placement, and clear lines of authority. For these reasons the Auditor determines the agency/facility satisfy the requirements of §115.11(a), §115.11(b), and §115.11(c).

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a review of the PAQ, supporting documentation, applicable contracts, and agency policies/procedures in order to determine compliance with PREA Standard 115.12 – Contracting with Other Entities for the Confinement of Inmates. The Auditor reviewed Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which is effective date June 23, 20 22. This policy outlines the agency's expectation that any entity contracted for the purpose of confining individuals in GDC custody will adopt and comply with PREA standards. Contracted facilities must also comply with oversight responsibilities designed to maintain contractors' compliance with appropriate practices for prevention, detection, response to, and investigation of sexual abuse and sexual harassment. The Auditor reviewed documentation provided by the facility through the PAQ regarding contracts with other entities for the confinement of inmates. Documentation from the PAQ shows the Georgia Department of Corrections has contracts with private facilities and county-operated facilities for the confinement of inmates. Each contract contains language specific to PREA requirements and states contracted entities shall comply with the National PREA Standards. The Auditor confirmed that Rutledge State Prison does not independently contract with outside entities for the confinement of inmates. Contractual requirements and PREA compliance responsibilities are the responsibility of the agency through the contract management process.

INTERVIEWS

Agency Contract Administrator
In conjunction with the document review, the Auditor interviewed the Agency Contract Administrator to discuss agency policy and procedure for maintaining compliance with PREA Standard 115.12.

During the interview, the Auditor discussed how the agency ensures contracted entities providing confinement meet PREA expectations. The Agency Contract Administrator stated that when contracting with private facilities or county-operated facilities there are contract provisions that must be met by the contracted entity. One of the provisions in the contract specifies that the contracted entity will comply with all applicable PREA standards.

The Administrator stated that before the contract is awarded the contracted entity must agree to meet PREA standards and show that they can meet PREA requirements. If they cannot or will not meet the PREA requirements, they will not be contracted.

The Agency Contract Administrator stated that the agency's PREA compliance monitoring responsibilities are built into the contract management process. Contracted entities are required to submit any PREA allegation made against someone in their facility to the agency. They must also provide documentation on the allegation, investigation process, and findings to the GDC Director of PREA Compliance. This process allows the agency to monitor contracted facilities for compliance with PREA.

PROVISIONS

Provision (a)
Standard Requirement: The agency shall include in any new contract or contract renewal for the confinement of inmates a requirement that the contractor adopts and complies with the PREA standards.

The PAQ states the Georgia Department of Corrections includes a requirement for all entities who contract with them for the confinement of inmates to adopt and comply with PREA standards. All contracts with other entities for inmate confinement include PREA specific language which includes responsibilities, expectations, and requirements for preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility reported entering into twenty-five contracts/renewals for confinement of inmates in the past twelve months. The PAQ stated all twenty-five contracts included a provision that required contracted entities to adopt and comply with PREA standards.

During the interview the Agency Contract Administrator confirmed what was reported on the PAQ. The Administrator stated PREA compliance is required through contract language. Contractors are required to adopt policies and procedures that are

	consistent with PREA standards, comply with PREA oversight, and ensure they can demonstrate compliance with PREA standards. Rutledge State Prison does not enter into individual contracts for confinement of inmates. Due to this the Prison ensures compliance with this provision through the agency that contracts on their behalf. **Provision (b)** Standard Requirement: Any agency that contracts with another entity for inmate confinement shall monitor the contractor's compliance with PREA standards. The PAQ states all contracts for inmate confinement contain a requirement for the agency to monitor contractor compliance with PREA standards. The PAQ also stated that there were zero contracts shown under Standard 115.12(a)-3 that did not require agency monitoring of contractor PREA compliance. The Agency Contract Administrator verified contractor compliance is monitored through the agency policy. The Administrator explained that the agencies review contractor policies and procedures to determine if they meet PREA requirements and the National PREA Standards. Contracted facilities are also required to notify the agency of any PREA allegations made against anyone in their custody. The contractor is required to send documentation on the allegation, including the investigation process and findings, to the GDC Director of PREA Compliance. The Director will review the information for purpose of maintaining knowledge of PREA incidents in contracted facilities and determining if the contracted entity needs additional oversight or needs to take corrective action. The Auditor determined the agency has processes in place to monitor the PREA compliance of contracted facilities and hold accountable those responsible for confining people on behalf of the GDC. **CONCLUSION** After reviewing and analyzing all evidence presented during this review, including the Pre-Audit Questionnaire, contract information, relevant policy, and interview with the Agency Contract Administrator, the Auditor determined that Georgia Department of Corrections is in compliance with PREA Standard 115.12 – Contracting with Other Entities for the Confinement of Inmates. The Auditor confirmed contracts are in place for confinement of inmates that require contractors to adopt and follow PREA standards. The agency also has policies in place to monitor contractor compliance. Contract requirements, reporting requirements, and oversight show the agencies commitment to ensuring all individuals confined by a contracted entity are provided with protections in line with PREA standards.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW Auditor completed document review of materials provided prior to the on-site portion of this audit in order to determine the facility's compliance with PREA Standard §115.13. The documents reviewed were the Pre-Audit Questionnaire (PAQ) and attachments, Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022), and the facility's approved Staffing Plan (July 1, 2026). Documents provided by the facility gave the Auditor a good understanding of the facility's overall staffing philosophy, monitoring operations, staffing structure, and procedures in place to ensure compliance with PREA's supervision and monitoring requirements. **OBSERVATIONS** Auditor reviewed several housing unit logbooks and was able to determine whether the facility routinely performs supervision and monitoring by completing unannounced rounds. Logbooks were reviewed throughout the facility and noted multiple examples of well documented, unannounced rounds by intermediate- and higher-level supervisors. Entries were neat, consistent, and completed according to training which led the Auditor to believe they were consistent with other interviews and policies reviewed. Frequency, times, and thoroughness of entries within logbooks support the facility completes unannounced rounds as required and supervisors participate in daily operations. **INTERVIEWS** **PREA Compliance Manager (PCM)** Initially, the Auditor interviewed the PREA Compliance Manager. The PCM was able to establish the process by which staffing levels and monitoring practices are reviewed throughout the year. PCM clearly stated how often staffing patterns are reviewed to ensure they align with operational need, cover blind-spots, and allow inmates access to programs/services. PCM also stated video monitoring system is reviewed yearly to ensure cameras are positioned where they are most needed. **Intermediate- or Higher- Level Supervisory Staff** Each supervisory staff member interviewed stated they perform unannounced rounds on each shift and document rounds within housing units. Supervisors stated rounds are performed to prevent misconduct from occurring, provide visible presence, and to

identify potential victimization/harm to inmates. Supervisors went on to explain that rounds are performed at various times/intervals to avoid being predictable.

Description provided by each supervisor was consistent with what was documented and what the Auditor witnessed while touring the facility. Supervisors were seen making rounds while reviewing housing unit logs and interacting with line staff and inmates.

Random Line Staff

Line staff understood the facilities expectation of performing unannounced rounds when asked. Staff repeatedly stated they are not allowed to round with notice. When questioned further, many staff added emphasis – saying things such as “No ma’am” or other statements – when asked if they would notify someone. Staff understand supervisors perform rounds at different times throughout the week, including weekends and night shifts. While performing rounds, supervisors were described to check-in with staff and review paperwork then handle any concerns they may come across at that time.

All staff interviewed communicated they remember training regarding rounds and can identify how it helps to prevent sexual abuse.

Random Inmates

When asked if they see supervisors making rounds, inmates responded that they see supervisors walking around housing areas often. Several inmates were able to identify the PCM by name and said they felt comfortable talking to staff about any concerns they may have. Inmate comments were aligned with staff responses and what the Auditor observed while on-site.

Facility Head or Designee

While interviewing the Facility Head, staffing levels were discussed. Though staff levels are determined by the number of posts needed to properly supervise inmates, the Facility Head stated when developing the staffing plan they take into consideration the facilities design/layout, inmate movement/programs, video monitoring capabilities, post coverage, and resources available. Local and external oversight was also stated to be reviewed when performing audits. As for the on-site audit, there are 122 total employees, 44 new hires in the past 12 months, and 11 contractors and 70 volunteers (knowing that some volunteers were inactive).

PROVISIONS

Provision (a) – Requirements for a Facility Staffing Plan

According to the PAQ, the facility responded that:

1. The agency requires every GDC operated facility to create and follow a staffing plan designed to provide adequate staffing and video monitoring to protect inmates from abuse.

2.Since the last audit or since August 20, 2012, the average daily inmate population has been 597.

3.The staffing plan is based on an average daily population of 610.

Based on document review and interview with the Facility Head, the facility has provided a staffing plan that addresses all thirteen items outlined in PREA Standard §115.13(a). The facility's staffing plan includes an overview of current staffing levels at the facility, identifies all posts, describes camera coverage, and accounts for schedules, inmate movement, and programs. Staffing Plan submitted with PAQ Annual PREA Staffing Plan Review Both documents provided above illustrate the facility's understanding of and plan to follow a well thought out staffing plan.

During creation of the staffing plan, the facility took into consideration their need as it related to the physical plant, technology available, and inmates. The Facility Head also stated any adjustments needed are made when necessary and there are various levels of oversight ensuring compliance with the plan.

Relevant Policy

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06,

PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022).

Provision (b) – Documentation and Justification for Staffing Deviations

According to the PAQ, the facility responded that:

1.When deviations from the staffing plan occur, they are: Documented and justified.

2.In the last year, common causes of staffing deviations included Unplanned hospital post, TACT squad deployment, unexpected call ins, unplanned transport of offenders, Emergencies.

During the on-site inspection, the Auditor reviewed deviation logs and confirmed the facility documents and describes every occurrence in which the facility was unable to follow the standard staffing plan. When there are staffing deviations from the normal schedule, the facility ensures inmates are covered by pulling staff from different posts or approving overtime. Reasons listed by the facility for staffing deviations matched those listed on the PAQ and met expectations of PREA by providing justification for the deviations.

Relevant Policy

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06,

PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022).

Provision (c) – Annual Review of Staffing Plan and Monitoring Technology

The PAQ reported that: 1.The facility completes: Annual review of the staffing plan with the PREA Coordinator to determine if any changes need to be made to staffing patterns, video monitoring systems, or resource allocation. Auditor reviewed Staffing Plan Review July 6, 2026. During annual review it was documented the facility reviews staffing levels, camera coverage, corrects blind spots, and supervisor location patterns. Review showed supervisor coverage was adequate throughout all area's inmates have access to. Video monitoring devices were shown to be positioned with the facilities' needs in mind. Shift rosters were reviewed and support the findings stated in the annual review document.

Relevant Policy

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06,

PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022).

Provision (d) – Unannounced Supervisory Rounds

The PAQ reported that: 1.Intermediate-or-higher-level staff conduct rounds without notice to deter and identify sexual abuse and harassment. 2.The facility has a system in place to document all rounds. 3.Rounds take place on all shifts.

During conversations with both line staff and inmates it was made known to the Auditor staff are not allowed to notify inmates when rounds take place.

Through observation of the housing unit logbooks and personal observation, the Auditor determined unannounced rounds took place every week on each shift and were properly recorded. While on rounds during the audit, supervisors were observed by the Auditor. Both staff and inmates stated this was common practice when asked.

Relevant Policy

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06,

PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022).

CONCLUSION

After reviewing documents, making observations, and interviewing staff and inmates the Auditor concluded the facility was in compliance with PREA Standard §115.13 – Supervision and Monitoring.

The facility has an appropriate staffing plan in place, documents any deviations from the plan, completes annual reviews with the PREA Coordinator, and provides adequate supervisor coverage through unannounced rounds. Overall, the facility's operations promote safety, accountability, and allow for consistent supervision to

	prevent sexual abuse from occurring.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the Pre-Audit Questionnaire (PAQ), supporting documentation, inmate housing rosters, and Georgia Department of Corrections (GDC) policies and procedures applicable to the facility's compliance with PREA Standard 115.14 – Youthful Inmates. The Auditor reviewed Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated June 23, 20 22. This policy establishes the agency's expectations and requirements regarding the housing, supervision, and management of youthful inmates to ensure compliance with PREA requirements. This policy outlines safeguards intended to protect youthful inmates from sexual abuse and sexual harassment by other inmates including specific requirements related to housing assignments, sight and sound separation, and supervision practices when youthful inmates are placed under the supervision of GDC facilities. The facility's Pre-Audit Questionnaire stated that the facility does not house youthful inmates. The Auditor reviewed the facility inmate roster to verify population information provided on the PAQ and did not identify any inmates that met the PREA definition of a youthful inmate. Roster review confirmed that all inmates were over the age at which additional protections provided under Standard 115.14 apply. **OBSERVATIONS** During the course of the on-site audit tour, the Auditor observed all areas where inmates are housed including common areas, program areas, and other areas that inmates have access. The Auditor did not observe any youthful inmates housed at this facility. While conducting the site review, the Auditor took into consideration facility operations, current housing practices, and population management procedures. Observations made during the site review and documentation reviewed did not indicate the facility currently houses inmates that would be subject to the additional protections established under PREA Standard 115.14. **INTERVIEWS** **Facility Head Interview**

During the interview process and informal conversation during the on-site portion of this audit, the Facility Head confirmed the facility does not house youthful inmates. The Facility Head understood youthful inmates are afforded additional protections under PREA and if a youthful inmate were ever assigned to the facility in the future, the facility would comply with the GDC policy and PREA requirements.

PREA Compliance Manager (PCM)

During the interview with the PREA Compliance Manager (PCM), the PCM stated the facility does not house youthful inmates. The PCM was aware of the PREA Standard 115.14 requirements and the agency's procedures for handling youthful inmates. The PCM understood if a youthful inmate were housed at the facility staff would implement appropriate measures in accordance with agency policy and PREA requirements to protect the youthful inmate's safety.

Youthful Inmate Interviews

The facility does not house youthful inmates; accordingly no interviews were conducted with youthful inmates concerning this standard.

PROVISIONS

PROVISION (a)
Standard Requirement: The facility shall not house youthful inmates in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters.

Based on information provided by the facility on the PAQ, the facility does not house youthful inmates. The Auditor reviewed the current inmate roster and did not identify any inmates who's birthday would classify them as youthful inmates according to PREA standards.

The Auditor reviewed GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated June 23, 2022, pages 7 and 10, Section 7(a)-(c), which outlines the agency's expectations of any facility housing youthful inmates. The policy states they shall ensure youthful inmates are separated from adult inmates and protective measures are implemented consistent with PREA requirements.

Because the facility does not house youthful inmates this provision is not applicable. The agency has a policy in place should a youthful inmate become assigned to the facility in the future.

PROVISION (b)
Standard Requirement: The facility shall make best efforts to avoid placing youthful inmates in isolation in order to comply with this provision.

The facility does not house youthful inmates; therefore, this provision does not apply. There was no documentation provided, no observation made, or interviewed that

	stated the facility placed youthful inmates in isolation to comply with this provision. **PROVISION (c)** Standard Requirement: Facilities that house youthful inmates shall comply with additional requirements regarding separation, supervision, and protection of youthful inmates. The facility does not house youthful inmates; therefore, there were no youthful inmate housing placements or supervision documentation to review. **CONCLUSION** After reviewing and analyzing all available evidence obtained during this audit, which included the Pre-Audit Questionnaire, supporting documentation provided by the facility, inmate housing rosters, agency policy, facility observations, and staff interviews the Auditor determined the facility met the requirements of PREA Standard 115.14 – Youthful Inmates. The facility does not house youthful inmates; therefore, the housing and supervision requirements specific to youthful inmates provided in this standard do not apply. However, the Auditor did find the agency has developed a policy addressing how youthful inmates would be managed and protected if placed under the supervision of a GDC facility in the future.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed facility provided documentation, agency policies, training records and supporting documentation for compliance with PREA Standard 115.15 – Limits to Cross-Gender Viewing and Searches. Documentation included the PAQ, supporting documentation submitted by the facility, Georgia Department of Corrections policies and procedures, staff training records and search related curriculum, and corrective action documentation provided by the agency. The Auditor reviewed 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, 20 22. This policy outlines agency requirements for cross- gender searches, inmate privacy, searches of transgender and intersex inmates, and limits viewing of inmates while showering, changing clothes or performing bodily functions. This policy further explains the agency's expectations of professional, respectful searches to be conducted in the least intrusive manner possible while meeting

legitimate security needs.

The Auditor also reviewed GDC SOP 226.01, Searches, Security, Inspections, and Use of Permanent Logs effective May 27, 2020. This policy includes facility search procedures, documentation requirements, and staff responsibilities for conducting inmate searches. Supporting documentation included GDC Contraband Interdiction and Searches Curriculum associated with SOP 226.01 and SOP 206.02, cross- gender searches facilitator notes, and staff training material pertaining to appropriate search techniques.

Staff training records were reviewed to confirm security staff received training on cross- gender pat searches, transgender and intersex searches, professional searches, and maintaining inmate dignity during searches. Training records were verified to match current facility staff records and confirmed staff acknowledgement of completed training.

In addition to reviewing policies and documentation, the Auditor reviewed information gathered from random staff interviews, applicable non- medical staff interviews, random inmate interviews and transgender inmate interviews. Based on the review of documentation, training records, facility practices and interview responses, the Auditor has sufficient information to determine the facility's compliance with PREA Standard 115.15.

OBSERVATIONS

During the tour of the facility, the Auditor noted opposite-gender staff entering inmate living areas. When entering a housing unit, opposite- gender staff announced their presence to the inmates. The Auditor was also announced by facility staff when entering inmate living areas and restrooms due to being the opposite gender of the inmate population.

The Auditor observed male inmates and male-to- female transgender inmates during the facility tour. Male inmates and male-to- female transgender inmates are housed at Rutledge State Prison. This was confirmed during the on-site audit period.

The Auditor observed inmate living areas, showers, and restroom configurations allowing for privacy. Facility practices for transgender and intersex inmate searches and showering accommodations were reviewed through staff and inmate interviews.

INTERVIEWS

Non-Medical Staff Responsible for Cross-Gender Strip/Searches or Visual Body Cavity Searches

Non- medical staff interviewed stated they were not responsible for conducting cross-gender strip searches or cross- gender visual body cavity searches.

Staff were interviewed about possible cross- gender strip searches or visual body cavity searches. Staff stated that if this was necessary due to exigent circumstances, the search would be approved by the Facility Head. Staff noted searches would be

conducted by medical staff if appropriate and documented according to agency policy.

Staff can professionally, respectfully conduct searches in the least intrusive manner possible while meeting security needs.

Random Staff

The Auditor conducted informal discussions and formally interviewed seventeen (17) staff members randomly selected during the on-site audit.

Majority of the staff reported:
• training on cross- gender searches and searches of transgender and intersex inmates;
• cross- gender searches are addressed during annual in-service training;
• cross- gender strip searches and visual body cavity searches are not conducted at Rutledge State Prison;
• they have never conducted a cross- gender strip search or visual body cavity search;
• there is enough male staff to meet the needs of conducting searches when needed;
• female staff do not conduct strip searches or visual body cavity searches of male inmates; and
• transgender and intersex inmates are not searched to determine genital status.

When asked about showering accommodations, staff stated transgender and intersex inmates are provided privacy when showering. Staff informed Auditor most showers are separated and single stalls providing privacy. If more accommodations are needed, alternate showers can be provided.
Staff stated transgender and intersex inmates would have the ability to provide input on alternate shower options. Gender identity, expression and search preference would be considered when determining appropriate shower accommodations.

Random Inmates

During inmate interviews, all inmates chosen at random stated:

• they have never experienced a cross- gender strip search;
• they are able to change their clothes without being viewed by opposite- gender staff;
• they shower without being viewed by opposite- gender staff; and
• opposite- gender staff announce their presence when entering the housing units and restrooms.

100% of inmates interviewed confirmed opposite- gender staff make announcements when needed.

Transgender Inmates

The Auditor interviewed transgender inmates assigned to the facility.

Each transgender inmate interviewed stated:
• they are satisfied with the way searches are conducted;
• they are satisfied with shower accommodations; and
• they have never been searched to determine genital status.

Gender Identity, expression and preference were considered during searches, according to transgender inmates.

PROVISIONS

PROVISION (a)

Standard Requirement: The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

The facility disclosed on the PAQ that it does not conduct cross-gender strip searches or cross-gender visual body cavity searches on inmates. The facility disclosed there were zero cross- gender strip searches conducted and zero cross-gender visual body cavity searches conducted during the last twelve months.

Staff interviews confirmed this information. All staff stated that these searches do not take place at Rutledge State Prison.

The Auditor reviewed Georgia Department of Corrections SOP 208.06, Section 8 (a), which states The facility shall not conduct cross- gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when conducted by a medical practitioner."

Auditor also reviewed: Georgia Department of Corrections SOP 226.01 which addressed search procedures throughout the facility. This policy previously stated," transgender and intersex offenders shall be searched based on their gender designation with the facility they are assigned."

PROVISION (b)

Standard Requirement: Facilities housing female inmates shall not allow male staff members to conduct cross gender strip searches or visual body cavity searches except under exigent circumstances.

This provision is not applicable, as Rutledge State Prison is an adult male facility and does not house female inmates.

PROVISION (c)

Standard Requirement: Facility shall document all cross-gender strip searches and cross-gender visual body cavity searches that are conducted due to exigent circumstances.

The facility states cross-gender strip searches and cross-gender visual body cavity searches are not conducted unless there is an exigent circumstance.

If there was a need to conduct a search due to exigent circumstances, staff stated it would be approved by the Facility Head. There would be a justification and documentation completed.

The Auditor reviewed Georgia Department of Corrections SOP 208.06, Section 8 (c), which requires documentation of any cross-gender strip searches, visual body cavity searches, and pat searches conducted due to exigent circumstances.

Auditor reviewed the facilities process of documenting any unusual incident that may arise requiring a search outside of normal procedures. Documentation was established.

PROVISION (d)

Standard Requirement: Facilities shall implement procedures that allow inmates to shower, perform bodily functions, and change clothing without being viewed by opposite- gender staff except in exigent circumstances or when such viewing is incidental to official duties.

The facility stated on the PAQ that inmates are able to shower, perform bodily functions and change clothing without being viewed by opposite- gender staff exposing their breasts, buttocks, or genitalia except in exigent circumstances or when it becomes incidental to their official duties.

Auditor was able to verify through inmate interviews that:
• 100% of inmates stated they can shower and dress without being viewed by opposite- gender staff.
• 100% said opposite- gender staff make announcements when entering housing units.

The Auditor reviewed Georgia Department of Corrections SOP 208.06, Sections 8(d)-(f), which set forth the requirement of inmate privacy, opposite-gender staff announcements, and inmate verbalizations.

This policy states:
• Opposite-gender staff must announce they are entering the housing units.
• Inmates will be informed when opposite-gender staff are entering their housing unit.
• Staff will ensure inmates are not unnecessarily viewed while showering, changing clothes, or performing bodily functions.

The facility followed these policies.

PROVISION (e)

Standard Requirement: Facilities shall not search or physically examine transgender or intersex inmates for the sole purpose of determining genital status.

The facility stated on the PAQ that searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status is prohibited.

	Randomly selected staff confirmed they understood this policy and searches are not conducted for the purpose of determining genital status. Each transgender inmate interviewed stated they have never been searched for the sole purpose of determining genital status. The Auditor reviewed Georgia Department of Corrections SOP 208.06, Section 8(g), which prohibits the search or physical examination of an inmate for the sole purpose of determining genital status. Detainee's genital status can be determined by: • talking with the inmate; • review medical records; and • through a private medical examination if need be. Auditor reviewed training that addresses how staff should professionally and respectfully search transgender and intersex inmates. **PROVISION (f)** Standard Requirement: Facilities shall train security staff in how to conduct cross-gender pat searches and searches of transgender and intersex inmates professionally and respectfully. Auditor reviewed staff training records and confirmed staff received training on the following: • how to conduct a cross-gender pat search; • how to search transgender and intersex inmates; • professional search techniques; and • maintaining dignity during a search. Auditor can confirm training records match the current staff employed at the facility and staff acknowledged they have received training. Staff training material stated all searches will be conducted without unnecessary force, embarrassment, or indignity to inmates. **CONCLUSION** After reviewing evidence obtained from facility documentation, interviews, observations, training records, agency response to corrective action and policy revisions issued by the Georgia Department of Corrections dated September 12, 20 24, the Auditor concluded that Rutledge State Prison is in compliance with all provisions of PREA Standard 115.15 – Limits to Cross-Gender Viewing and Searches.

115.16	**Inmates with disabilities and inmates who are limited English proficient**

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To determine if Rutledge State Prison provided equal access to PREA education, reporting mechanisms, victim services, and investigations to inmates with disabilities and inmates who are limited English proficient, the Auditor reviewed facility documentation, agency policies, training records, and supporting documentation. Documentation reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation, GDC Standard Operating Procedure 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program dated June 23, 20 22, Rutledge State Prison Inmate Handbook dated September 6, 20 23, PREA offender brochures, PREA informational posters, and posters detailing how to access the PREA hotline in English and Spanish.

Documentation was also reviewed that detailed the facility's resources for accessing language services and communication accommodations. This documentation included the LanguageLine Insight Video Interpreting User Guide, Lionbridge Telephonic Interpreter User Guide, Documentation of Video Remote Interpreting (VRI) use, and written procedures for accessing interpretation services. Review of these documents revealed the facility has multiple methods in place to provide inmates with disabilities and inmates who have limited English proficiency meaningful access to PREA education, reporting mechanisms, victim services, and investigations.

OBSERVATIONS

While conducting the on-site tour, the Auditor observed PREA informational posters displayed throughout the facility in English and Spanish. Signs were present in the housing units, inmate work areas, program areas, visitation spaces, hallways, and other common areas where inmates congregate. Based on the consistent placement of PREA information throughout the facility, it appears the agency will have little difficulty ensuring reporting information is visible to all inmates.

The Auditor also observed the educational information provided to inmates upon intake and during orientation. Education information available to inmates included PREA brochures and the inmate handbook, which were available in English and Spanish. Facility staff knew the resources available to inmates needing communication accommodations including access to telephonic interpretation services, video remote interpretation services, American Sign Language interpretation services, and accommodations for inmates with visual, hearing, cognitive, or reading disabilities. It was observed that the facility has multiple ways of communicating PREA information to inmates ensuring information is presented in a way they can understand.

INTERVIEWS

Facility Head

	The Facility Head was interviewed and stated Rutledge State Prison has procedures in place to ensure inmates with disabilities and inmates who are limited English proficient have equal opportunity to participate in all aspects of the PREA process. The Facility Head provided several examples of communication methods available including staff who can interpret for the inmate, written communication, LanguageLine services, and other approved accommodations identified on a case-by-case basis depending on the inmates needs. The Facility Head expressed that the facility always tries to ensure there are no communication barriers that will inhibit an inmates ability to report sexual abuse or sexual harassment or participate in an investigation. **Random Staff** Staff interviews revealed they were knowledgeable in regards to this standard. Each staff member interviewed stated inmate interpreters, inmate readers, or inmate assistants were never used to assist someone in reporting sexual abuse or sexual harassment unless the situation met the narrowly defined exigent circumstances outlined in PREA. Staff stated they were unaware of any incidences where inmate interpreters or inmate assistants were used for PREA matters. Staff stated when they are aware of language barriers or inmates needing communication accommodations they utilize the professional interpretation services provided by the agency. **Targeted Inmates** Inmates that were interviewed have disabilities and stated they did not feel like they were at a greater risk for sexual abuse because of their disability. Each inmate stated that they felt they were able to access PREA information and reporting mechanisms. When asked if they understood their rights relating to being protected from sexual abuse and how to report sexual abuse or sexual harassment if needed, each inmate responded yes and felt assured someone would help if they needed assistance. **PROVISIONS** **Provision (a)** The facility responded in the Pre-Audit Questionnaire that it has procedures in place to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in and benefit from every aspect of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Through documentation review, interviews, and observation this was found to be true. Documentation was reviewed that detailed the process for accessing LanguageLine interpretation services. After reviewing the process, it was determined the process was straight forward and could be easily accessed by staff. Written instructions were available that walk staff through the process by dialing a toll-free number, entering a facility ID# when prompted, entering the language the interpreter should be proficient in after prompted by an automated menu, and then promptly connected to a qualified interpreter. Access to LanguageLine interpretation services does not take

much time and will allow staff to effectively communicate with inmates during PREA education, reporting of sexual abuse or sexual harassment, investigations, or emergency situations.

Standard Operating Procedure 208.06 was reviewed and outlines that the local PREA Compliance Manager must refer to SOP 103.63, ADA Title II Provisions, for guidance regarding reasonable accommodations available to offenders with disabilities and inmates who are limited English proficient. The policy goes on to state the facility must ensure these inmates understand what institutional policies are in place to prevent, detect, report and respond to sexual abuse and sexual harassment. This policy language reinforces the idea that communication barriers cannot prevent inmates from knowing about and accessing PREA information and services.

After reviewing documentation, speaking with the Facility Head, staff, and inmates, and observing the facilities accommodations for those who have communication difficulties, it was determined the facility has procedures in place that will allow inmates with disabilities and inmates who have limited English proficiency to receive equal access to information and services relating to sexual abuse and sexual harassment.

Provision (b)

During the interviews the facility staff stated there were numerous resources available to ensure inmates with limited English proficiency and inmates with disabilities could meaningfully participate during PREA education and reporting processes. Documentation reviewed by the auditor showed LanguageLine offers video interpretation services for foreign languages as well as American Sign Language. Lionbridge was also reviewed and offers telephonic interpretation services for many languages. Education flyers, brochures, and videos are available in English and Spanish. Videos offered also have closed captioning available. Another resource the facility offered was the PREA Compliance Manager is fluent in Spanish.

Education materials provided to inmates in English are also available in Spanish. While auditing this standard the auditor verified the PREA Compliance Manager is fluent in Spanish and the facility has access to LanguageLine interpretation services for many different languages if the need arises.

Accommodations are available for inmates with different types of disabilities. Inmates that are hearing impaired can access PREA information by written materials, captioned videos, PowerPoint presentations, and video remote interpreting (VRI) that connects them to qualified American Sign Language interpreters. Inmates with vision impairments can receive PREA information by having someone verbally communicate information to them, read written materials, recorded voice messages, videos, and if needed information can be put into Braille format. Cognitive impairments and inmates with limited reading skills are accommodated by verbal communication and individualized staff assistance.

It was determined these accommodations show the facility takes meeting the needs of all inmates seriously and is in compliance with the intent of this standard. Agency

policy reinforces these findings by stating PREA education will be done in written and verbal forms and in a manner that can be understood by every inmate. Policy goes on to state PREA education must include but is not limited to: prevention of sexual abuse and sexual harassment, protecting yourself from sexual abuse and sexual harassment, reporting sexual abuse and sexual harassment, investigative procedures, and information on treatment and counseling services available to victims.

Provision (c)

The facility stated in the Pre- Audit Questionnaire that during the past twelve month audit period they did not use inmate interpreters, inmate readers, or other inmate assistants to assist another inmate in reporting allegations of sexual abuse or sexual harassment. The Facility Head confirmed this during interview and all staff interviewed supported this statement.

Standard Operating Procedure 208.06 was reviewed and states using inmate interpreters, inmate readers, and inmate assistants is prohibited except under the narrowly defined exigent circumstances stated in PREA. Exigent circumstances include a situation where obtaining a qualified interpreter would cause an unreasonable delay that could impact the inmate's safety, interfere with first responder duties as outlined in 28 CFR §115.64, or would adversely affect the integrity of any investigation. This policy states the preference is to always use qualified professional interpretation services.

Due to Rutledge State Prison having immediate access to numerous professional interpretation resources (telephonic interpretation, video interpretation, bilingual staff members, and accommodations for inmates with disabilities) there is no need for the facility to use inmate interpreters. Interviews with staff and inmates supported this finding. No one interviewed was aware of any incidences where inmate interpreters had been used for PREA purposes.

CONCLUSION

After reviewing the Pre-Audit Questionnaire, facility policies, procedures, training documentation, education resources, available interpretation services, and interviewing the Facility Head, staff, and inmates along with making observations while conducting the on-site PREA audit, it was determined Rutledge State Prison has established procedures that will ensure inmates with disabilities and inmates who are limited English proficient can have meaningful access to all aspects of the agencies PREA program. The facility has multiple methods of communication available, has professional interpretation services ready for use at any time, provides educational materials in different formats for inmates to learn about sexual abuse and sexual harassment, and prohibits the use of inmate interpreters unless the situation is defined as exigent under the PREA Standards.

The facility proved through documentation and interviews that it has met the requirements of PREA Standard 115.16. Therefore, it is the Auditors opinion the facility met all provisions of this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW As part of the assessment of compliance with PREA Standard 115.17, the Auditor conducted a comprehensive review of the agency's hiring, promotion, and background investigation practices to determine whether Rutledge State Prison and the Georgia Department of Corrections (GDC) maintain appropriate safeguards to prevent individuals with a history of sexual abuse, sexual harassment, or related misconduct from occupying positions that involve contact with incarcerated individuals. The review included the facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation, 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, SOP 104.09, Filling a Vacancy, including Attachment 4, Applicant Verification, and SOP 104.18, Obtaining and Using Records for Criminal Justice Employment. The Auditor also reviewed personnel files, hiring documentation, promotion records, criminal history verification records, and documentation supporting applicant screening and employment decisions. The documentation demonstrated that the Georgia Department of Corrections has established a comprehensive and centralized hiring system designed to ensure compliance with PREA requirements at every stage of the employment process. Policies require extensive screening of applicants, contractors, and volunteers before they are permitted to work in correctional settings and provide clear guidance regarding the evaluation of prior misconduct, criminal history, and allegations of sexual abuse or sexual harassment. The agency's procedures extend beyond initial hiring by requiring ongoing criminal history reviews and continual employee disclosure of any conduct that could affect employment eligibility. **OBSERVATIONS** During the on-site audit, the Auditor reviewed personnel files maintained by Human Resources and examined documentation supporting hiring, promotion, and criminal history screening practices. Personnel records were organized, complete, and reflected consistent application of agency policy. Documentation verified that criminal background investigations, applicant verification forms, PREA disclosure questions, and employment eligibility determinations were maintained in employee files. The Auditor also observed that the Georgia Department of Corrections utilizes a centralized electronic tracking system to monitor criminal history reviews and ensure that required background investigations are completed within established timeframes. The system tracks newly hired employees, promotions, contractors, volunteers, and recurring criminal history reviews for existing staff, thereby reducing the likelihood that required screenings could be overlooked.

Facility records reflected that Rutledge State Prison had 142 authorized positions, with 125 positions filled and 17 vacancies at the time of the audit. During the previous twelve months, the facility has hired 44 new employees and had 166 approved contractors and 70 approved volunteers who had access to the institution. Not all approved contractors and volunteers were active at the time of the on-site audit. Documentation verified that each category of personnel was subject to the appropriate screening requirements before being granted institutional access.

To further verify implementation of agency policy, the Auditor conducted an extensive review of fifty-eight personnel records, including newly hired employees, promoted staff, and existing employees. Every record reviewed contained the required PREA documentation, criminal history verification, and applicant disclosure forms required by the standard. The review confirmed that the required PREA screening questions had been completed and that background investigations were properly documented prior to employment or promotion.

Thirteen contractor files and eleven volunteer files were reviewed. The review confirmed that the required background investigations were properly documented prior to approval of inmate contact.

INTERVIEWS

Administrative Human Resources Staff

During the interview with Administrative Staff responsible for Human Resources, the Auditor received a detailed explanation of the agency's hiring and screening process. Human Resources staff explained that all applicants complete employment documents requiring disclosure of prior misconduct consistent with PREA Standard 115.17. Applicants are specifically questioned regarding any history of sexual abuse, sexual harassment, criminal convictions involving sexual misconduct, or civil or administrative findings involving prohibited sexual conduct.

The Human Resources representative explained that criminal history background investigations are conducted for all new employees before employment begins, for staff being considered for promotion, and periodically for current employees in accordance with agency policy. The Georgia Department of Corrections has implemented a centralized tracking system that monitors due dates for criminal history reviews and ensures required screenings are completed within prescribed intervals. Human Resources staff further indicated that employees have a continuing affirmative duty to report any arrest, criminal charge, or misconduct occurring after employment, and failure to disclose such information may result in disciplinary action or termination.

The interview also confirmed that, when permitted by law, the agency provides information concerning substantiated allegations of sexual abuse or sexual harassment involving former employees when requested by another correctional employer considering that individual for employment. Human Resources staff demonstrated a thorough understanding of PREA hiring requirements and described consistent procedures used throughout the agency to ensure compliance.

PROVISIONS

Provision (a)

Rutledge State Prison reported in the Pre-Audit Questionnaire that the Georgia Department of Corrections prohibits the hiring or promotion of any individual who may have contact with inmates if that person has engaged in sexual abuse within a correctional institution or similar facility, has been convicted of engaging or attempting to engage in coercive sexual activity in the community, or has been civilly or administratively adjudicated for such conduct. The facility also reported that these prohibitions apply to contractors who may have contact with inmates.

The Auditor verified these practices through interviews, policy review, and personnel file examinations. Georgia Department of Corrections SOP 208.06 clearly prohibits employment or promotion of individuals meeting any of the disqualifying criteria established by PREA. The policy also requires consideration of prior incidents of sexual harassment when making hiring and promotion decisions, recognizing that such conduct may indicate concerns regarding an applicant's suitability for correctional employment.

Agency policy further requires applicants and employees to answer specific written questions regarding prior misconduct during hiring, promotional interviews, and employee evaluations. Employees remain under a continuing obligation to disclose any future misconduct that could affect their employment status. The policy additionally requires criminal history record checks before employment begins and establishes procedures for providing information regarding substantiated allegations involving former employees to other correctional employers when legally permissible.

The Auditor's review of personnel records confirmed consistent compliance with these requirements. Every file examined contained documentation demonstrating that applicants had answered the required PREA disclosure questions and that criminal history investigations had been completed before employment or promotion decisions were finalized.

Provision (b)

The facility reported that incidents of sexual harassment are considered whenever hiring, promotion, or contractor selection decisions are made. Human Resources staff confirmed that this requirement is incorporated into the agency's employment review process and that hiring officials evaluate all available information concerning previous misconduct before employment decisions are reached.

The Auditor verified that agency policy specifically directs hiring officials to consider any incidents of sexual harassment when determining an individual's suitability for employment or promotion. This requirement exceeds simply reviewing criminal convictions by requiring evaluation of documented misconduct that may indicate inappropriate professional behavior, thereby strengthening the agency's ability to prevent individuals with concerning histories from obtaining positions involving inmate contact.

Provision (c)

The Pre-Audit Questionnaire reported that criminal history background investigations are completed before hiring any employee who may have contact with inmates. In addition, the agency makes its best efforts, consistent with applicable federal, state, and local law, to contact prior institutional employers regarding substantiated allegations of sexual abuse or resignations during pending investigations involving allegations of sexual abuse.

During the previous twelve months, Rutledge State Prison hired 44 employees. Human Resources staff confirmed that every new employee completed the required background investigation and PREA screening before beginning employment. The Auditor reviewed sixty personnel files, including twenty newly hired employees and ten recently promoted employees. Every file contained documentation confirming completion of criminal history investigations, required PREA disclosure questions, applicant verification forms, and PREA educational documentation.

Agency policy requires all applicants and employees to answer written questions concerning prior misconduct during hiring, promotional interviews, and employee evaluations. Additionally, the policy requires criminal history investigations before employment begins and establishes procedures for reviewing previous institutional employment whenever applicable. Based on documentation and interviews, the Auditor determined that the facility consistently implements these requirements.

Provision (d)

Rutledge State Prison reported that criminal history record checks are completed before contractors who may have contact with inmates are permitted to provide services within the institution. During the audit period, the facility maintained contracts involving contractors with institutional access, and documentation demonstrated that criminal history investigations were completed as required.

Agency policy requires criminal history record checks before contractors begin providing services and requires periodic rescreening thereafter. Contractors and volunteers must also complete verification forms acknowledging PREA expectations and disclosing any prior misconduct that would disqualify them from correctional employment or institutional access.

The Auditor reviewed documentation supporting contractor screening procedures and determined that the facility consistently applies the same protective principles to contractors that are applied to employees.

Provision (e)

The facility reported that criminal history background investigations are conducted periodically for current employees and contractors in accordance with agency policy. Human Resources staff explained that the Georgia Department of Corrections utilizes a centralized tracking system that identifies when recurring background investigations become due and ensures compliance throughout the agency.

The Auditor reviewed SOP 104.18 governing criminal history record checks and verified that the policy establishes procedures for obtaining employee consent, requesting criminal history information through authorized agencies, maintaining required documentation, and protecting applicant rights when employment decisions are based upon criminal history information. Interviews and personnel file reviews confirmed that these procedures are consistently followed.

The Auditor determined that the agency's centralized tracking process provides an effective mechanism for ensuring required criminal history reviews are completed for current employees and contractors.

Provision (f)

The facility reported that all applicants and employees who may have contact with inmates are required to answer written questions regarding previous sexual misconduct during hiring, promotional interviews, and employee evaluations. Human Resources staff confirmed that these questions are completed in writing and that employees acknowledge their responses by signature. Staff also emphasized that every employee has a continuing affirmative duty to disclose any future misconduct that could affect employment eligibility.

The Auditor verified these practices through review of personnel records, each of which contained completed applicant verification documentation addressing the required PREA questions. The consistent presence of these documents demonstrated that the agency has incorporated PREA disclosure requirements into its standard employment practices.

Provision (g)

Rutledge State Prison reported that providing materially false information or omitting information concerning prior misconduct constitutes grounds for disciplinary action, including termination. Human Resources staff confirmed this requirement during the interview process and explained that honesty and complete disclosure are conditions of continued employment with the Georgia Department of Corrections.

Agency policy clearly states that material omissions or false statements regarding previous misconduct are grounds for termination. The Auditor determined that this requirement reinforces the integrity of the hiring process and encourages full disclosure by applicants and employees.

Provision (h)

The facility reported that, unless prohibited by law, the Georgia Department of Corrections provides information regarding substantiated allegations of sexual abuse or sexual harassment involving former employees when another correctional employer requests such information as part of a hiring process.

Human Resources staff confirmed that requests from other institutional employers are handled in accordance with applicable law and agency policy and that substantiated allegations are disclosed when legally permissible. The Auditor verified that this

practice is consistent with PREA requirements and supports correctional agencies in making informed employment decisions.

CONCLUSION

Based upon a comprehensive review of agency policies, personnel records, hiring documentation, criminal history investigations, applicant disclosure forms, interviews with Human Resources staff, and supporting evidence contained within the Pre-Audit Questionnaire, the Auditor determined that Rutledge State Prison has implemented a thorough and well-documented hiring and promotion process that fully complies with PREA Standard 115.17. The Georgia Department of Corrections has established multiple safeguards to prevent individuals with histories of sexual abuse, sexual harassment, or related misconduct from obtaining or maintaining positions involving inmate contact. These safeguards include extensive applicant screening, mandatory criminal history investigations, ongoing employee disclosure requirements, periodic background reviews, contractor screening procedures, and centralized tracking systems that ensure continued compliance.

The consistency observed in policy implementation, documentation, and staff knowledge demonstrates the agency's commitment to maintaining a safe institutional environment through responsible hiring and promotion practices. Based on the totality of the evidence, the Auditor finds that Rutledge State Prison meets all provisions of PREA Standard 115.17 regarding hiring and promotion decisions.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION As part of this evaluation of Standard 115.18, the Auditor reviewed evidence collected during the audit to determine if the Georgia Department of Corrections considers how upgrades to facility design and security technology affect the agency's ability to protect inmates from sexual abuse and sexual harassment. Documentation reviewed included Rutledge State Prison's completed Pre-Audit Questionnaire (PAQ), supporting documentation provided by the facility during the pre-audit phase, and Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, June 23, 2022. **OBSERVATIONS**

During the on-site audit at Rutledge State Prison, the Auditor was provided a facility tour by the Facility Head. The Facility Head walked the Auditor through Rutledge State Prison's current security operations and explained how technology is leveraged to maintain a safe environment. During the tour, the Auditor observed that cameras and security mirrors were strategically placed throughout the housing units, corridors, entrance gates, program areas, and other locations throughout the facility. Currently, the camera system allows staff to monitor inmate movement, supervise common areas, and enhance overall security of the facility.

While conducting the tour, the Auditor observed that cameras were installed to allow staff the best vantage points while limiting camera angles in areas where inmates have a reasonable expectation of privacy under PREA standards. Security mirrors were also installed in areas where architectural features create natural blind spots. Security mirrors expand the viewable area for staff and allow staff to monitor areas that are not easily observed with a direct line of sight. The placement of cameras and security mirrors improves staff awareness of their surroundings, which discourages misconduct and promotes rapid response.

During the Facility tour, it was apparent that security technology is not intended to replace staff supervision but rather enhance the security staff already provides through routine security checks and presence throughout the facility. Camera coverage fills gaps where direct staff visibility may be limited for only a few seconds. Having cameras installed throughout the facility allows staff to maintain indirect supervision of the institution while conducting other necessary security tasks.

INTERVIEWS

Agency Head Designee

When asked how the agency approaches facility design and security technology upgrades, the Agency Head's designee stated that anytime renovations, new construction, or technology upgrades are considered, the Georgia Department of Corrections reviews how those changes will impact the agency's ability to protect inmates from sexual abuse and sexual harassment. When planning camera placement, the designee considered ways to eliminate blind spots, improve staff supervision, and enhance PREA compliance. Care was taken to balance camera placement with the inmate's right to privacy and limit any cross-gender viewing.

The Agency Head's designee continued by stating that security technology is reviewed as needed when changes to the facility may impact surveillance operations. PREA is considered during the discussions of any future improvements. This allowed the Auditor to determine that agency leadership takes the requirements of PREA Standard 115.18 seriously and attempts to address sexual safety during the planning stages of long-term projects.

Facility Head

The Facility Head was asked to explain the institution's current efforts to use technology to improve supervision. The Facility Head stated that the long-term goal is

to provide the most amount of camera coverage possible while balancing security, privacy, and budget. When the opportunity to increase or improve camera coverage presents itself, administration first reviews areas of the facility that are identified as high risk or have had recurring problems in the past. High-risk locations are prioritized when determining where to add or improve camera coverage during the planning stage.

The Facility Head also noted that the current camera system allows continuous monitoring of the facility by staff and can be used as an investigative tool. Recorded video is used to review incidents, confirm staff and inmate movement, validate witness statements, and identify other circumstances that may require corrective action. The Facility Head assured the Auditor that the facility would continue to look for technology that could potentially enhance facility safety and assist with PREA compliance in the future.

PROVISIONS

Provision (a)

Rutledge State Prison answered no on the Pre-Audit Questionnaire when asked if any modifications had been made to the physical plant since the last PREA audit was conducted. This was confirmed through observation and discussed with the Facility Head during the on-site audit.

While Rutledge State Prison has not made any modifications to the physical plant since the last PREA audit, the Auditor can determine from the interview that agency administration is aware of PREA Standard 115.18 and understands the importance of facility design when it comes to preventing sexual abuse and sexual harassment. Administration described the decision-making process for future modifications and how PREA factors will be considered before changes are approved. Modifications will be reviewed to determine if they will improve staff supervision, increase visibility of inmates, preserve inmates' right to privacy, and minimize the opportunity for sexual abuse and sexual harassment to occur.

Since no modifications were made to the facility since the last PREA audit, the Auditor determined that Rutledge State Prison was in compliance with provision (a) because the Facility Head understood the importance of considering sexual abuse prevention during future modifications.

Provision (b)

During the PREA audit, Rutledge State Prison indicated that they had not made any modifications or upgrades to the current electronic surveillance system, video monitoring system, or other technology used for monitoring inmates since the last PREA audit. Documentation reviewed and discussions with facility administration confirmed this finding.

Although Rutledge State Prison has not made any technology upgrades since the last PREA audit, the Auditor found through discussion that agency leadership understands

	the importance of technology and how it can be used to prevent sexual abuse and sexual harassment. Discussions with the Agency Head's designee and the Facility Head allowed the Auditor to determine that future technology discussed by agency leadership would be discussed with PREA implications in mind. Topic considerations would include, but are not limited to: how the technology would improve supervision, reduce blind spots, enhance investigation capabilities, and prevent, detect, and respond to sexual abuse and sexual harassment. Currently, the electronic surveillance system provides enough coverage to monitor activity throughout the facility and is used by staff on a daily basis. When used together with strategically placed security mirrors and routine staff supervision, the current technology assists in preventing sexual abuse and sexual harassment from occurring throughout the facility. Since no technology upgrades were made during the audit period, the Auditor determined that Rutledge State Prison was in compliance with provision (b) because the interviews proved that PREA Standard 115.18 considerations are made when discussing future technology upgrades. **CONCLUSION** After reviewing Rutledge State Prison's PAQ, SOP 208.06, supporting documentation, making observations during the facility tour, and conducting interviews with the Agency Head's designee and the Facility Head, the Auditor determined that Rutledge State Prison has established practices that will ensure PREA Standards are considered during future facility modifications and technology upgrades. Although there have been no modifications or technology upgrades during the current audit period, Rutledge State Prison's administration demonstrated they understood PREA Standard 115.18 and described their decision-making process that focuses on inmate safety, supervision, elimination of blind spots, and inmate privacy when modifications are discussed. The current camera system, security mirrors, and routine staff supervision provide enough coverage to properly supervise inmates and support the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Based on the evidence presented during this audit, the Auditor determines that Rutledge State Prison consistently considers PREA Standards during the discussions of future facility and technology upgrades. It is the opinion of the Auditor that Rutledge State Prison meets Provision (a) and (b) of PREA Standard 115.18 – Upgrades to Facilities and Technology.

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

DOCUMENTATION

As part of the assessment of compliance with PREA Standard 115.21, the Auditor conducted a comprehensive review of agency policies, facility procedures, memoranda of understanding, and supporting documentation to determine whether Rutledge State Prison has established a coordinated system for preserving evidence, conducting forensic medical examinations, and providing victim advocacy services to inmates who report sexual abuse. The review included the facility's completed Pre-Audit Questionnaire (PAQ), Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, 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.

The Auditor also reviewed the Services Agreement between the Georgia Department of Corrections and the Sexual Assault Response Team (SART), the Memorandum of Understanding with the Sexual Assault Support Center, Inc., doing business as The Center @ 909, the current Sexual Assault Nurse Examiner (SANE) contact and call list, and documentation verifying certification of qualified staff victim advocates. Collectively, these documents demonstrated that the agency has developed a comprehensive response system that integrates medical, investigative, and victim advocacy services while ensuring compliance with the PREA Standards.

INTERVIEWS

PREA Coordinator

During the interview with the PREA Coordinator, the Auditor discussed the agency's investigative protocols and evidence preservation procedures. The PREA Coordinator explained that all allegations of sexual abuse are investigated using a uniform evidence protocol designed to maximize the collection and preservation of usable physical evidence for both administrative investigations and criminal prosecutions. The Coordinator stated that the protocol is consistent with nationally recognized forensic standards and, where applicable, is developmentally appropriate for youthful offenders. Although Rutledge State Prison does not house youthful inmates, the agency maintains a standardized protocol that would be appropriate should those circumstances ever arise. The PREA Coordinator further confirmed that the Georgia Department of Corrections is responsible for conducting both administrative and criminal investigations involving allegations of sexual abuse occurring within its facilities.

PREA Compliance Manager

The PREA Compliance Manager described the facility's response process following an allegation of sexual abuse. The Auditor was advised that inmates requiring forensic medical examinations are immediately evaluated and referred in accordance with agency policy. During the audit period, eight forensic examinations had been conducted following reported allegations of sexual abuse. Each examination was

performed by qualified Sexual Assault Nurse Examiner (SANE) personnel, and no inmate incurred any financial responsibility for medical treatment or forensic services. The PREA Compliance Manager also explained that victim advocacy services are routinely offered to every victim of sexual abuse and that the facility maintains both community-based and institutionally trained advocates to ensure services remain available whenever needed.

SANE Personnel

The Auditor also interviewed SANE personnel responsible for providing forensic medical examinations to inmates. The examiner described the partnership between the Georgia Department of Corrections and the Sexual Assault Response Team (SART), explaining that trained forensic nurses are available on an on-call basis and respond directly to the facility when services are requested. Rather than transporting victims outside the institution whenever possible, forensic examinations are conducted within the medical unit at Rutledge State Prison, allowing evidence to be collected promptly while minimizing disruption and preserving chain of custody.

The SANE examiner described the comprehensive examination process beginning with an explanation of the procedure and obtaining the inmate's informed consent before any examination or evidence collection occurs. Medical history, demographic information, and the victim's description of the assault are documented in the patient's own words before a thorough head-to-toe physical assessment is conducted. When appropriate and with the inmate's consent, forensic photographs and high-resolution digital imaging are utilized to document injuries and collect physical evidence. Evidence is packaged, labeled, and secured in accordance with established chain-of-custody requirements before being transferred to law enforcement or investigative staff. The examiner further explained that prophylactic medications, including treatment designed to reduce the risk of sexually transmitted infections and HIV exposure, are discussed with the patient following the examination, and any prescribed medications are provided through the facility's medical department without cost to the inmate.

Random Staff

Interviews with random staff demonstrated a consistently high level of knowledge regarding first responder responsibilities. Every staff member interviewed accurately described the immediate actions required following an allegation of sexual abuse, including separating the alleged victim and alleged perpetrator, protecting the crime scene, preventing contamination or destruction of evidence, and immediately notifying supervisory, investigative, and medical personnel. Staff clearly understood the importance of preserving physical evidence until trained investigators assume responsibility for the investigation.

Inmates Who Reported Sexual Abuse

he Auditor also interviewed inmates who had reported sexual abuse. Those inmates consistently described staff responses as prompt, professional, and supportive. Individuals who required forensic examinations reported they were immediately

referred for medical evaluation and were offered the services of a victim advocate. The inmates stated that victim advocates remained with them throughout the forensic examination, explained the examination process, answered questions, and provided emotional support during a difficult experience. Every inmate interviewed confirmed that they were not charged for any medical services associated with the examination, that they were never asked to submit to a polygraph examination, and that they received written notification regarding the outcome of the investigation in accordance with PREA requirements.

PROVISIONS

Provision (a)

Rutledge State Prison reported in the Pre-Audit Questionnaire that the Georgia Department of Corrections is responsible for conducting both administrative and criminal investigations involving allegations of sexual abuse and that investigators utilize a uniform evidence protocol specifically designed to maximize the collection and preservation of physical evidence for administrative proceedings and criminal prosecution. This information was confirmed through interviews with the PREA Coordinator and review of agency policy.

The Auditor verified that SOP 208.06 requires each facility to follow a uniform evidence protocol and specifically references SOP 103.06 governing investigations of sexual abuse and sexual harassment, as well as SOP 103.10 governing evidence handling and crime scene processing. These policies establish consistent investigative procedures throughout the agency and ensure that evidence is collected, documented, preserved, and transferred according to accepted forensic standards.

The consistency between written policy, staff knowledge, and investigative practices demonstrated that the agency has successfully implemented a standardized evidence collection process throughout the institution.

Provision (b)

The facility reported that it does not house youthful offenders. The Auditor verified this through review of the inmate population and observed that no incarcerated individuals met the definition of a youthful inmate during the audit period. Nevertheless, the PREA Coordinator explained that the agency's investigative protocol incorporates nationally recognized guidance that is developmentally appropriate for youth whenever applicable.

Agency policy requires investigative procedures to be based upon the most recent edition of the U.S. Department of Justice Office on Violence Against Women publication entitled A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents or similarly comprehensive protocols developed thereafter. Although this provision is not operationally applicable at Rutledge State Prison because youthful offenders are not housed at the facility, the agency has nevertheless incorporated the required guidance into its statewide procedures.

Provision (c)

The facility reported that all inmates who experience sexual abuse have timely access to forensic medical examinations performed without financial cost to the victim. During the previous twelve months, eight forensic examinations were conducted, and each examination was completed by qualified SANE personnel.

The Auditor reviewed the Services Agreement between the Georgia Department of Corrections and the Sexual Assault Response Team, which formally establishes the relationship between the agency and community forensic medical providers. Interviews with SANE personnel confirmed that forensic nurses respond directly to Rutledge State Prison when requested and conduct examinations within the facility's medical department.

The examination process follows nationally accepted forensic practices and includes informed consent, comprehensive medical assessment, detailed documentation of the assault, evidence collection, injury documentation, forensic photography when appropriate, and maintenance of chain of custody. Victims also receive education regarding prophylactic medications, follow-up medical care, and treatment options, with all services provided at no expense to the inmate.

The Auditor determined that the facility's partnership with SART provides timely access to highly qualified forensic professionals and fully satisfies the requirements of this provision.

Provision (d)

Rutledge State Prison maintains a Memorandum of Understanding with the Sexual Assault Support Center, Inc., doing business as The Center @ 909, to provide victim advocacy services to inmates who experience sexual abuse. Documentation confirmed that this partnership has remained in effect since August 2017 and continues to provide access to community-based victim advocates.

The PREA Compliance Manager also verified that the facility has trained institutional staff who are certified to function as victim advocates should a community advocate be unavailable. The Auditor reviewed documentation verifying completion of victim advocate certification training by designated facility staff.

Agency policy establishes a clear hierarchy for providing victim advocacy services. Whenever possible, services are first offered through a community-based rape crisis center. If a community advocate cannot respond, a qualified community organization or trained institutional staff member is made available to ensure that every victim receives emotional support and advocacy services.

The Auditor determined that Rutledge State Prison has established multiple layers of victim advocacy resources that ensure uninterrupted support for inmates reporting sexual abuse.

Provision (e)

The facility reported that victims requesting the assistance of a victim advocate are provided accompaniment throughout the forensic examination process and investigative interviews. Interviews conducted during the audit confirmed that victim advocates provide emotional support, crisis intervention, explanations of the examination process, referrals to additional services, and ongoing assistance throughout the investigative process.

Inmates interviewed by the Auditor consistently reported that advocates remained with them during forensic examinations, explained each step of the process, answered questions, and provided reassurance throughout the experience. These interviews demonstrated that victim advocacy services extend beyond simple accompaniment and include meaningful emotional support designed to reduce trauma while assisting victims in understanding available services and investigative procedures.

The Auditor concluded that the facility consistently provides advocacy services in accordance with both agency policy and PREA requirements.

Provisions (f), (g), and (h)

The Auditor confirmed that the Georgia Department of Corrections conducts both administrative and criminal investigations involving allegations of sexual abuse, thereby satisfying the requirements of Provision (f). Provision (g) is not subject to audit under the PREA Standards.

With respect to Provision (h), documentation and interviews confirmed that Rutledge State Prison maintains both community-based victim advocacy services through The Center @ 909 and qualified institutional staff who are trained to provide advocacy services whenever community advocates are unavailable. These multiple resources ensure that victim advocacy services remain continuously available regardless of circumstances.

CONCLUSION

Based upon a comprehensive review of agency policies, memoranda of understanding, service agreements, investigative procedures, forensic protocols, victim advocacy documentation, interviews with the PREA Coordinator, PREA Compliance Manager, SANE personnel, staff, and inmates, as well as the Auditor's analysis of all available evidence, Rutledge State Prison has demonstrated full compliance with PREA Standard 115.21. The facility has implemented a coordinated multidisciplinary response that integrates medical treatment, forensic evidence collection, victim advocacy, and investigative procedures in a manner consistent with nationally recognized best practices and the requirements of the Prison Rape Elimination Act.

The evidence demonstrates that inmates reporting sexual abuse receive timely medical attention, access to qualified Sexual Assault Nurse Examiners, comprehensive victim advocacy services, professional investigations, and forensic examinations at no financial cost. Staff demonstrated a clear understanding of

	evidence preservation responsibilities, victims consistently reported receiving supportive and appropriate care, and the facility has established strong partnerships with qualified community organizations to ensure continuity of services. Based on the totality of the evidence, the Auditor finds that Rutledge State Prison meets all provisions of PREA Standard 115.21 regarding evidence protocol and forensic medical examinations.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION As part of the assessment of compliance with PREA Standard 115.22, the Auditor conducted a comprehensive review of agency policies, investigative procedures, and supporting documentation to determine whether Rutledge State Prison and the Georgia Department of Corrections (GDC) ensure that every allegation of sexual abuse and sexual harassment is promptly referred for investigation and appropriately documented. The review included the facility's completed Pre-Audit Questionnaire (PAQ), Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, and SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022. The Auditor reviewed agency policies governing the reporting, investigation, documentation, and referral of allegations involving sexual abuse and sexual harassment. Additional documentation included investigative case files, tracking logs, referral documentation, incident reviews, and records demonstrating that inmates were notified in writing regarding the outcome of investigations. Collectively, these materials demonstrated that the Georgia Department of Corrections has established a comprehensive investigative process designed to ensure that every allegation is treated seriously, investigated objectively, and referred for criminal investigation whenever the alleged conduct may constitute a criminal offense. **INTERVIEWS** **Agency Head Designee** During the interview with the Agency Head's designee, the Auditor discussed the agency's investigative philosophy and procedures governing allegations of sexual abuse and sexual harassment. The Agency Head's designee emphasized that the Georgia Department of Corrections maintains a zero-tolerance approach toward sexual abuse and sexual harassment and considers every allegation to be serious,

regardless of the apparent credibility of the initial report or the status of the individuals involved. Every allegation is immediately reviewed and subjected to either an administrative investigation, a criminal investigation, or both, depending upon the nature of the reported conduct.

The Agency Head's designee explained that the Georgia Department of Corrections does not rely upon outside agencies to determine whether allegations will be investigated. Administrative investigations are conducted internally by trained agency investigators, while allegations involving potentially criminal conduct are referred through established agency channels to investigators with legal authority to conduct criminal investigations. The designee further explained that agency policy outlining these referral procedures is publicly available on the Georgia Department of Corrections website, thereby promoting transparency and accountability. Every referral for criminal investigation is documented, allowing the agency to track the disposition of each allegation from initial report through final resolution.

Investigative Staff

The Auditor also interviewed investigative staff responsible for conducting PREA investigations. Investigators consistently reported that every allegation of sexual abuse or sexual harassment is investigated regardless of the source of the report or the perceived credibility of the allegation at the time it is received. Investigators explained that administrative and criminal investigations frequently occur simultaneously when warranted and that each investigation is conducted in accordance with agency policy, established investigative protocols, and PREA requirements. Investigative staff demonstrated a thorough understanding of evidence collection, witness interviews, documentation requirements, credibility assessments, and inmate notification procedures.

PROVISIONS

Provision (a)

Rutledge State Prison reported in the Pre-Audit Questionnaire that the agency ensures every allegation of sexual abuse and sexual harassment receives either an administrative investigation, a criminal investigation, or both, as appropriate. The Auditor verified this practice through policy review, interviews, and examination of investigative case files.

Georgia Department of Corrections SOP 208.06 requires that all reports of sexual abuse and sexual harassment be treated as allegations and investigated accordingly. The policy establishes that no allegation may be dismissed without appropriate review and requires investigative findings to be documented before cases are closed.

During the twelve months preceding the audit, the facility documented a total of twenty-four allegations involving sexual abuse or sexual harassment. Fifteen of those allegations involved reported sexual abuse, while nine involved allegations of sexual harassment.

Of the fifteen reported sexual abuse allegations, all fifteen involved allegations of inmate-on-inmate sexual abuse. Each of these allegations received a complete administrative investigation. Following the completion of those investigations, one allegation was substantiated and sixteen were unsubstantiated and one was ongoing. In every complete investigation, the alleged victim received written notification of the investigative findings required by PREA. In addition, each investigation received a Sexual Abuse Incident Review within thirty days following the conclusion of the investigation, consistent with agency policy.

One of the inmate-on-inmate allegations was referred for review to determine whether criminal investigation was appropriate. This criminal investigation remained open at the time of the on-site audit.

The Auditor also verified that every inmate alleging sexual abuse was offered timely medical and mental health services. Based upon the timing of the allegations, five victims met the criteria for referral to a Sexual Assault Nurse Examiner (SANE) for forensic medical examination. Documentation confirmed that these referrals were made promptly in accordance with agency protocol.

During the same reporting period, the facility documented nine allegations of sexual harassment. Eight involved inmate-on-inmate sexual harassment and one involved staff-on-inmate sexual harassment. All nine allegations received administrative investigations. The eight inmate-on-inmate allegations were determined to be unsubstantiated, while the staff-on-inmate allegation was determined to be unfounded. Consistent with PREA requirements, inmates involved in each investigation received written notification regarding the outcome of the investigative process.

To verify implementation of policy, the Auditor conducted an extensive review of investigative case files, including thirteen sexual abuse investigations and three sexual harassment investigations. Each investigative file demonstrated timely initiation of the investigation, comprehensive documentation, appropriate evidence collection when applicable, witness interviews, investigative findings, and written notification to the alleged victim upon completion of the investigation.

The consistency observed throughout the investigative process demonstrated that Rutledge State Prison has implemented a thorough and systematic approach to investigating every allegation of sexual abuse and sexual harassment

Provision (b)

The facility reported that the Georgia Department of Corrections maintains policies requiring allegations involving potentially criminal conduct to be referred to investigators with legal authority to conduct criminal investigations unless the allegation clearly does not involve criminal behavior. The Auditor confirmed that these referral procedures are incorporated into agency policy and are publicly available through the Georgia Department of Corrections website.

Agency policy requires appointing authorities or their designees to immediately notify

regional leadership and the Department PREA Coordinator whenever allegations involving sexual abuse with penetration or other significant physical evidence are reported. The Regional Special Agent in Charge evaluates each allegation to determine whether a criminal investigation should be initiated and assigns specially trained investigators whenever criminal investigation is warranted.

Investigators assigned to criminal cases are required to gather and preserve both direct and circumstantial evidence, review available electronic surveillance footage, interview victims, witnesses, and suspected perpetrators, and examine prior complaints involving the alleged offender. Agency policy further requires investigators to evaluate the credibility of victims, witnesses, and suspects on an individual basis without relying upon an individual's status as an inmate or staff member. The policy also expressly prohibits requiring inmates alleging sexual abuse to submit to polygraph examinations or other truth-verification devices as a condition for proceeding with an investigation.

The Auditor reviewed agency policy contained within SOP 103.06 and confirmed that the Georgia Department of Corrections requires allegations of sexual contact, sexual abuse, and sexual harassment involving offenders, staff, contractors, volunteers, or vendors to be reported promptly, investigated thoroughly, and handled professionally, objectively, and confidentially. The policy emphasizes that investigative activities must be conducted in a manner that prevents intimidation, retaliation, or future misconduct while preserving the integrity of the investigative process.

Documentation reviewed during the audit confirmed that all referrals for criminal review were appropriately documented and tracked through the investigative process.

Provision (c)

The Auditor verified that the Georgia Department of Corrections conducts both administrative and criminal investigations involving allegations of sexual abuse and sexual harassment as appropriate. Interviews with agency leadership and investigative staff, combined with the review of investigative case files, demonstrated that allegations are evaluated individually to determine the appropriate level of investigation. Administrative investigations are completed in every case, while criminal investigations are initiated whenever the facts indicate potentially criminal conduct. This dual investigative structure ensures that allegations are thoroughly examined while protecting the rights of victims, witnesses, and accused individuals.

Provisions (d) and (e)

These provisions are not subject to audit under the PREA Standards.

CONCLUSION

Based upon a comprehensive review of agency policies, investigative procedures, Pre-Audit Questionnaire responses, investigative case files, referral documentation,

	interviews with the Agency Head's designee and investigative staff, and all supporting evidence reviewed during the audit, the Auditor determined that Rutledge State Prison has established an effective and well-documented investigative process that fully complies with PREA Standard 115.22. Every allegation of sexual abuse and sexual harassment is treated as a serious matter, receives an appropriate administrative investigation, and is referred for criminal review whenever the reported conduct may constitute a criminal offense. Investigations are conducted objectively by trained personnel, referrals are documented, victims receive timely medical and mental health services when appropriate, written notifications are provided upon completion of investigations, and incident reviews are conducted in accordance with PREA requirements. The evidence further demonstrates that the Georgia Department of Corrections has implemented clear policies requiring thorough, unbiased, and confidential investigations while maintaining transparency through publicly available investigative referral procedures. The consistency between written policy, investigative practice, staff interviews, and case file documentation reflects a strong institutional commitment to accountability, offender safety, and the prompt investigation of every reported allegation.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation related to employee training requirements under PREA Standard 115.31. Documentation reviewed included 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; staff sign-in and training acknowledgement documentation; the facility's PREA training curriculum and related training materials; and individual staff training records. The Auditor also reviewed documentation demonstrating staff participation in required PREA training and interviewed randomly selected staff members to determine their knowledge of the training provided and their understanding of their responsibilities under the agency's PREA policies and procedures. **INTERVIEWS** **Random Staff** During interviews, randomly selected staff consistently demonstrated knowledge of

the PREA training they had received. Staff recalled participating in initial PREA training during their pre-service or orientation period and indicated that the training was completed before they were permitted to have contact with inmates. Staff also reported receiving ongoing PREA-related training through annual or in-service training, shift turnout training, staff meetings, and other supplemental training opportunities.

Interviewed staff were able to identify the required areas addressed during PREA training, including the facility's zero-tolerance policy; their responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment; inmates' rights to be free from sexual abuse and sexual harassment; protections against retaliation; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; recognizing and responding to signs of sexual abuse; maintaining appropriate professional boundaries with inmates; communicating effectively and professionally with inmates, including inmates who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; and mandatory reporting requirements.

PROVISIONS

PROVISION (a)

The facility reported on the PAQ that all employees who may have contact with inmates receive training addressing the ten required elements identified in PREA Standard 115.31(a). The training includes the facility's zero-tolerance policy for sexual abuse and sexual harassment; employee responsibilities under agency policies and procedures concerning the prevention, detection, reporting, and response to sexual abuse and sexual harassment; inmates' rights to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; recognition of and response to signs of threatened and actual sexual abuse; appropriate professional boundaries and the avoidance of inappropriate relationships with inmates; effective and professional communication with inmates, including lesbian, gay, bisexual, transgender, intersex, and gender nonconforming inmates; and compliance with applicable laws concerning mandatory reporting of sexual abuse to outside authorities.

The agency policy addressing this requirement is GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. On page 19, Section I.A., the policy requires departmental employees to receive PREA training addressing the required elements. The policy specifically identifies training regarding the Department's zero-tolerance policy; employee responsibilities for prevention, detection, reporting, and response; inmates' rights to be free from sexual abuse and sexual harassment; protections from retaliation; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; recognition and response to signs of threatened and actual sexual abuse; appropriate professional boundaries; effective and professional

communication with inmates, including lesbian, gay, bisexual, transgender, intersex, and gender nonconforming inmates; and applicable mandatory reporting requirements.

The Auditor reviewed the facility's PREA training curriculum and associated training materials. The core curriculum incorporates all ten required elements identified in the standard. The training materials provide substantive information regarding each required topic and utilize numbered training elements to assist with consistency and retention of the required information. The Auditor found that the level of detail and complexity of training may be appropriately tailored to an employee's classification and job responsibilities, with additional or specialized training provided when an employee's duties require knowledge beyond the core PREA curriculum.

The Auditor reviewed ninety-five staff training records representing employees in various job classifications. The records reviewed contained documentation demonstrating completion of required initial PREA training. The Auditor also reviewed staff sign-in sheets and training acknowledgement documentation for the most recent PREA training. The records included employee signatures acknowledging participation in and receipt of the required training.

During interviews, 100 percent of randomly selected staff reported receiving PREA training and were able to discuss the subjects addressed during the training. Staff demonstrated an understanding of their responsibility to recognize, report, and respond to allegations or observations of sexual abuse and sexual harassment.

Based upon the review of policy, training curriculum, staff training records, acknowledgement documentation, and staff interviews, the Auditor determined that the facility has implemented training addressing all required elements of PREA Standard 115.31(a).

PROVISION (b)

The facility reported on the PAQ that PREA training is tailored to the gender of the inmates housed at the facility. The facility further reported that employees transferring from an institution housing a different gender population receive additional training appropriate to the population they will supervise before beginning duties involving contact with inmates.

During interviews, 100 percent of randomly selected staff confirmed that the PREA training they received included information specific to the population housed at the facility. Staff demonstrated an understanding that the dynamics, communication considerations, and circumstances associated with sexual abuse and sexual harassment may vary depending upon the population being supervised.

GDC SOP 208.06 addresses this requirement on page 20, Section I.B.-D. The policy provides that in-service training shall include gender-specific information and training applicable to the population supervised and that staff transferring to a facility housing a different gender population shall receive gender-appropriate training. The policy further requires new employees to receive PREA training during pre-service

orientation and provides for specialized training for members of the Sexual Abuse Response Team (SART) and other staff who are likely to be involved in the management or treatment of victims or perpetrators of sexual abuse.

The Auditor reviewed the PREA training materials utilized by the facility and determined that the curriculum addresses both general PREA requirements and issues applicable to the population housed at the facility. The training provided by the agency contains information applicable to both male and female populations, while the training implemented at Rutledge State Prison is tailored to the male inmate population housed at the facility. The curriculum also contains information addressing transgender inmates and the importance of professional communication and appropriate responses to inmates with diverse gender identities and gender expression.

The Auditor further reviewed documentation demonstrating staff participation in PREA training. The documentation was consistent with the facility's representation that employees receive appropriate training before assuming duties involving contact with inmates. Where an employee is reassigned from a facility with a different population composition, the employee is provided additional or refresher training appropriate to the population at the receiving facility.

Based upon the policy review, examination of the training curriculum and supporting documentation, and staff interviews, the Auditor determined that the training provided at Rutledge State Prison is appropriately tailored to the gender of the inmate population and addresses the requirements of PREA Standard 115.31(b).

PROVISION (c)

At the time of the audit, Rutledge State Prison had 122 staff assigned to the facility. The Auditor reviewed the PREA training records of ninety-five staff members representing various classifications and job responsibilities. The documentation reviewed reflected that 100 percent of the staff records examined contained evidence of required PREA training within the applicable training period.

The facility provides formal PREA training on a recurring basis, supplemented by refresher and reinforcement training. Staff receive PREA-related information through formal training, shift turnout training, staff meetings, educational materials, posters, and other facility-based communication methods. These additional methods provide opportunities to reinforce employees' understanding of current PREA policies, reporting obligations, professional boundaries, and responsibilities for preventing and responding to sexual abuse and sexual harassment.

During interviews, 100 percent of randomly selected staff reported receiving PREA training and demonstrated familiarity with the facility's expectations concerning sexual abuse and sexual harassment. Staff were able to identify their responsibilities for reporting allegations and concerns and demonstrated an understanding that they are required to take action when they become aware of conduct or circumstances that may constitute sexual abuse or sexual harassment.

	The Auditor reviewed the facility's training documentation and found evidence that employees are provided PREA training on a recurring basis and that refresher information is provided between formal training periods. This training structure provides multiple opportunities for staff to remain familiar with the agency's current PREA requirements, policies, procedures, and reporting responsibilities. Based upon the review of staff training records and interviews, the Auditor determined that Rutledge State Prison provides PREA training on a recurring basis and provides supplemental information intended to ensure that employees remain knowledgeable about the agency's sexual abuse and sexual harassment policies and procedures. **PROVISION (d)** The facility maintains documentation of PREA training attendance and completion. Employees are required to acknowledge their participation in PREA training through a signed Acknowledgement of Receipt of Training or an electronic verification process documenting completion and acknowledgement of the training. The Auditor reviewed staff training acknowledgement documentation and found that employees' participation in PREA training is documented. The records reviewed included employee signatures acknowledging receipt of the required PREA training. Randomly selected staff also confirmed during interviews that they had signed or otherwise acknowledged completion of PREA training. The documentation reviewed provides a mechanism for the facility to verify staff participation in required PREA training and to maintain a record of employee completion. The training records and acknowledgement documentation were consistent with the facility's representations on the PAQ. Based upon the review of training records, acknowledgement documentation, policy, and staff interviews, the Auditor determined that the facility documents employee participation in PREA training in accordance with the requirements of PREA Standard 115.31(d). **CONCLUSION** Based upon the review and analysis of the PAQ, agency policy, PREA training curriculum and materials, staff training records, training acknowledgement documentation, and interviews with randomly selected staff, the Auditor determined that Rutledge State Prison has demonstrated compliance with all applicable provisions of PREA Standard 115.31, Employee Training. The documentation reviewed demonstrated that employees who may have contact with inmates receive training addressing the required elements of the standard, that training is appropriately tailored to the population supervised, that PREA training is provided on a recurring basis with supplemental opportunities for reinforcement, and that employee participation and completion are documented. Staff interviews further corroborated the documentation reviewed and demonstrated that employees were

	knowledgeable about their PREA responsibilities, including prevention, detection, reporting, and response to sexual abuse and sexual harassment. Accordingly, the Auditor finds that Rutledge State Prison meets STANDARD 115.31 – EMPLOYEE TRAINING.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation related to PREA training provided to volunteers and contractors who have contact with inmates. Documentation reviewed included 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, the Volunteer/Contractor PREA Training Curriculum, and individual volunteer and contractor training records. The Auditor reviewed documentation for 24 individuals, consisting of 11 volunteers and 13 contractors. The records contained documentation of PREA training and acknowledgement of the information provided. The facility reported 44 active volunteers and contractors approved for contact with inmates. **INTERVIEWS** The Auditor interviewed one volunteer and one contractor regarding their PREA training and responsibilities. Both individuals recalled receiving PREA training before being permitted to have contact with inmates and stated that the training addressed responsibilities applicable to their respective roles and level of contact with inmates. When questioned regarding PREA, both demonstrated an understanding of the purpose of the law and their responsibilities if they became aware of or encountered sexual abuse or sexual harassment. Each understood the obligation to report such conduct to appropriate facility personnel and did not indicate that they would attempt to independently investigate or resolve an allegation. **PROVISION (a)** The facility reported on the PAQ that all volunteers and contractors who have contact with inmates receive training regarding their responsibilities under agency policies and procedures concerning the prevention, detection, and response to sexual abuse and sexual harassment. GDC SOP 208.06, effective June 23, 2022, addresses this requirement on page 20,

	Section 2.A. The policy requires the Department to ensure that volunteers and contractors who have contact with offenders receive a copy of the applicable policy and training regarding their responsibilities under the Department's PREA policies and procedures. The policy identifies Attachment 19, Staff PREA Brochure, as a resource that may be used in providing this training. The Auditor reviewed the Volunteer/Contractor PREA Training Curriculum and the 24 volunteer and contractor records selected for review. Each record contained documentation supporting current PREA education and training. The training documentation demonstrated that individuals were provided information concerning their PREA responsibilities before being permitted to have contact with inmates. The interview responses of the volunteer and contractor were consistent with the documentation reviewed. Both recalled completing PREA training before beginning duties involving inmate contact and were able to describe their responsibilities if they became aware of sexual abuse or sexual harassment. **PROVISION (b)** The facility reported that the level and type of PREA training provided to volunteers and contractors is based upon the services they provide and their level of contact with inmates. The facility further reported that all volunteers and contractors with inmate contact are informed of the agency's zero-tolerance policy concerning sexual abuse and sexual harassment and how to report such incidents. GDC SOP 208.06, Section 2.B., provides that the level and type of training shall be based upon the services provided and the individual's level of contact with offenders. The policy also requires all volunteers and contractors with inmate contact to be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. The Auditor reviewed the training curriculum and documentation and found that the training addresses the responsibilities applicable to volunteers and contractors while providing the required information concerning zero tolerance and reporting. The volunteer and contractor interviewed were both able to identify appropriate reporting responsibilities when questioned by the Auditor. **PROVISION (c)** The facility reported that documentation is maintained to confirm that volunteers and contractors have received and understood the PREA training provided. GDC SOP 208.06, Section 2.C., requires participation in PREA training to be documented through a volunteer's or contractor's signature or electronic verification. The policy provides for the use of Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement, to document receipt and understanding of the training. The policy also provides that volunteers and contractors may seek additional direction from Department staff when necessary to ensure understanding.

	The Auditor reviewed the training documentation maintained in the 24 selected files. Each contained documentation supporting participation in PREA training and acknowledgement of the information provided. The interview responses further demonstrated that the individuals understood the basic PREA responsibilities associated with their roles. **CONCLUSION** The Auditor's review of agency policy, the facility's PREA training curriculum, volunteer and contractor training records, acknowledgement documentation, and interviews demonstrated that Rutledge State Prison has established a process for providing PREA training to volunteers and contractors before they have contact with inmates. The evidence reviewed demonstrated that training addresses the responsibilities of volunteers and contractors for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment; that the level and type of training are related to the services provided and level of inmate contact; and that all individuals with inmate contact receive information concerning the agency's zero-tolerance policy and reporting requirements. The facility also maintains documentation of training participation and acknowledgement. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets STANDARD 115.32 – VOLUNTEER AND CONTRACTOR TRAINING.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation concerning the provision of PREA information and education to inmates. Documents reviewed included 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; the Rutledge State Prison Inmate Handbook, revised September 6, 2023; the Georgia Department of Corrections Discussing Prison Rape Elimination Act video, dated February 23, 2023; inmate PREA intake documentation; the Georgia Department of Corrections PREA Inmate Information Guide Brochure; the LanguageLine Insight Video Interpreting User Guide; Video Remote Interpreting usage documentation; PREA education attendance records; and the inmate PREA education tracking spreadsheet.

The Auditor also reviewed PREA-related postings, including hotline numbers, zero-tolerance information, NO MEANS NO, and information concerning the outside confidential support service agency. The Auditor reviewed the Memorandum of Understanding between Rutledge State Prison and SASC, doing business as The Center at 909, concerning outside confidential support services.

OBSERVATIONS

During the on-site review, the Auditor observed PREA information posted throughout the facility in locations accessible to inmates. The postings addressed sexual abuse and sexual harassment, the agency's zero-tolerance policy, and methods for reporting allegations or suspicions of sexual abuse and sexual harassment.

The Auditor observed postings identifying telephone numbers for reporting to the GDC PREA Unit and information concerning outside confidential support services through The Center at 909. PREA-related information was also posted in each housing unit in proximity to inmate telephones, providing inmates with readily accessible information concerning reporting and support resources.

The Auditor observed the Rutledge State Prison Inmate Handbook, the GDC PREA Inmate Information Guide Brochure, the Discussing Prison Rape Elimination Act video, and the various PREA postings during the facility tour. Written PREA materials were available in English and Spanish, and Braille materials were available. The Discussing Prison Rape Elimination Act video is available in English and Spanish and includes closed captioning and an American Sign Language interpreter.

INTERVIEWS

Intake Staff

Intake staff reported that inmates receive PREA information upon arrival at the facility, including information concerning the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report an incident or suspicion of sexual abuse or sexual harassment. Staff explained that the information provided at intake is intended to provide inmates with essential information immediately upon arrival, prior to their receiving the more comprehensive PREA education provided during orientation.

Intake staff reported that comprehensive PREA education is provided within 15 days of arrival and addresses inmates' rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such conduct, agency policies and procedures concerning responses to sexual abuse and sexual harassment, and methods for reporting allegations verbally, in writing, through a third party, or anonymously.

Staff further explained that inmates transferring from another facility receive PREA information and education addressing differences in the policies and procedures applicable at the receiving facility. Intake staff also described the various methods used to make PREA education accessible to inmates with different communication,

language, literacy, or other needs.

Staff reported that every inmate receives an Inmate Handbook upon admission and signs an acknowledgement that is retained in the inmate's record. Staff further indicated that PREA information is provided immediately upon arrival and before the inmate is assigned to a housing unit, with more comprehensive PREA education provided during orientation.

Random Inmate Interviews

Randomly selected inmates consistently recalled receiving PREA information upon arrival at the facility. One hundred percent of the inmates interviewed remembered receiving written PREA materials and an Inmate Handbook and reported that the information included the facility's zero-tolerance policy and methods for reporting sexual abuse and sexual harassment.

Inmates also recalled viewing the Discussing PREA video as part of the orientation process. The interview responses provided corroborating evidence that inmates receive both written and video-based PREA information as part of the admission and orientation process.

PROVISIONS

PROVISION (a)

The facility reported on the PAQ that inmates receive information at intake concerning the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility reported that 376 inmates were admitted during the previous 12 months and that 100 percent received the required PREA information at intake.

The Auditor reviewed PREA intake documentation for 50 inmates. The records demonstrated that all 50 inmates received PREA intake information within 24 hours or less of arrival at the facility. This was consistent with the facility's PAQ response and the information provided by intake staff.

GDC SOP 208.06, effective June 23, 2022, page 21, Section 3, requires information concerning the GDC zero-tolerance policy for sexual abuse and sexual harassment and information regarding how to report an allegation at the receiving facility to be provided to every inmate upon arrival. The policy further provides that inmates receive either the PREA Inmate Brochure in English or Spanish and that receipt of the initial PREA information is documented by the inmate's signature and placed in the institutional file.

The intake staff interviews, inmate interviews, and records reviewed were consistent in demonstrating that inmates receive this information promptly upon arrival and before being placed in general housing.

PROVISION (b)

	The facility reported that inmates who remain at the facility beyond the initial intake period receive comprehensive PREA education during orientation. The PAQ identified 376 inmates admitted during the previous 12 months whose length of stay exceeded 30 days and reported that 100 percent received the required comprehensive education. The Auditor reviewed the facility's comprehensive PREA education materials and found that the education addresses the required subject matter. The GDC Discussing Prison Rape Elimination Act video, dated February 23, 2023, is approximately 15 minutes in length and is available in English and Spanish. The video includes closed captioning and an American Sign Language interpreter. The content addresses the agency's zero-tolerance policy; definitions of sexual abuse, sexual harassment, and sexual misconduct; the dynamics of sexual abuse and sexual harassment in confinement; reasons inmates may not report; retaliation; the imbalance of power between staff and inmates; prevention strategies; reporting methods; the investigation process; good-faith reporting; victim advocacy; forensic examinations and preservation of evidence; notification regarding investigative outcomes; ongoing support services; and staff responsibilities. The facility's comprehensive education also addresses inmates' rights to be free from sexual abuse and sexual harassment and retaliation, methods for reporting incidents involving themselves or other inmates, available treatment and support services, the general investigation process, monitoring and disciplinary responses, prosecution of perpetrators, and the fact that both male and female staff routinely work in and visit housing areas. GDC SOP 208.06, pages 21-22, Section 3.A., identifies the required elements of comprehensive PREA education, including the Department's zero-tolerance policy; definitions of sexual abuse and sexual harassment; strategies inmates can use to minimize their risk of sexual victimization; methods of reporting sexual abuse and sexual harassment involving themselves or others; available treatment options and programs; the general investigation process; monitoring, discipline, and prosecution of perpetrators; the prohibition against retaliation; and notice that male and female staff routinely work and visit housing areas. The Auditor reviewed the Rutledge State Prison Inmate Handbook, revised September 6, 2023. Section XVII, pages 47-53, is devoted to PREA information and addresses zero tolerance, sexual abuse and sexual harassment, reporting methods, retaliation, good-faith reporting, sexual misconduct between staff and inmates, and conduct that does and does not constitute a PREA violation. The handbook also provides GDC PREA reporting and contact information, including the GDC PREA Hotline, the Ombudsman Office, the statewide PREA coordinator, the Director of Victim Services, and the PREA reporting email address. The Reporting Is The First Step posting supplements the handbook and provides reporting options by telephone, mail, and email, as well as information concerning third-party reporting. The posting also identifies relevant information concerning confidentiality and anonymity where applicable. The Hotline Numbers posting

provides telephone numbers for GDC reporting, outside confidential support services, and the National Rape Crisis Hotline, along with information concerning access, anonymity, monitoring or recording, confidentiality, and whether calls are free.

The Auditor reviewed comprehensive PREA education records and attendance documentation. The records demonstrated that the required education was provided within the applicable timeframe. Interviews with intake staff and randomly selected inmates further corroborated that comprehensive PREA education is provided during orientation.

PROVISION (c)

The facility provides PREA information to inmates immediately upon arrival, before assignment to a housing unit. Intake staff confirmed that this requirement applies to both newly admitted inmates and inmates transferring from another facility.

The initial information provides inmates with immediate access to essential information concerning the agency's zero-tolerance policy and methods for reporting sexual abuse and sexual harassment. This initial education is followed by the more comprehensive PREA education provided during orientation.

The Auditor's review of intake records and interviews confirmed that the facility has established a process for providing PREA information at the time of intake rather than waiting until the inmate participates in the comprehensive orientation program.

PROVISION (d)

The facility reported on the PAQ that PREA education is provided in formats accessible to inmates, including inmates who are limited English proficient, hearing impaired, visually impaired, cognitively impaired, or have limited reading skills.

The Auditor reviewed the available educational materials and accessibility resources. PREA written materials are available in both English and Spanish. The facility also has access to LanguageLine services for interpretation in additional languages, including American Sign Language. The facility has Video Remote Interpreting available for inmates who require American Sign Language interpretation.

For inmates with hearing impairments, PREA information is available through written materials and video presentations with closed captioning, as well as American Sign Language interpretation. For inmates with visual impairments, information may be provided through audible formats, including staff assistance, recorded messages, or video presentations. Braille materials are also available. For inmates with cognitive impairments or limited reading skills, information may be provided orally by staff or through recorded or video formats.

The Auditor found that the facility has multiple methods available to address communication and accessibility needs and does not rely solely upon written materials to convey PREA information.

PROVISION (e)

The facility reported that documentation of inmate participation in PREA education is maintained. The Auditor reviewed PREA education attendance sheets and inmate education records for the applicable review period.

The Auditor reviewed records for 50 inmates and found documentation demonstrating that each had received comprehensive PREA education within 30 days of arrival. The facility also maintains education attendance documentation and an inmate PREA education tracking spreadsheet identifying dates of participation.

GDC SOP 208.06, page 22, Section 3.B., requires the facility to maintain documentation of inmate participation in PREA education in the inmate's institutional file. The documentation reviewed was consistent with this requirement and provided evidence that the facility maintains records of inmate participation in the required education.

PROVISION (f)

The facility reported on the PAQ that key information concerning the agency's PREA policies is continuously and readily available or visible to inmates through postings, the Inmate Handbook, and other written materials.

This was verified during the on-site tour. The Auditor observed PREA information throughout the facility, including information concerning the zero-tolerance policy, reporting methods, hotline numbers, outside confidential support services, and other PREA-related information. The information was posted in locations accessible to inmates, including housing units and areas near inmate telephones.

The combination of the Inmate Handbook, PREA brochures, educational video, and facility postings provides inmates with continuing access to information concerning their rights, reporting options, and available support resources after completion of the initial and comprehensive education.

CONCLUSION

The Auditor reviewed agency policy, the PAQ, inmate intake documentation, comprehensive PREA education materials, attendance records, the Inmate Handbook, PREA brochures and postings, accessibility resources, the Discussing Prison Rape Elimination Act video, and other supporting documentation. The Auditor also conducted interviews with intake staff and randomly selected inmates and conducted an on-site review of the availability and accessibility of PREA information.

The evidence demonstrated that Rutledge State Prison provides inmates with PREA information upon arrival, followed by comprehensive PREA education during orientation. The education addresses the agency's zero-tolerance policy, inmates' rights to be free from sexual abuse and sexual harassment, protections against retaliation, methods for reporting, prevention strategies, available services, and the general response and investigation process. The facility provides multiple formats and communication methods to address language, hearing, vision, literacy, and other accessibility needs. The facility also maintains documentation of inmate participation

	and makes key PREA information continuously available through postings, handbooks, brochures, and other educational materials. The interviews and records reviewed were consistent with the facility's reported practices and provided corroborating evidence that inmates receive the required PREA information and education within the applicable timeframes. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets STANDARD 115.33 – INMATE EDUCATION

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation related to specialized training for staff responsible for conducting investigations of sexual abuse and sexual harassment allegations. The Auditor reviewed 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, as well as the agency's Investigator Training curriculum. The reviewed policy establishes specific requirements for personnel assigned responsibility for investigating allegations of sexual abuse and sexual harassment. The policy requires investigators to receive specialized training addressing the unique circumstances associated with conducting investigations in confinement settings and requires the agency to maintain documentation demonstrating successful completion of the required training. **INTERVIEWS** Investigative Staff The Auditor interviewed investigative staff regarding their specialized PREA investigative training and their responsibilities for investigating allegations of sexual abuse and sexual harassment. Investigative staff confirmed that they had participated in and successfully completed the required specialized investigator training. During the interviews, investigative staff demonstrated an understanding of the specialized nature of sexual abuse investigations conducted within a confinement setting. Staff reported that their training included techniques for interviewing victims of sexual abuse, the proper use of Miranda and Garrity warnings, the collection and preservation of sexual abuse evidence in confinement settings, and the criteria and

evidentiary requirements necessary to substantiate allegations for administrative action or referral for prosecution.

Investigative staff also confirmed that the specialized training addressed the distinction between administrative and criminal investigative processes and the responsibilities of investigators when responding to allegations of sexual abuse and sexual harassment. The information provided during the interviews was consistent with the requirements identified in GDC SOP 208.06 and the agency's specialized investigator training curriculum.

PROVISIONS

PROVISION (a)

The facility reported on the PAQ that agency policy requires investigators responsible for conducting sexual abuse investigations to receive specialized training in conducting such investigations within confinement settings. Investigative staff confirmed this requirement during interview.

GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, page 23, Section 4(a)-(c), establishes the agency's requirements for specialized investigative training. The policy requires that all staff responsible for investigating sexual abuse and sexual harassment allegations receive specialized training in conducting investigations within confinement settings.

The policy further specifies that specialized training must address techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, the collection of sexual abuse evidence in confinement settings, and the criteria and evidence necessary to substantiate a case for administrative action or referral for prosecution. The policy also requires the Department to maintain documentation verifying that internal or external agents and investigators have completed the required specialized training.

The Auditor's review of the applicable policy, investigator training curriculum, and investigative staff interviews established that the agency has defined specialized training requirements for investigators and that the investigators assigned to the facility have received the required training.

PROVISION (b)

The facility reported on the PAQ that specialized investigator training includes the required subject matter identified by the standard, including techniques for interviewing victims of sexual abuse, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence necessary to substantiate a case for administrative action or referral for prosecution.

Investigative staff confirmed during interview that these subjects were included in their specialized training. Staff described receiving training specific to the

investigative challenges presented by sexual abuse allegations within correctional environments and demonstrated familiarity with the investigative requirements applicable to these allegations.

The Auditor's review of the Investigator Training curriculum, together with the investigative staff interviews and the requirements established in GDC SOP 208.06, demonstrated that the specialized training encompasses the required investigative topics. The evidence reviewed supports that investigators are provided with training addressing both the interviewing and evidentiary components of sexual abuse investigations, as well as the appropriate use of Miranda and Garrity warnings and the standards for determining whether evidence supports administrative action or referral for prosecution.

PROVISION (c)

The facility reported on the PAQ that the agency maintains documentation demonstrating that investigators have completed the required specialized training in conducting sexual abuse investigations. Investigative staff confirmed completion of the required training during interview.

The facility currently has two investigators. The Auditor reviewed the available training information and documentation pertaining to the specialized investigator training requirements. The documentation, together with staff interviews and the applicable GDC policy, provided evidence that the investigators assigned to the facility have completed the specialized training required for personnel responsible for investigating allegations of sexual abuse and sexual harassment.

GDC SOP 208.06 specifically requires the Department to maintain documentation of specialized training completed by investigators, whether the investigators are internal or external to the agency. The Auditor found that the agency has established a mechanism for documenting completion of this required training.

PROVISION (d)

The Auditor is not required to audit this provision.

CONCLUSION

The Auditor reviewed the PAQ, GDC SOP 208.06, the agency's Investigator Training curriculum, available training documentation, and information obtained through interviews with investigative staff. The evidence demonstrated that investigators responsible for conducting sexual abuse and sexual harassment investigations receive specialized training addressing the requirements applicable to investigations in confinement settings. The training includes victim interviewing techniques, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the evidentiary requirements for administrative action or referral for prosecution.

Investigative staff confirmed successful completion of the required specialized training, and the agency has established requirements for maintaining documentation of investigator training. The Auditor found the documentary evidence and interview

	responses to be consistent with the requirements established by GDC policy and the specialized training curriculum. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets STANDARD 115.34 – SPECIALIZED TRAINING: INVESTIGATIONS

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation concerning specialized PREA training provided to medical and mental health care practitioners who work regularly at the facility. Documentation reviewed included 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; training materials and lesson plans for Health Services staff; and training logs and records documenting completion of the required training by medical and mental health care practitioners. GDC SOP 208.06 establishes specialized PREA training requirements for GDC and contracted medical and mental health staff. The policy requires these practitioners to receive specialized PREA training annually, with documentation of completed training maintained in the employee training file. In addition to the specialized training, medical and mental health care practitioners are required to complete the annual PREA in-service training required of agency employees. The Auditor reviewed the available training materials to determine whether the specialized training addressed the requirements applicable to medical and mental health care practitioners and reviewed training documentation to verify completion. **INTERVIEWS** **Facility Head** During the interview, the Facility Head confirmed that medical and mental health care practitioners working at the facility receive both the general PREA training required of agency employees and the specialized PREA training developed specifically for medical and mental health care practitioners. **Medical Staff** Medical staff interviewed by the Auditor confirmed that they had completed the

general PREA training required of agency employees as well as the specialized PREA training applicable to medical and mental health care practitioners. Staff demonstrated awareness that their responsibilities regarding PREA differ in certain respects from those of other facility employees because of their professional role and interaction with inmates.

Mental Health Staff

Mental health staff similarly confirmed completion of both the general PREA training and the specialized PREA training intended for medical and mental health care practitioners. Their responses were consistent with the information provided by facility leadership and with the training documentation reviewed by the Auditor.

PREA Compliance Manager

The PREA Compliance Manager (PCM) confirmed that medical and mental health care practitioners employed by the agency or facility receive the specialized training required for their professional responsibilities and also complete the general PREA training mandated for agency employees under §115.31.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has established a policy requiring specialized PREA training for medical and mental health care practitioners who work regularly in its facilities. The facility reported that 25 medical and mental health care practitioners work regularly at Rutledge State Prison and that all have received the training required by agency policy.

The Auditor reviewed the applicable lesson plan and training materials, which demonstrated that specialized PREA training has been developed for medical and mental health care practitioners. The Auditor also reviewed available training records and conducted interviews with facility leadership, medical staff, mental health staff, and the PCM. The information obtained through these sources was consistent and demonstrated completion of the required training.

GDC SOP 208.06, page 23, Section 5, requires GDC and contracted medical and mental health staff members to receive specialized PREA training annually and requires proof of completion to be maintained in the employee training file. The policy further requires these practitioners to attend GDC's annual PREA in-service training in addition to the specialized training provided for their professional responsibilities.

The Auditor's review of the training curriculum, training records, and staff interviews demonstrated that the facility has implemented the agency's specialized training requirements for medical and mental health care practitioners. The evidence reviewed supports that the practitioners assigned to the facility receive the required specialized training on an ongoing basis.

Provision (b)

This provision is not applicable to the facility because medical staff at Rutledge State Prison are prohibited by agency policy from conducting forensic examinations of inmates who report sexual abuse. Consequently, the facility does not utilize its medical staff to perform forensic examinations of sexual abuse victims.

Provision (c)

The facility reported on the PAQ that the agency maintains documentation demonstrating completion of the required specialized PREA training by medical and mental health care practitioners.

The Auditor reviewed the available training documentation and confirmed that training records are maintained for medical and mental health care staff. Interviews with medical and mental health staff further corroborated the documentation reviewed. Staff confirmed completion of the specialized PREA training, and the PCM confirmed that documentation of required training is maintained in employee training files.

The agency's requirement that proof of specialized training be maintained in the employee training file provides a mechanism for verifying that medical and mental health practitioners have completed the training required for their professional responsibilities. The documentation reviewed by the Auditor, together with staff interviews, supported the facility's representation that required specialized training has been completed and appropriately documented.

Provision (d)

The facility reported on the PAQ that medical and mental health care practitioners receive the general PREA training required of agency employees in addition to the specialized training applicable to their professional responsibilities. This information was verified through interviews with medical and mental health staff and the PCM.

The Auditor reviewed documentation reflecting completion of the general PREA training required for agency employees, contractors, and volunteers. The evidence demonstrated that medical and mental health practitioners are not limited to the specialized training developed for their professional roles; they also receive the general PREA information and training required of other personnel.

The combination of general PREA training and specialized training provides medical and mental health care practitioners with information concerning the agency's overall PREA requirements while also addressing responsibilities specific to their professional duties. Staff interviews corroborated the training documentation and confirmed receipt of both components.

CONCLUSION

The Auditor reviewed the PAQ, GDC SOP 208.06, specialized medical and mental health PREA training materials, training logs and records, and documentation concerning general PREA training. The Auditor also interviewed the Facility Head, medical staff, mental health staff, and the PREA Compliance Manager.

	The evidence demonstrated that medical and mental health care practitioners who work regularly at the facility receive specialized PREA training appropriate to their professional responsibilities and also receive the general PREA training required of agency employees. The agency requires this specialized training annually and requires documentation of completion to be maintained in employee training files. Interviews and training documentation were consistent with the facility's reported practices. Provision (b) is not applicable because facility medical staff are prohibited from conducting forensic examinations of inmates who report sexual abuse. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets STANDARD 115.35 – SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation related to the screening and reassessment of inmates for risk of sexual victimization and sexual abusiveness. Documents reviewed included 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; GDC SOP 208.06, Attachment 2, Revised June 23, 2022; inmate initial risk assessment records; and inmate 30-day reassessment records. The Auditor reviewed the agency's PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument to determine whether the assessment process addresses the factors required by the standard. The instrument is a weighted and scored assessment that evaluates characteristics associated with vulnerability to sexual victimization as well as factors associated with potential sexual abusiveness. The Auditor also reviewed a sample of 56 inmate records to evaluate the timeliness of initial screenings and subsequent reassessments. **INTERVIEWS** **PREA Coordinator** During the interview, the PREA Coordinator (PC) explained that information obtained through the PREA risk screening process is available to designated staff whose

responsibilities require access to the information. This includes medical and mental health staff, classification staff, intake staff, and the PREA Compliance Manager (PCM). The PC explained that access is restricted on a need-to-know basis and that screening information is used for legitimate treatment, security, and management purposes. Examples provided included housing and cell assignments and decisions concerning work, education, and programming.

The PC further confirmed that the Georgia Department of Correction does not detain inmates solely for civil immigration purposes.

PREA Compliance Manager

The PCM explained that the purpose of the PREA risk screening process is to enhance inmate safety within the facility. The information collected during screening is considered collectively to assist staff in identifying inmates who may have a higher-than-average risk of sexual victimization or sexual abusiveness. The PCM explained that this information assists classification and other appropriate staff in making decisions intended to reduce the opportunity for potential victims and potential perpetrators to be housed together.

Risk Screening Staff

Risk screening staff reported that the initial PREA risk screening is completed within the first 24 hours after an inmate arrives at the facility. Staff reported that the assessment considers factors including prior acts of sexual abuse, prior convictions for violent offenses, and a history of institutional violence or sexual abuse.

Staff further explained that a second assessment is conducted within 30 days of the initial screening. Additional reassessments may be conducted when circumstances warrant, including following a PREA allegation or incident, when an inmate leaves the facility and subsequently returns, or when new information becomes available that may affect the inmate's risk of sexual victimization or abusiveness. Staff also reported that transgender inmates are risk assessed within 24 hours, within the first 30 days, and at least every six months thereafter.

Risk screening staff confirmed that inmates are not disciplined for refusing to answer questions during the risk assessment process. Staff explained that when an inmate is reluctant to respond, they may explain the purpose of the question and the manner in which the information may assist in protecting the inmate. If the inmate continues to decline to answer, staff move forward with the assessment without imposing disciplinary consequences. Staff indicated that they may revisit the question at a later time if circumstances permit.

Random Inmate

Randomly selected inmates consistently reported that they had been asked questions concerning their personal safety and whether they felt at risk of being sexually harmed. Inmates recalled being asked about factors including sexual orientation, gender identity, prior sexual victimization, and whether the current incarceration was

their first incarceration.

The inmates interviewed reported that their initial risk assessment occurred within 24 hours of arrival at the facility and that they subsequently participated in a reassessment within several weeks of arrival. These responses were consistent with the facility's stated screening practices and the documentation reviewed by the Auditor.

PROVISIONS

Provision (a)

The facility reported on the PAQ that agency policy requires inmates to be screened upon admission to the facility and upon transfer to another facility for their risk of being sexually victimized by other inmates or of being sexually abusive toward other inmates.

GDC SOP 208.06, effective June 23, 2022, page 23, Section D.1, requires all inmates to be assessed during intake and upon transfer to another facility for their risk of sexual victimization or sexual abusiveness.

The Auditor's review of inmate records and interviews provided evidence that this screening requirement has been implemented at the facility. One hundred percent of the randomly interviewed inmates reported participating in a risk assessment within the first 24 hours of arrival. They also recalled being asked questions addressing sexual orientation, gender identity, prior sexual victimization, and whether they were incarcerated for the first time.

The Auditor reviewed 56 randomly selected inmate records from a complete alphabetical roster representing inmates housed in different areas of the facility and varied racial and ethnic backgrounds. All 56 records demonstrated that the initial risk assessment had been completed within 24 hours of arrival.

Provision (b)

The facility reported on the PAQ that inmates are screened for risk of sexual victimization and sexual abusiveness within 24 hours of arrival. GDC SOP 208.06, pages 23–24, Section D.2, requires counseling staff to conduct the PREA risk screening using the SCRIBE version of GDC SOP 208.06, Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. The policy requires the initial screening to occur within 24 hours of arrival and a subsequent screening within 30 days.

The policy further provides that information obtained through the assessment is to be used in making classification decisions with the goal of separating inmates at elevated risk of sexual victimization from inmates identified as being at elevated risk of sexual abusiveness. The policy also specifies that risk assessment results should not unnecessarily restrict an inmate's classification opportunities.

Risk screening staff confirmed that the assessments are completed within the

required timeframes. Random inmate interviews corroborated this practice, with inmates reporting that their initial assessment occurred upon arrival and that they were reassessed within several weeks.

The PAQ reported that 376 inmates were screened within 72 hours during the preceding 12-month period. The Auditor noted that the PAQ reflects a 72-hour timeframe; however, the applicable GDC policy and the facility's reported practice establish a 24-hour timeframe. The Auditor reviewed 56 randomly selected initial risk assessments, and all 56 were completed within 24 hours of arrival.

The 56 records were selected from a complete alphabetical roster. The Auditor selected inmates at random, without following a predetermined sequence, and the sample represented inmates assigned to different housing units and varied racial and ethnic backgrounds. The review of the records provided additional evidence that the facility consistently conducts initial risk screening promptly following an inmate's arrival.

Provision (c)

The facility reported that its risk assessment process utilizes an objective screening instrument. The Auditor reviewed GDC SOP 208.06, Attachment 2, Revised June 23, 2022, as well as the intake and risk assessment documentation used by the facility.

The screening instrument is a weighted and scored assessment based upon responses to specific questions. Questions one through eight address factors associated with an inmate's potential vulnerability to sexual victimization, while questions nine through fourteen address factors associated with potential sexual abusiveness. The instrument is designed to provide staff with a structured method for evaluating identified risk factors rather than relying solely on subjective judgment.

Of the 56 records reviewed by the Auditor, 100% documented completion of the 30-day reassessment within the required time period.

The Auditor determined that the assessment instrument itself is structured, objective, weighted, and scored and addresses the required risk factors identified by the standard.

Provision (d)

The facility reported on the PAQ that its risk screening instrument includes the elements required by this provision. The Auditor reviewed GDC SOP 208.06, Attachment 2, Revised June 23, 2022, and evaluated the questions contained within the screening instrument.

The assessment addresses whether an inmate has previously been sexually victimized in an institutional setting; age-related vulnerability; physical stature; developmental, mental, or physical disability; whether the incarceration is the inmate's first incarceration; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; prior sexual victimization; and the inmate's own perception of vulnerability.

	The assessment also addresses factors associated with potential sexual abusiveness, including a criminal history that is exclusively non-violent, convictions for sexual offenses involving adults or children, a history of institutional sexually aggressive behavior, a history of sexual abuse or sexual assault toward others, whether the current offense involves sexual abuse or sexual assault toward others, and prior convictions for violent offenses. The instrument assigns one point for each affirmative response, with additional points assigned when a question contains multiple components and more than one component is answered affirmatively. This weighted approach provides a structured means of identifying and documenting multiple risk factors. The Auditor noted that the assessment instrument uses the term “mental illness” in addressing disability. The Auditor recommends that the agency consider replacing this terminology with the more inclusive term “mental disability” during a future revision of the PREA policy and associated assessment instrument, recognizing that not all mental disabilities constitute mental illness. The assessment instrument does not specifically ask whether an inmate is being detained solely for civil immigration purposes. The PC confirmed during interview that the Georgia Department of Correction does not detain inmates solely for civil immigration purposes. Accordingly, the Auditor found no indication that this factor is applicable to the facility’s inmate population or screening process. **Provision (e)** The facility reported on the PAQ that the initial risk screening process considers known information concerning prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse when assessing an inmate’s risk of being sexually abusive. Risk screening staff confirmed during interview that these factors are considered during the screening process. The Auditor also identified corresponding questions within the assessment instrument addressing prior institutional sexual aggression, prior sexual abuse or sexual assault toward others, current offenses involving sexual abuse or sexual assault, and prior convictions for violent offenses. Risk screening staff further explained that the facility monitors inmates following the initial assessment and conducts additional reassessments when circumstances warrant. Such circumstances may include a referral or request, an incident of sexual abuse, or receipt of additional information that may affect an inmate’s identified risk of sexual victimization or abusiveness. **Provision (f)** The facility reported that inmates are reassessed within 30 days of arrival and that reassessment also occurs when additional relevant information is received after the initial screening. GDC SOP 208.06, effective June 23, 2022, requires an inmate to be reassessed within

a period not to exceed 30 days from arrival and following receipt of additional or relevant information received by the agency or facility since the initial intake screening.

The PAQ reported that during the preceding 12 months, 376 inmates remained at the facility for more than 30 days and that 100 percent were reassessed within 30 days of entry. The Auditor reviewed 56 inmate records. The initial assessment was completed within 24 hours in all 56 records. The reassessments were also completed within the mandated 30 day timeframe.

Provision (g)

The facility reported that an inmate's risk level is reassessed when warranted by a referral, request, incident of sexual abuse, or receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness.

GDC SOP 208.06, page 24, Section D.2.c, establishes the same requirement, providing that an inmate will be re-screened when warranted by a referral, request, incident of sexual abuse, or receipt of additional information affecting the inmate's risk.

Risk screening staff confirmed that reassessment is not limited to the routine 30-day review. Staff reported that additional screening is conducted when circumstances or newly available information indicate that an inmate's risk level may have changed. This process provides an opportunity for the facility to update risk determinations rather than relying solely on information obtained during the initial intake assessment.

Provision (h)

The facility reported that inmates are not disciplined for refusing to answer questions or for declining to provide complete information during the risk assessment process. This was consistently confirmed by risk screening staff during formal interviews and informal discussions with the Auditor.

Staff explained that they encourage inmates to provide information by explaining why the questions are being asked and how the information may assist in protecting the inmate. If an inmate nevertheless chooses not to answer, staff proceed to the next question rather than imposing disciplinary consequences. Staff indicated that a question may be revisited at a later time when appropriate.

GDC SOP 208.06, page 24, Section D.23, provides that inmates should be encouraged to disclose as much information as possible so that the Department can provide the greatest level of protection available under the policy. The policy specifically provides that an inmate may not be disciplined for choosing not to respond to questions concerning the inmate's level of risk.

The interview evidence and policy review were consistent in demonstrating that participation in the risk assessment process is encouraged but that inmates are not subject to disciplinary action solely because they decline to provide information.

Provision (i)

The facility reported that it controls the dissemination of information obtained through the risk screening process to ensure that sensitive information is not exploited to the detriment of an inmate by staff or other inmates.

During the Auditor's interview with the PC, it was explained that access to screening information is limited to personnel with a legitimate need to know. This includes medical and mental health staff, classification staff, intake staff, and the PCM. The PC explained that the information is used only for legitimate treatment, security, and management purposes, including housing and cell assignments and work, education, and programming decisions. Risk screening staff provided consistent information regarding the limited dissemination of screening information.

GDC SOP 208.06 requires staff to use appropriate controls when disseminating responses to questions asked during the PREA screening process. The purpose of these controls is to prevent sensitive information from being used to the detriment of an inmate by either staff or other inmates.

The Auditor found that the facility's stated practice is consistent with the agency policy and that access to sensitive screening information is restricted based upon legitimate institutional needs.

CONCLUSION

The Auditor reviewed the PAQ, applicable GDC PREA policy, the agency's standardized risk screening instrument, initial risk assessment records, 30-day reassessment records, and a random sample of 56 inmate files. The Auditor also interviewed the PREA Coordinator, PREA Compliance Manager, risk screening staff, and randomly selected inmates.

The evidence demonstrated that the facility conducts initial PREA risk screenings promptly following an inmate's arrival, with all 56 records reviewed documenting completion within 24 hours. The screening instrument is structured, weighted, and scored and addresses factors associated with both sexual victimization and sexual abusiveness. The facility also has procedures for reassessing inmates within 30 days and for conducting additional reassessments when new information or circumstances warrant.

Interviews further demonstrated that inmates are not disciplined for declining to answer risk assessment questions and that sensitive screening information is restricted to personnel with a legitimate need to know. The facility's screening practices, documentation, staff interviews, and inmate interviews were generally consistent with the requirements of GDC SOP 208.06 and the provisions of PREA Standard 115.41.

Based upon the totality of the evidence reviewed, the Auditor determined that Jack T. Rutledge State Prison meets STANDARD 115.41 – SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation related to the use of PREA risk screening information in making housing, classification, work, education, and programming decisions. Documents reviewed included 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; GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019; and GDC SOP addressing PREA Standard 115.13, Facility PREA Staffing Plan, effective July 1, 2023. The Auditor reviewed these policies to evaluate the facility's processes for incorporating information obtained through PREA risk screening into individualized classification and housing decisions, with particular attention to the requirements applicable to transgender and intersex inmates. The Auditor also reviewed relevant inmate records and classification information to determine whether screening information was being incorporated into actual placement and programming decisions. **INTERVIEWS** **PREA Coordinato**r During the interview, the PREA Coordinator (PC) explained that the gender identification of an inmate is initially established according to the inmate's legal sex assignment, generally as established at birth. The PC further explained, however, that housing and classification decisions are not based solely upon this initial designation. Each inmate is individually assessed and classified, with consideration given to information relevant to the inmate's safety and the safety of the broader inmate population. The PC stated that the views of transgender and intersex inmates concerning their own safety are given significant consideration when housing and programming decisions are made. The PC reported that classification assessments are revisited at least every six months and may also be reassessed following an incident of a sexual nature. The PC further explained that transgender and intersex inmates are interviewed regarding enemies, potential threats, and perceived safety concerns, and that this information is considered when making housing and programming assignments. The PC also confirmed that the agency does not detain inmates solely for civil immigration purposes.

Staff Responsible for Risk Screening

Staff responsible for conducting risk screening explained that the facility's assessment process requires an individualized evaluation of each inmate. Staff reported that classification and housing decisions are informed not only by the formal risk assessment instrument but also by discussions with individual inmates concerning their safety and circumstances.

Staff further confirmed that the views of transgender and intersex inmates concerning their own safety are considered when housing and programming assignments are made. The interview responses indicated that the screening process is intended to provide individualized information for classification decisions rather than automatically assigning inmates to housing based solely upon a particular status or characteristic.

PREA Compliance Manager

The PREA Compliance Manager (PCM) reported that neither the agency nor the facility is operating under a consent decree, legal settlement, or legal judgment requiring a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates.

The PCM stated that LGBTI inmates are housed within the general population unless individual circumstances create a specific safety or management concern requiring additional consideration. When such concerns arise, appropriate staff meet with the inmate and evaluate the circumstances before making a housing or programming decision.

The PCM further explained that information obtained through the various assessments is incorporated into classification and placement decisions. The inmate's identified risk level, housing assignment, and program assignments are considered together to promote the separation of inmates identified as being at elevated risk of sexual victimization from those identified as presenting an elevated risk of sexual abusiveness.

Transgender Inmate

Transgender inmates interviewed by the Auditor reported that they were housed within the general population and had not been housed in a unit designated exclusively for transgender inmates. The Auditor reviewed an inmate roster and confirmed that transgender inmates were housed within the general population.

Transgender inmates also reported satisfaction with the showering accommodations available to them.

PROVISIONS

Provision (a)

The facility reported on the PAQ that information obtained through PREA risk

screening is used to inform housing, bed, work, education, and program assignments, with the objective of separating inmates identified as being at elevated risk of sexual victimization from those identified as being at elevated risk of sexual abusiveness. The PCM confirmed this practice during interview.

GDC SOP 208.06, effective June 23, 2022, page 24, Section 4, requires the Warden/ Superintendent to designate safe housing for inmates identified as highly vulnerable to sexual abuse. The policy identifies locations through the facility's PREA Local Procedure Directive and Coordinated Response Plan and the Staffing Plan.

The Auditor reviewed inmate records and classification information to determine whether information obtained through PREA assessments was incorporated into actual classification decisions. The records reviewed demonstrated that risk assessment information was considered in making housing and other classification decisions.

The facility's practices therefore reflect an individualized approach in which PREA screening information is used as one component of the broader classification process. This approach supports the goal of reducing opportunities for sexual victimization and sexual abusiveness while allowing classification decisions to account for the individual circumstances of the inmate.

Provision (b)

The facility reported on the PAQ that it makes individualized determinations regarding the measures necessary to ensure the safety of each inmate.

GDC SOP 208.06, pages 24–25, Section 5, requires the Department, when determining whether to assign a transgender or intersex inmate to a male or female facility and when making other housing and programming assignments, to consider on a case-by-case basis whether the placement would ensure the inmate's health and safety and whether the placement would present management or security concerns. The policy directs staff to make these determinations in accordance with GDC SOP 220.09.

The PC, PCM, and staff responsible for risk screening consistently described an individualized process. The information obtained through interviews indicated that transgender and intersex status does not, by itself, result in an automatic housing or programming assignment. Rather, staff consider the inmate's individual circumstances, identified risks, safety concerns, and other classification information when determining appropriate placement.

Provision (c)

The facility reported that housing and programming assignments for transgender and intersex inmates are considered on a case-by-case basis, including consideration of whether a particular placement would create management or security concerns.

GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019, establishes a structured classification process for

transgender and intersex inmates. The policy requires diagnostic staff to conduct a classification interview designed to obtain information relevant to safe housing and classification. Areas considered include medical and mental health needs, public and institutional risk factors, educational and vocational needs, drug or alcohol involvement, work history, PREA sexual victimization or sexual abusiveness risk, and other factors relevant to the inmate's needs and facility placement.

The policy requires this information to be considered in developing the inmate's classification profile and in making recommendations concerning the inmate's needs, programming, and housing placement. When an inmate is identified as transgender or intersex through the sexual safety risk screening, diagnostic staff are required to complete the appropriate section of the Statewide Classification Committee (SCC) Referral Form and submit the matter to the Classification Committee for review.

The policy further requires the Classification Committee to determine, on a case-by-case basis, the most appropriate classification assignments for each transgender inmate. It specifically prohibits transgender inmates from being placed in dedicated units or housed only with other transgender inmates and requires that the inmate's own views regarding safety be given serious consideration.

The policy also establishes a role for the GDC PREA Unit in this process. The PREA Unit is responsible for ensuring the appropriate profile is entered into the Transgender and Intersex Offender List (TIOL), arranging a private meeting with the inmate within the prescribed timeframe after receiving the SCC Referral Form, and completing the Transgender Questionnaire portion of the referral form for consideration by the SCC.

The interview evidence and review of the facility's practices were consistent with this individualized classification process.

Provision (d)

The facility reported that placement and programming assignments for transgender and intersex inmates are reassessed at least twice each year to identify and address any threats to the inmate's safety. Risk screening staff confirmed this practice, and transgender inmates interviewed by the Auditor also provided information consistent with ongoing consideration of their safety.

GDC SOP 208.06 requires placement and programming assignments for each transgender or intersex inmate to be reassessed semiannually to review any threats to the inmate's safety.

The facility's process therefore provides for continuing review rather than treating the initial housing or programming decision as permanent. This allows staff to consider changes in circumstances, emerging threats, or new information that could affect the appropriateness of an inmate's existing placement.

Provision (e)

The facility reported on the PAQ that the views of each transgender or intersex inmate concerning the inmate's own safety are given serious consideration when

making facility, housing, and programming decisions. This was confirmed through interviews with risk screening staff and transgender inmates.

GDC SOP 220.09 specifically requires that a transgender or intersex inmate's views concerning the inmate's own safety be given thoughtful consideration.

The PC, PCM, and risk screening staff described a process in which staff obtain information directly from the inmate concerning safety, potential threats, enemies, and other circumstances relevant to placement. The Auditor's interviews with transgender inmates further supported that their safety concerns are considered as part of the housing process.

Provision (f)

The facility reported that transgender and intersex inmates are provided an opportunity to shower separately from other inmates. This was confirmed by the PCM and transgender inmates interviewed by the Auditor.

GDC SOP 220.09 requires inmates identified as transgender or intersex to be given the opportunity to shower separately from other inmates.

The PC, PCM, and risk screening staff explained that the facility can accommodate separate showering through alternate shower times when requested. Staff further explained that housing units contain bathrooms with shower stalls that provide privacy. Random staff interviewed by the Auditor similarly reported that, if a transgender or intersex inmate requested a separate showering opportunity, staff would arrange an alternate shower time.

Transgender inmates interviewed by the Auditor reported that they were satisfied with their showering accommodations. The information obtained through interviews therefore demonstrated that the facility provides a mechanism for transgender and intersex inmates to shower separately when requested.

Provision (g)

The facility reported on the PAQ that it does not place lesbian, gay, or bisexual inmates in dedicated facilities, units, or wings solely on the basis of their identification or status unless such placement is established pursuant to a consent decree, legal settlement, or legal judgment for the purpose of protecting LGBTI inmates.

The PC confirmed this practice. The PCM further reported that neither the agency nor the facility is subject to a consent decree, legal settlement, or legal judgment requiring a dedicated facility, unit, or wing for LGBTI inmates.

GDC SOP 220.09 provides that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely because of their identification or status unless the placement is established pursuant to a consent decree, legal settlement, or legal judgment for the purpose of protecting those inmates.

	The Auditor reviewed an inmate roster and confirmed that transgender inmates at the facility were housed within the general population rather than in a dedicated transgender housing unit. Interviews with transgender inmates were consistent with the roster information. **CONCLUSION** The Auditor reviewed the PAQ, GDC SOP 208.06, GDC SOP 220.09, the facility PREA Staffing Plan, relevant inmate and classification records, and information obtained through interviews with the PREA Coordinator, PREA Compliance Manager, risk screening staff, and transgender inmates. The evidence demonstrated that PREA screening information is incorporated into individualized housing, classification, work, education, and programming decisions. The facility considers the individual circumstances and identified risks of inmates when making placement decisions, including specific consideration of the safety of transgender and intersex inmates. The evidence further demonstrated that transgender and intersex inmates' own views concerning their safety are considered in housing and programming decisions, that these decisions are subject to periodic reassessment, and that separate showering opportunities are available. The facility does not utilize dedicated housing for LGBTI inmates solely on the basis of their status, and transgender inmates interviewed by the Auditor confirmed that they were housed within the general population. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets STANDARD 115.42 – USE OF SCREENING INFORMATION.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. The Auditor also reviewed the Georgia Department of Correction (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The policy establishes requirements governing the placement of inmates at elevated risk for sexual victimization or sexual abusiveness in protective safekeeping or involuntary segregated housing and addresses the consideration of alternative means of separation, access to programs and services, limitations on privileges, and periodic reviews of continued placement. **INTERVIEWS**

Facility Head

During the interview with the Facility Head or designee, the Facility Head reported that every placement in segregated housing, regardless of the reason for placement, is documented and reviewed at least every 30 days. This process provides for ongoing review of the inmate's placement and permits consideration of whether continued segregation remains necessary.

Staff who Supervise Inmates in Segregated Housing

During formal interviews and informal conversations with staff who supervise inmates in segregated housing, staff reported that they had not observed an inmate who was a victim of sexual abuse or who was being protected from retaliation being involuntarily placed in the Segregation Unit for that reason.

At the time of the on-site audit, there were no inmates housed in segregated housing because of a risk of sexual victimization. The inmates assigned to the segregated housing unit at the time of the audit were housed there for administrative reasons or as the result of disciplinary reports. Consequently, there were no inmates available for interview who had been placed in segregated housing pursuant to the requirements of this standard.

PREA Compliance Manager

The PREA Compliance Manager (PCM) reported that, during the previous twelve months, no inmates had been placed in protective custody or involuntary administrative or punitive segregation because they were at risk of sexual victimization or because they had been identified as victims of sexual abuse. The Facility Head corroborated this information.

PROVISIONS

Provision (a)

The facility reported on the PAQ that agency policy prohibits the placement of an inmate at elevated risk for sexual victimization in involuntary segregated housing unless all available alternatives have first been assessed and a determination has been made that no alternative means of separation from likely abusers is available. The facility further reported that, during the previous twelve months, no inmates had been placed in involuntary administrative or punitive segregation pursuant to this provision. The PCM confirmed that no inmates had been placed in protective custody during that period because of a risk of sexual victimization. The Facility Head also verified this information. Because there had been no such placements during the audit period, there were no inmates to interview regarding this provision.

GDC SOP 208.06, effective June 23, 2022, establishes the applicable requirements. The policy provides 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 conducted and it has been determined that there is no available alternative means of separating the inmate from likely abusers. When an

assessment cannot be completed immediately, staff may temporarily hold the inmate in involuntary segregated housing while the assessment is completed, but the policy limits such placement to no more than 24 hours.

The policy further provides that an inmate identified as being at high risk for sexual victimization or sexual abusiveness shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. When such placement occurs, the concern for the inmate's safety and the reason alternative means of separation cannot be arranged must be documented in SCRIBE case notes.

The policy also requires that inmates placed in segregation for this purpose continue to receive services in accordance with GDC SOP 209.06, Administrative Segregation. Such inmates are to remain in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and the placement ordinarily should not exceed 30 days. Where placement results in restrictions on programs, privileges, education, or work opportunities, the facility is required to document the opportunities restricted, the duration of the restriction, and the reason for the restriction. In addition, the facility is required to conduct and document a review at least every 30 days to determine whether a continuing need exists to separate the inmate from the general population.

The documentation reviewed, interviews conducted, and absence of applicable placements during the audit period were consistent with the requirements established by the policy.

Provision (b)

The facility reported on the PAQ that, should an inmate be placed in segregated housing for purposes addressed by this standard, the inmate would have access to programs, privileges, education, and work opportunities to the extent possible. The Facility Head confirmed this information.

GDC SOP 208.06 establishes that an inmate placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. The policy further requires documentation when access to any of these opportunities is restricted. Specifically, the facility must document which opportunities have been limited, the duration of the limitations, and the reasons for the limitations.

The facility reported that no inmates had been placed in involuntary administrative or punitive segregation during the previous twelve months pursuant to this standard. The Facility Head confirmed the information reported on the PAQ. Because there were no applicable inmates housed in segregation during the audit period, inmate interviews regarding access to programs, privileges, education, or work opportunities under this provision were not applicable.

The policy requirements and facility practices described during the audit indicate that the facility has established procedures to preserve access to opportunities to the

extent possible and to document any restrictions that may result from such a placement.

Provision (c)

The facility reported on the PAQ that, during the previous twelve months, no inmates at risk of sexual victimization had been assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The PCM verified this information.

GDC SOP 208.06, page 25, Section D.8, establishes that inmates at high risk for sexual victimization or sexual abusiveness are not to be placed in involuntary segregation based solely upon that determination unless there is no available alternative means of separation from likely abusers. The policy requires the placement, including the concern for the inmate's safety, to be documented in SCRIBE case notes, along with the reason alternative means of separation cannot be arranged.

The policy further provides that such inmates are to remain in protective safekeeping only until an alternative means of separation from likely abusers can be arranged and that such an assignment should not ordinarily exceed 30 days. The facility's reported experience during the audit period was consistent with this requirement, as no inmate had been held in involuntary segregated housing for more than 30 days for the purpose addressed by this standard.

Provision (d)

The facility reported on the PAQ that, during the previous twelve months, no inmates had been placed into involuntary administrative or punitive segregation pursuant to this standard for a period longer than 30 days while awaiting alternative placement. This information was verified through interviews with staff who supervise inmates in segregated housing. There were therefore no applicable inmates available for interview regarding this provision.

The facility's policy establishes additional safeguards for an inmate who is placed in the Restrictive Housing Unit (RHU) because of a risk of sexual victimization. GDC SOP 208.06 provides that an inmate at high risk for sexual victimization shall not be placed in the RHU unless an assessment of available alternatives has been completed and there is no available means of separating the inmate from the abuser. The policy further requires that inmates placed in the RHU under these circumstances be reassessed every seven days following entry into the unit.

The facility's reported practice and interview information indicated that no inmate had been subject to such a placement during the audit period. Accordingly, the Auditor found no evidence of a placement exceeding the requirements established by this provision.

Provision (e)

The facility reported on the PAQ that no inmates had been placed in protective

	custody during the previous twelve months in accordance with this standard. The PCM confirmed this information. As there were no applicable protective custody placements during the audit period, there were no inmates available for interview regarding this provision. GDC SOP 208.06, page 25, Section D.8(d), requires the facility to conduct and document a review every 30 days to determine whether there remains a continuing need to separate an inmate from the general population. This requirement provides for periodic review of the inmate's circumstances and continued need for separation rather than permitting protective custody or segregated housing to continue without review. The Facility Head's interview further confirmed that all placements in segregated housing, regardless of the reason for placement, are documented and reviewed at least every 30 days. The interview information was consistent with the requirements established by agency policy. **CONCLUSION** Based upon the Auditor's review of the PAQ, supporting documentation, applicable GDC policy, interviews with the Facility Head, PREA Compliance Manager, and staff who supervise inmates in segregated housing, and observations regarding the inmate population housed in segregated housing at the time of the audit, the evidence demonstrated that the facility has established and implemented procedures addressing the placement and continued housing of inmates at elevated risk for sexual victimization. During the previous twelve months, the facility reported no inmates placed in protective custody or involuntary administrative or punitive segregation because of a risk of sexual victimization or because the inmate was a victim of sexual abuse. The absence of applicable placements limited the opportunity for direct inmate interviews under several provisions; however, the Auditor was able to evaluate the facility's policy requirements, staff knowledge, and documented practices. The facility's procedures address consideration of alternatives to segregated housing, limits on the duration of such placements, continued access to programs and services to the extent possible, documentation of any restrictions, and periodic review of the continued need for separation. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets STANDARD 115.43 – PROTECTIVE CUSTODY.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility and agency. Materials reviewed included 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; the Offender PREA Brochure in both English and Spanish; and the Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders.

The materials reviewed establish multiple avenues through which inmates may report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or violations of responsibilities that may have contributed to such incidents. The policy and supporting materials also address the agency's responsibility to accept reports made verbally, in writing, anonymously, and through third parties, as well as providing methods for inmates and staff to make reports through internal and external mechanisms.

OBSERVATIONS

During the on-site portion of the audit, the Auditor observed PREA information posted throughout the facility in both English and Spanish. PREA posters were readily visible in a variety of locations, including each housing unit, communal areas, main hallways, the intake holding area, and the dining room. The Auditor also observed PREA-related typographical artwork painted on walls in various areas of the facility. The placement and visibility of these materials provide inmates with repeated access to information regarding PREA and available reporting mechanisms.

The Auditor also checked numerous inmate telephones throughout the facility. The telephones examined were operational and readily accessible to inmates in the housing units. Each telephone evaluated was in working order and capable of making outgoing calls. The availability of functioning telephones provides inmates with an additional means of accessing reporting resources and communicating concerns outside of the immediate housing-unit environment.

INTERVIEWS

PREA Compliance Manager

During the interview, the PREA Compliance Manager (PCM) demonstrated knowledge of the various methods available to inmates for reporting sexual abuse and sexual harassment. The PCM reported that inmates may make reports internally through facility or agency personnel and may also report allegations to a public or private entity outside the facility or agency.

The PCM specifically identified the Georgia State Board of Pardons and Paroles, Office of Victim Services, as an external reporting entity available to inmates. This provides inmates with an avenue for reporting sexual abuse or sexual harassment to an organization that is independent of the Georgia Department of Corrections.

Random Staff

During interviews with randomly selected staff, staff members consistently demonstrated an understanding of their responsibility to receive and appropriately respond to reports or allegations of sexual abuse and sexual harassment. Staff stated that if an inmate reported an allegation to them, they would accept the report and promptly notify their supervisor or otherwise follow established PREA reporting procedures.

Staff identified multiple methods through which inmates may report sexual abuse or sexual harassment. These included reporting directly to a staff member, using the PREA telephone number posted throughout the facility, and having a family member or other third party make a report on the inmate's behalf. Staff understood that reports may be made verbally, in writing, anonymously, or through third parties.

Staff were also able to identify methods by which they themselves could make a private report concerning sexual abuse or sexual harassment of an inmate. Staff reported that they could make a report to their immediate supervisor, another supervisor, the PCM, or the PREA Coordinator. Their responses demonstrated an awareness that staff are not limited to a single reporting pathway and may use an alternative reporting mechanism when circumstances warrant.

Random and Targeted Inmate

During interviews with randomly selected and targeted inmates, inmates demonstrated awareness of multiple methods for reporting sexual abuse and sexual harassment. Inmates identified the PREA hotline, contacting the PCM, notifying a staff member, and having a family member contact the facility or institution on their behalf as available reporting options.

The inmates' responses were consistent with the information contained in the facility's PREA materials and with the reporting mechanisms described by facility staff and the PCM. The interviews indicated that inmates had been provided information concerning available reporting avenues and understood that they were not limited to reporting allegations directly to the alleged perpetrator or to staff within their immediate housing area.

PROVISIONS

PROVISION (a)

The PAQ indicated that the agency provides multiple internal methods for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. This information was verified during the PCM interview.

GDC SOP Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, page 26, Section E.1.a-b, establishes the available reporting mechanisms. The policy provides

that offenders may report sexual abuse, sexual harassment, or retaliation in writing or verbally through internal or external reporting methods. The policy encourages inmates to report allegations immediately and directly to a staff member and requires that reports be promptly documented and investigated. The policy also permits inmates to make reports anonymously.

The policy further provides for a sexual abuse hotline, identified as the PREA hotline. The policy specifies that use of the hotline does not require an inmate to enter a personal identification number (PIN), thereby providing an additional mechanism for inmates to make reports without the same identifying information associated with ordinary telephone use. Where the hotline is maintained, responsibility for monitoring the line rests with the Office of Professional Standards (OPS), with immediate oversight by the Department's PREA Coordinator or designee.

The Auditor's observations of PREA posters throughout the facility, the availability of functioning inmate telephones, and the information obtained through staff, PCM, and inmate interviews corroborated the existence and accessibility of multiple reporting mechanisms.

PROVISION (b)

The PAQ indicated that the agency provides at least one method for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. This was confirmed during the PCM interview.

GDC SOP Policy Number 208.06, page 27, Section E.2.a.i-iii, identifies several avenues through which third-party reports may be made. These include the Ombudsman's Office, the PREA Coordinator by email, and the State Board of Pardons and Paroles, Office of Victim Services.

The Auditor reviewed the identified reporting avenues and determined that the Ombudsman's Office and the PREA Coordinator are components of the Georgia Department of Corrections and therefore do not constitute entities outside the agency. The State Board of Pardons and Paroles, Office of Victim Services, however, is a separate state agency and is not part of the Georgia Department of Corrections. This office therefore provides an external reporting avenue consistent with the requirement that inmates have access to a public or private entity that is not part of the agency.

The Auditor also confirmed that the facility does not detain inmates solely for civil immigration purposes. Accordingly, the immigration-related provision of the standard is not applicable.

PROVISION (c)

The PAQ indicated that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and through third parties. The PAQ further indicated that staff promptly document verbal reports of sexual abuse and sexual harassment. These practices were verified through interviews with randomly selected

staff.

Staff consistently reported that they would accept an allegation regardless of the manner in which it was presented. Staff understood that an inmate may make a report verbally or in writing and that allegations may also be received anonymously or from a third party. Staff further demonstrated an understanding of their responsibility to promptly document verbal reports and forward the information through the appropriate reporting channels.

GDC SOP Policy Number 208.06, page 27, Section E.2.b, establishes that staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document verbal reports. The policy therefore establishes a clear expectation that staff will not reject or disregard an allegation based upon the manner in which it is received.

The Auditor's interviews with staff were consistent with the written policy and provided evidence that staff understood their responsibilities for receiving and documenting reports.

PROVISION (d)

The PAQ indicated that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. This was verified through the PCM interview and staff interviews.

GDC SOP Policy Number 208.06, page 27, Section E.2.c, requires staff members to promptly forward reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or a designated Sexual Assault Response Team (SART) member. Staff interviewed by the Auditor also identified additional supervisory and PREA personnel to whom they could make a report, including another supervisor, the PCM, or the PREA Coordinator.

The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders provides an additional resource for staff and outlines reporting responsibilities and the appropriate actions to take when staff receive information concerning sexual misconduct. The Auditor's review of this resource found that it supports the agency's policy by providing staff with practical guidance concerning the reporting process.

The staff interviews demonstrated that staff were familiar with their obligation to report suspected or alleged sexual abuse and sexual harassment and understood that multiple reporting avenues were available to them.

CONCLUSION

Based upon a review and analysis of the PAQ, agency policy and supporting documentation, facility observations, and interviews with the PCM, randomly selected staff, and randomly selected and targeted inmates, the Auditor determined that the facility has established and implemented multiple mechanisms through which inmates may report sexual abuse, sexual harassment, retaliation, and staff neglect or violations of responsibilities that may have contributed to such incidents.

	The Auditor verified that inmates have access to internal reporting mechanisms as well as an external reporting avenue through the Georgia State Board of Pardons and Paroles, Office of Victim Services. The Auditor further verified that staff accept reports made verbally, in writing, anonymously, and through third parties and understand their responsibility to promptly document and forward such reports. Staff also identified mechanisms through which they may privately report sexual abuse or sexual harassment of inmates. The availability of PREA information in both English and Spanish, the widespread posting of reporting information, the accessibility of functioning inmate telephones, and the consistent responses provided during interviews further support the conclusion that inmates are provided meaningful opportunities to report sexual abuse and sexual harassment. Based upon the totality of the evidence reviewed, the Auditor determined that the facility meets Standard 115.51, Inmate Reporting.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. Documentation 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. The documentation reviewed was examined to determine whether the agency's grievance procedures are consistent with the requirements of PREA Standard 115.52 concerning the exhaustion of administrative remedies for allegations of sexual abuse and sexual harassment. **INTERVIEWS** **Random Staff** During interviews with randomly selected staff, staff consistently reported that allegations of sexual abuse and sexual harassment are not processed as grievable issues through the facility's ordinary grievance system. Staff demonstrated an understanding that a PREA allegation submitted through a grievance form is treated as a report of sexual abuse or sexual harassment rather than as a routine grievance. Staff reported that when a grievance form containing a PREA allegation is received, the allegation is immediately treated as a written report and forwarded through the

appropriate channels for review and investigation. The allegation does not proceed through the normal grievance process. This practice ensures that an inmate's allegation of sexual abuse or sexual harassment is not delayed while awaiting completion of the administrative grievance process.

Random Inmate

During formal interviews and informal conversations with inmates, inmates consistently reported that allegations of sexual abuse and sexual harassment are not treated as grievable matters through the ordinary grievance process. Inmates understood that PREA allegations are handled through the PREA reporting process rather than through the standard grievance system.

The information provided by inmates was consistent with the responses of staff and with the agency policy reviewed by the Auditor.

PROVISIONS

Provision (a)

The facility reported on the PAQ that allegations of sexual abuse and sexual harassment are not grievable issues. This information was verified through interviews with randomly selected staff and inmates.

The Auditor was informed that when an inmate submits a grievance form containing an allegation of sexual abuse or sexual harassment, the document is not processed as a routine grievance. Instead, the allegation is treated as a written report of sexual abuse or sexual harassment and is immediately forwarded for appropriate review and investigation. The matter therefore bypasses the ordinary grievance process and is handled in accordance with the agency's PREA reporting and investigative procedures.

GDC SOP Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, page 27, Section E.3, establishes that allegations of sexual abuse and sexual harassment are not grievable issues and are to be reported through the reporting methods established by the policy.

The Auditor's review found that the agency's approach eliminates the requirement for an inmate to exhaust the ordinary administrative grievance process before an allegation of sexual abuse or sexual harassment is addressed. Treating a grievance containing a PREA allegation as a report rather than as a grievance also provides a mechanism for the allegation to be promptly referred for appropriate action.

Based upon the documentation reviewed and information obtained through interviews, the Auditor determined that the requirements of Provision (a) are satisfied.

Provision (b)

This provision is not applicable. Because the agency does not treat allegations of sexual abuse or sexual harassment as grievable issues, there is no administrative grievance process applicable to such allegations that would require an inmate to demonstrate an extension of the standard grievance filing period.

Accordingly, the requirements of Provision (b) do not apply to the facility's established process.

Provision (c)

This provision is not applicable. The agency does not require inmates to pursue or exhaust the ordinary grievance process when reporting allegations of sexual abuse or sexual harassment. Such allegations are instead handled through the PREA reporting process established in GDC SOP Policy Number 208.06.

Because PREA allegations are not processed as grievances, there is no grievance exhaustion requirement applicable to these allegations.

Provision (d)

This provision is not applicable. The facility does not require an inmate to exhaust administrative remedies through the grievance process before a report of sexual abuse or sexual harassment is addressed.

An allegation submitted on a grievance form is treated as a written PREA report and is forwarded for appropriate action rather than being processed through the ordinary grievance system.

Provision (e)

This provision is not applicable. Because allegations of sexual abuse and sexual harassment are excluded from the ordinary grievance process, the facility does not impose an administrative exhaustion requirement for such allegations.

The agency's policy instead directs inmates to use the reporting mechanisms established for PREA allegations.

Provision (f)

This provision is not applicable. The facility does not process allegations of sexual abuse or sexual harassment through its ordinary grievance system and therefore does not require an inmate to complete the grievance process before the allegation may be investigated or otherwise addressed.

The procedure described by staff and reflected in agency policy allows a PREA allegation received through a grievance form to be immediately recognized and referred as a PREA report.

Provision (g)

This provision is not applicable. The agency does not require inmates to exhaust

	administrative remedies through the grievance process for allegations of sexual abuse or sexual harassment. Consequently, the provisions governing the administrative exhaustion of such grievances do not apply. **CONCLUSION** Based upon the review and analysis of the PAQ, agency policy, and information obtained through interviews with randomly selected staff and inmates, the Auditor determined that the facility has established a process consistent with the requirements of PREA Standard 115.52. The agency does not treat allegations of sexual abuse or sexual harassment as grievable issues. Instead, such allegations are handled through the PREA reporting process. When a PREA allegation is submitted on a grievance form, the allegation is treated as a written report and is immediately forwarded for appropriate review and investigation rather than being processed through the ordinary grievance system. The Auditor found the information provided by staff and inmates to be consistent with the agency's written policy and with the facility's reported practices. Because allegations of sexual abuse and sexual harassment are not subject to the ordinary grievance process, the remaining provisions addressing exhaustion of administrative remedies are not applicable. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of Standard 115.52, Exhaustion of Administrative Remedies.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. Documentation 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; the Memorandum of Understanding (MOU) between Rutledge State Prison and SASC dba The Center at 909; the PREA Inmate Information Guide Brochure; PREA hotline number postings; Outside Confidential Support Services Agency information postings; the Offender Handbook, Rutledge State Prison, revised September 6, 2023; and the Inmate Intake Package. The documentation was reviewed to determine whether inmates are provided with

meaningful access to outside confidential support services and whether the facility provides inmates with information concerning available victim advocacy services, the means of accessing those services, and the limitations on confidentiality associated with communications with the outside service provider.

OBSERVATIONS

During the facility tour, the Auditor observed PREA information posted throughout the facility in areas accessible to inmates. PREA hotline information was posted in proximity to inmate telephones, providing inmates with convenient access to telephone reporting and support resources. The posted information included two internal GDC PREA hotline numbers, a telephone number for the outside confidential support services agency, and the National Sexual Assault Hotline.

The Auditor evaluated multiple inmate telephones during the facility tour to determine whether inmates could access the identified reporting and support resources. The telephones tested were operational and functioned appropriately. The Auditor placed a call to the outside confidential support services agency using a facility telephone and successfully reached an advocate. The Auditor was able to speak with the advocate without difficulty.

The Auditor was not required to provide identifying information to place the call. Upon reaching the outside agency, the Auditor was also not required to provide personal identifying information before speaking with an advocate. This direct test of the telephone system provided additional verification that inmates have functional access to the outside confidential support service.

INTERVIEWS

Random Inmate

During interviews with randomly selected inmates, 100 percent of the inmates interviewed indicated they were aware that a telephone number and mailing address were available for contacting SASC dba The Center at 909 regarding matters involving sexual abuse and sexual harassment. One hundred percent of the inmates interviewed were familiar with SASC dba The Center at 909 and understood that the service provides confidential support.

The inmates consistently reported that calls to the outside support agency are free and confidential. Importantly, 100 percent of the inmates interviewed also demonstrated an understanding that confidentiality is subject to certain limitations. Inmates identified circumstances involving an intent to harm themselves or another person, suspected abuse or neglect of a vulnerable person, and information concerning certain criminal conduct as circumstances in which confidentiality may be limited and information may be required to be reported.

The responses of the inmates demonstrated that they were not only aware of the availability of the outside confidential support service but also had an understanding of the basic parameters governing confidentiality.

PREA Compliance Manager

During formal and informal interviews, the PREA Compliance Manager (PCM) reported that the facility maintains an MOU with SASC dba The Center at 909 to provide outside confidential support services to inmates.

The PCM explained that information concerning SASC dba The Center at 909 is provided to inmates as part of the intake process. The information includes the agency's mailing address, email address, and 24-hour crisis telephone number. The PCM further explained that information concerning the outside confidential support service is included as an addendum to the Offender Handbook, Rutledge State Prison, revised September 6, 2023, and appears on page 64 of the handbook.

The information provided to inmates identifies SASC dba The Center at 909 as a resource for emotional support associated with sexual victimization, including victimization that occurred in the past or is presently occurring. The information also identifies the available methods for contacting the agency.

Intermediate-or-Higher-Level Staff

During informal conversations and formal interviews, intermediate- or higher-level staff reported that inmate telephones are checked daily to ensure they remain operational. Staff reported that these checks are intended to ensure inmates have reliable access to telephones for communication with family members and outside support resources, including the outside confidential support services agency.

The staff responses were consistent with the Auditor's direct observations of functioning inmate telephones during the facility tour.

PROVISIONS

Provision (a)

The facility reported on the PAQ that it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The identified outside confidential support services agency is SASC dba The Center at 909.

The Auditor reviewed the MOU between Rutledge State Prison and SASC dba The Center at 909 and confirmed that the organization serves as the outside confidential support services provider for inmates. The MOU was originally executed on August 1, 2017, and was amended on July 23, 2024. The amended MOU establishes the services to be provided by SASC dba The Center at 909, including victim advocacy and emotional support services.

Under the MOU, SASC dba The Center at 909 has agreed to respond to facility requests to provide Sexual Assault Response Team (SART) accompaniment for inmates. The agreement also provides victim advocate services to inmates who have been sexually victimized while incarcerated at Rutledge State Prison. In addition, the agency maintains a 24-hour crisis hotline, 706-751-6010, through which inmates may report sexual victimization that occurred while they were incarcerated at the facility.

The MOU further provides emotional support services to inmates who have experienced sexual victimization, regardless of when or where the victimization occurred.

The facility reported on the PAQ that inmates are provided with the mailing addresses and telephone numbers, including toll-free numbers where available, for victim advocacy or rape crisis organizations. The facility also reported that it enables reasonable communication between inmates and these organizations in as confidential a manner as possible.

The Auditor verified that inmates may contact SASC dba The Center at 909 by telephone through the agency's 24-hour crisis hotline, by mail at 909 Talbotton Road, Columbus, Georgia 31904, or by email at info@thecenterat909.org. These communication methods provide inmates with more than one means of accessing emotional support services for sexual victimization, both past and present.

The posted information indicates that telephone calls to the outside support agency are free and may be made without the inmate providing identifying information. The crisis line operates 24 hours a day and is monitored and recorded. The information provided to inmates also identifies the circumstances under which confidentiality may be limited.

GDC SOP Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, page 17, Section B.e, establishes the agency's expectation that the Institution PREA Compliance Manager, under the direction of the Warden/Superintendent, shall attempt to enter into an agreement or MOU with a rape crisis center to make a victim advocate available to inmates alleging sexual abuse or sexual harassment upon request. The policy further provides that, when an MOU is established, the provider's contact information, including mailing addresses and telephone numbers and toll-free hotline numbers where available, shall be posted in areas accessible to inmates. The posting is also required to identify the extent to which communications will be allowed and monitored.

The policy further addresses documentation of training for personnel providing advocacy services and requires the facility advocate to ensure completion of the PREA Victim Advocate Request Form for allegations of sexual abuse or sexual harassment. The policy specifies that any agreement must receive approval from the Legal Services Office before implementation.

The Auditor's review of the MOU, postings, inmate handbook, intake materials, facility observations, and interviews confirmed that inmates are provided access to an outside victim advocate for emotional support services related to sexual abuse.

Provision (b)

The facility reported on the PAQ that inmates are informed, before being given access to the outside confidential support service, of the extent to which communications may be monitored and the extent to which reports of abuse will be forwarded to

authorities in accordance with mandatory reporting requirements.

The Auditor reviewed the information provided to inmates concerning SASC dba The Center at 909 and the applicable provisions of the MOU. The MOU establishes limitations to confidentiality involving suspected abuse or neglect of a child or vulnerable adult and circumstances in which there is concern that an inmate intends to harm themselves or another person. These limitations are incorporated into the information provided to inmates through the Outside Confidential Support Services information and the Offender Handbook.

During interviews, 100 percent of the inmates acknowledged that communications with SASC dba The Center at 909 are confidential subject to specified limitations. Inmates demonstrated an understanding that information concerning an intent to harm themselves or another person could result in a report being made. Inmates also understood that information involving suspected abuse or neglect of a child or vulnerable adult, as well as certain information concerning criminal conduct, could be subject to mandatory reporting requirements.

The inmates' understanding of the limits of confidentiality was consistent with the information contained in the facility's materials and the terms of the MOU.

GDC SOP Policy Number 208.06, page 18, Section B.f, provides that victim advocates from the community used by the facility must be pre-approved through the appropriate screening process and are subject to the same requirements as contractors and volunteers who have contact with inmates. The policy describes the role of the victim advocate as providing emotional and broad support and assisting the inmate in navigating the treatment, evidence collection, and investigative processes. The policy further provides that the victim advocate has access to the inmate similar to medical staff, while not having authority to make decisions concerning inmate care or interfere with security, escort, or investigative procedures determined to be necessary by the facility or investigator.

The Auditor determined that inmates are informed of the relevant limitations on confidentiality before accessing the outside support service and that the information provided is consistent with the requirements of the standard.

Provision (c)

The facility reported on the PAQ that it maintains an MOU with SASC dba The Center at 909 to provide inmates with emotional support services related to sexual abuse, including sexual victimization that occurred in the past or is presently occurring. The Auditor reviewed the MOU and verified that the agreement remains in place.

The MOU specifically provides for a Sexual Assault Victim Advocate who may accompany and provide support services to an inmate throughout the investigative process. The advocate may provide support during interviews, forensic examinations, and crisis intervention and may assist with informational and emotional support.

The agreement establishes a mechanism through which an inmate who has

	experienced sexual victimization can receive support from an individual affiliated with an outside victim advocacy organization. The advocate's role is focused on emotional and informational support and does not extend to making decisions concerning the inmate's care or interfering with facility security or investigative procedures. The Auditor's review of the MOU, combined with the information obtained through inmate and PCM interviews and direct observation of the facility's telephone access, confirmed that the facility has established and implemented a process for providing inmates with access to outside confidential support services. **CONCLUSION** Based upon the review and analysis of the PAQ, agency policy, MOU documentation, inmate handbook, intake materials, PREA and outside confidential support service postings, facility observations, and interviews with inmates, the PCM, and intermediate- or higher-level staff, the Auditor determined that the facility provides inmates with access to outside confidential support services consistent with the requirements of PREA Standard 115.53. The facility maintains an MOU with SASC dba The Center at 909, which provides inmates with access to victim advocacy, emotional support, crisis intervention, and related support services for sexual victimization. Inmates are provided with multiple methods for contacting the organization, including telephone, mail, and email. Information concerning these services is incorporated into the inmate intake process and the Offender Handbook and is posted in areas accessible to inmates. The Auditor further verified that inmate telephones were operational and that the Auditor was able to successfully contact the outside support agency using a facility telephone without providing identifying information. Interviews demonstrated that inmates were familiar with the outside support agency, knew how to access its services, understood that calls were free and confidential, and demonstrated an understanding of the applicable limitations to confidentiality. The Auditor found the facility's written policies, MOU, posted information, observed practices, and interview responses to be consistent with one another and supportive of the requirements of the standard. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets Standard 115.53, Inmate Access to Outside Confidential Support Services.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility and agency. Documentation 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; the GDC PREA Offender Brochure; and the GDC public website containing information regarding the Prison Rape Elimination Act and methods for reporting sexual abuse and sexual harassment.

The Auditor reviewed the documentation to determine whether the agency provides a method through which third parties may report allegations of sexual abuse or sexual harassment on behalf of an inmate and whether information concerning those reporting mechanisms is made publicly available.

INTERVIEWS

Random Inmate

During interviews with randomly selected inmates, the inmates demonstrated awareness that sexual abuse and sexual harassment may be reported by third parties on an inmate's behalf. The inmates indicated that they were aware of the availability of third-party reporting mechanisms and stated that they would utilize such a method if necessary.

The inmates' responses demonstrated an understanding that an allegation does not have to be communicated exclusively by the inmate who experienced the alleged abuse or harassment. Instead, a family member, friend, or other third party may communicate a concern to the agency through the established reporting mechanisms.

The interview responses were consistent with the information contained in the GDC PREA Offender Brochure and the public information made available by the agency.

PROVISIONS

PROVISION (a)

The facility reported on the PAQ that the facility/agency provides a method for receiving third-party reports of sexual abuse and sexual harassment on behalf of inmates. The Auditor reviewed the agency's written policy, PREA informational materials, and publicly available information to verify the mechanisms through which third parties may submit such reports.

GDC SOP Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, pages 26-27, Section E.2.a.i-iii, establishes specific methods through which third-party reports may be submitted. The policy identifies the following reporting avenues:

The Ombudsman's Office may be contacted by mail at P.O. Box 1529, Forsyth,

Georgia 31029, or by telephone at 478-992-5358.

Third parties may also submit information by email to the GDC PREA Coordinator at PREA.report@gdc.ga.gov.

In addition, third-party reports may be submitted to the Georgia State Board of Pardons and Paroles, Office of Victim Services, at 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334.

The Auditor reviewed the GDC PREA Offender Brochure and agency website information and determined that the agency makes information concerning PREA reporting mechanisms publicly available. The publicly distributed materials provide information that can assist an inmate or a third party in understanding how to report allegations of sexual abuse or sexual harassment.

The availability of information through the agency's public website provides an additional mechanism through which individuals outside the facility may obtain information concerning PREA and the reporting of sexual abuse or sexual harassment. Public dissemination of this information is significant because third-party reporting may originate from individuals who are not physically present at the facility and who may require access to reporting information without first contacting facility personnel.

The Auditor also considered the information obtained through interviews with randomly selected inmates. One hundred percent of the inmates interviewed indicated they were aware that third-party reporting was available and stated they would use this reporting option if necessary. Their responses provided additional evidence that the availability of third-party reporting is communicated to inmates and incorporated into the facility's overall PREA reporting process.

The Auditor's review established that the agency provides multiple avenues through which a third party may report an allegation of sexual abuse or sexual harassment on behalf of an inmate. These mechanisms include telephone, mail, and electronic communication and include both internal agency contacts and an external state entity.

The Auditor determined that the agency's written policy, publicly distributed PREA information, public website, and inmate interview responses were consistent with one another and demonstrated that third-party reporting mechanisms are established and accessible.

CONCLUSION

Based upon the review and analysis of the PAQ, agency policy, GDC PREA informational materials, publicly available agency information, and interviews with randomly selected inmates, the Auditor determined that the agency provides established mechanisms for receiving third-party reports of sexual abuse and sexual harassment on behalf of inmates.

The agency has made reporting information publicly available through the GDC PREA Offender Brochure and the agency's public website. The agency's policy identifies

	multiple avenues for third-party reporting, including telephone, mail, and email, and identifies both internal agency contacts and the Georgia State Board of Pardons and Paroles, Office of Victim Services, as reporting resources. The Auditor further determined that inmates are aware of the availability of third-party reporting. During interviews, 100 percent of the inmates interviewed acknowledged that third-party reporting was available and indicated they would utilize this mechanism if necessary. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets Standard 115.54, Third-Party Reporting.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility and agency. Documentation 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. The documentation was reviewed to determine whether the agency has established requirements for the immediate reporting of sexual abuse, sexual harassment, retaliation, and staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. The Auditor also reviewed the agency's requirements concerning the confidentiality of information related to sexual abuse reports and the additional reporting responsibilities of medical and mental health practitioners. **INTERVIEWS** **Random Staff** During interviews with randomly selected staff, staff consistently demonstrated an understanding of their responsibility to immediately report any knowledge, suspicion, or information concerning sexual abuse or sexual harassment. Staff were able to articulate the appropriate reporting process and described how they would respond upon receiving an allegation. Staff understood that information received from an inmate concerning an allegation of sexual abuse or sexual harassment must be handled confidentially. Staff reported

that information would be shared only with personnel who have a legitimate need to know, such as a supervisor, medical or mental health personnel when necessary, investigative personnel, or other designated officials responsible for treatment, investigation, security, or management decisions.

Staff further understood that disclosure of information concerning a sexual abuse allegation to individuals without a legitimate need to know is prohibited. One hundred percent of the staff interviewed indicated that PREA-related allegations and reports are forwarded to the PREA Compliance Manager (PCM), who then ensures notification of the appropriate investigative personnel.

The responses demonstrated that staff understood both components of their responsibility: allegations must be reported immediately, while information concerning those allegations must be protected from unnecessary disclosure.

Medical and Mental Health Practitioner

During interviews with medical and mental health practitioners, the practitioners demonstrated an understanding of their specific reporting responsibilities under PREA and agency policy. Each practitioner was able to articulate the requirement to report allegations of sexual abuse and demonstrated an understanding of the limits of confidentiality associated with such reports.

Practitioners reported that, unless otherwise precluded by federal, state, or local law, inmates are informed at the initiation of services of the practitioner's duty to report sexual abuse and of the limitations on confidentiality. Practitioners understood that an inmate should be advised of these limitations before services are initiated so that the inmate understands the circumstances under which information disclosed during treatment may be required to be reported.

The practitioners' responses demonstrated an understanding of the distinction between maintaining appropriate confidentiality in the treatment setting and complying with mandatory reporting requirements.

Facility Head or Designee

During the interview, the Facility Head demonstrated knowledge of the agency's requirements concerning the immediate reporting of sexual abuse and sexual harassment. The Facility Head understood that staff are required to report any knowledge, suspicion, or information concerning an incident of sexual abuse or sexual harassment that occurred in a facility, regardless of whether the facility is operated by the agency.

The Facility Head further acknowledged that the reporting requirement extends to retaliation against inmates or staff who report sexual abuse or sexual harassment and to staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.

The Facility Head described the requirement for allegations to be reported to the appropriate authorities when required by law, as well as to the PCM and designated

agency investigators. The responses demonstrated an understanding that the reporting obligation is not limited to allegations occurring within the facility itself and applies when staff obtain knowledge, suspicion, or information concerning an incident covered by the standard.

PREA Coordinator

During the interview, the PREA Coordinator (PC) confirmed that the facility reports allegations of sexual abuse and sexual harassment to the facility's designated investigator. The PC specifically confirmed that this reporting requirement applies to allegations received through third parties and to anonymous reports.

The PC's responses were consistent with the agency's written policy and the information provided by staff and facility leadership.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency requires all staff to immediately report any knowledge, suspicion, or information concerning an incident of sexual abuse or sexual harassment that occurred in a facility, regardless of whether the facility is part of the agency. The reporting requirement also applies to retaliation against inmates or staff for reporting sexual abuse or sexual harassment and to staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

This requirement was verified through the interview with the Facility Head, who demonstrated an understanding of the scope and immediacy of the reporting obligation. Randomly selected staff similarly demonstrated an understanding of their responsibility to report allegations promptly and through the appropriate channels.

GDC SOP Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, page 27, Section E.2.c, requires staff members to promptly forward reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or designated SART member. The policy further requires staff to immediately report knowledge, suspicion, or information concerning sexual abuse or sexual harassment, retaliation against inmates or staff who reported an incident, and staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

The Auditor determined that the agency's policy establishes a clear and immediate reporting obligation and that staff and facility leadership demonstrated an understanding of the requirement.

Provision (b)

The facility reported on the PAQ that, apart from reporting information to designated supervisors or officials, staff are required to refrain from revealing information related to a sexual abuse report except to the extent necessary to make informed treatment,

investigative, security, and management decisions. This requirement was verified through interviews with randomly selected staff.

Staff consistently demonstrated an understanding that PREA allegations are sensitive and that information concerning an allegation is not to be shared indiscriminately. Staff reported that they would limit disclosure to individuals with a legitimate need to know, including appropriate supervisory, medical, mental health, or investigative personnel, depending upon the circumstances.

GDC SOP Policy Number 208.06, effective June 23, 2022, page 24, Section 3, Note, provides that staff shall not reveal information related to a sexual abuse report to anyone other than designated supervisors or officials and only to the extent necessary to make informed treatment, investigative, security, and management decisions.

The Auditor determined that the agency's policy establishes appropriate restrictions on disclosure and that interviewed staff understood their obligation to protect information concerning sexual abuse reports from unnecessary disclosure.

Provision (c)

The facility reported on the PAQ that medical and mental health practitioners are required to report sexual abuse and, at the initiation of services, inform inmates of the practitioner's duty to report and the limitations of confidentiality. This requirement was verified through interviews with medical and mental health practitioners.

The practitioners interviewed demonstrated knowledge of their obligations under PREA and agency policy. Each practitioner understood that the inmate must be advised of the practitioner's reporting obligations and applicable confidentiality limitations at the initiation of services, unless otherwise precluded by federal, state, or local law.

The practitioners also demonstrated an understanding that an inmate's disclosure of sexual abuse cannot necessarily be treated as information that remains completely confidential. Rather, the practitioner must explain the applicable limitations so that the inmate understands when information may be subject to mandatory reporting or other required disclosure.

The Auditor determined that the agency has established a requirement for medical and mental health practitioners to report sexual abuse and to advise inmates of the practitioner's reporting responsibilities and limitations of confidentiality at the initiation of services.

Provision (d)

The facility reported on the PAQ that when the alleged victim is under 18 years of age or is considered a vulnerable adult under an applicable state or local vulnerable-persons statute, the agency reports the allegation to the designated state or local services agency in accordance with applicable mandatory reporting laws. This requirement was verified through the interview with the Facility Head.

GDC policy addresses the reporting requirements applicable to prior sexual victimization and establishes that medical and mental health practitioners must obtain informed consent from inmates before reporting information concerning prior sexual victimization that did not occur in an institutional setting, unless the inmate is under 18 years of age. The policy further provides that when the alleged victim is under 18 or is considered a vulnerable adult under applicable state or local law, the agency shall report the allegation to the designated state or local services agency in accordance with applicable mandatory reporting requirements.

The Auditor determined that the agency's policy recognizes the additional reporting obligations applicable to minors and vulnerable adults and establishes a process for complying with applicable mandatory reporting laws.

Provision (e)

The facility reported on the PAQ that all allegations of sexual abuse and sexual harassment, including allegations received from third parties and anonymous sources, are reported to the facility's designated investigator. This requirement was verified through the interview with the PREA Coordinator.

The PREA Coordinator confirmed that the reporting requirement applies regardless of whether the allegation is made directly by an inmate, received from a third party, or submitted anonymously. The agency does not limit investigative notification based upon the source of the allegation.

GDC SOP Policy Number 208.06 establishes that staff must immediately report knowledge, suspicion, or information concerning sexual abuse or sexual harassment, retaliation against inmates or staff who reported an incident, and staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

The Auditor determined that the agency has established a process through which allegations are forwarded to designated investigative personnel and that the requirement encompasses third-party and anonymous reports.

CONCLUSION

Based upon the review and analysis of the PAQ, agency policy, and interviews with randomly selected staff, medical and mental health practitioners, the Facility Head or designee, and the PREA Coordinator, the Auditor determined that the agency has established comprehensive staff and agency reporting requirements consistent with PREA Standard 115.61.

Staff demonstrated an understanding that any knowledge, suspicion, or information concerning sexual abuse or sexual harassment must be reported immediately. Staff also understood that the reporting obligation extends to retaliation against inmates or staff who report sexual abuse or sexual harassment and to staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

The Auditor further verified that staff understand the importance of limiting disclosure of information concerning sexual abuse reports to individuals with a legitimate need

	to know and only to the extent necessary for treatment, investigation, security, or management decisions. Medical and mental health practitioners demonstrated an understanding of their reporting responsibilities and the requirement to inform inmates of applicable limitations of confidentiality at the initiation of services. Facility leadership demonstrated knowledge of mandatory reporting requirements involving minors and vulnerable adults. The PREA Coordinator confirmed that allegations of sexual abuse and sexual harassment are forwarded to designated investigative personnel, including allegations received anonymously or from third parties. The Auditor found the interview responses to be consistent with the requirements established in GDC SOP Policy Number 208.06 and with the information reported on the PAQ. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets Standard 115.61, Staff and Agency Reporting Duties.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. Documentation 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. The Auditor also reviewed Attachment 7 to SOP 208.06, PREA Local Procedure Directive and Coordinated Response Plan. The facility's written procedures establish requirements for responding to allegations and circumstances involving sexual abuse and provide a coordinated framework for immediate protective action. The Local Procedure Directive and Coordinated Response Plan identifies the responsibilities of staff first responders, medical and mental health practitioners, investigators, and facility leadership in responding to an incident of sexual abuse. The plan is intended to ensure that appropriate protective, medical, investigative, and administrative actions are initiated promptly when an incident or potential risk is identified. The PAQ indicated that, during the twelve months preceding the audit, there had not been any determinations that an inmate was subject to a substantial risk of imminent

sexual abuse. Although there were no qualifying incidents during the review period, the facility demonstrated through policy, interviews, and its established response procedures that immediate protective action would be taken if such a risk were identified.

INTERVIEWS

Facility Head

During the interview, the Facility Head acknowledged the requirement to take immediate action when an inmate is identified as being at substantial risk of imminent sexual abuse. The Facility Head explained that the first priority would be the safety and protection of the victim. Depending upon the circumstances and the level of risk, the inmate at risk could be moved to another area within the facility or transferred to another facility if necessary to provide appropriate protection.

The Facility Head further explained that, when the alleged perpetrator is known, appropriate action would be taken to separate the alleged perpetrator from the victim, including placement in segregated housing when warranted. The response would be based on the circumstances of the situation and would be intended to prevent further contact between the victim and alleged perpetrator while maintaining the safety and security of the facility.

Random Staff

Interviews with randomly selected staff demonstrated an understanding of the facility's obligation to take immediate action to protect an inmate when an allegation or circumstance indicates a risk of sexual abuse. Staff consistently identified protection of the inmate as the first priority.

Staff explained that, upon receiving an allegation, they would immediately separate the alleged victim and alleged perpetrator when possible, safeguard the victim, notify their supervisor, and take appropriate steps to preserve evidence. Staff understood that the initial response must focus on preventing additional harm while ensuring that the allegation is promptly reported through the established chain of command and response process.

The responses provided by staff were consistent with the expectations established by facility policy and demonstrated an understanding that protective action should not be delayed while awaiting completion of an investigation.

PROVISIONS

PROVISION (a)

The facility takes immediate action to protect an inmate when the agency/facility learns that the inmate is subject to a substantial risk of imminent sexual abuse.

The PAQ reported that the agency/facility takes immediate action to protect an inmate when it learns that the inmate is subject to a substantial risk of imminent

sexual abuse. During the twelve months preceding the audit, the agency/facility reported zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse. Therefore, there were no incidents during the audit period requiring the facility to implement protective measures under this provision.

Although there were no qualifying determinations to evaluate during the review period, the Auditor assessed the facility's ability to respond to such circumstances through document review and interviews. The Facility Head described specific protective measures that could be implemented, including separating the victim from the alleged perpetrator, relocating the victim to another area of the facility, transferring the victim to another facility when necessary, and placing a known alleged perpetrator in segregated housing when appropriate.

Random staff interviews further confirmed that staff understood their responsibility to act immediately when an inmate reports or appears to be at risk of sexual abuse. Staff identified separating the victim and alleged perpetrator, protecting the victim from further harm, notifying supervisory personnel, and preserving evidence as immediate response priorities.

The facility's response requirements are further addressed in GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, establishes a written institutional framework for coordinating the facility's response to sexual abuse incidents among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan supports a prompt and coordinated response designed to protect inmates from further harm and ensure that appropriate response measures are initiated when sexual abuse or a substantial risk of imminent sexual abuse is identified.

The Auditor's review found consistency among the facility's written procedures, the information provided by the Facility Head, and the responses of randomly selected staff. The absence of a determination of substantial risk during the audit period does not negate the facility's obligation under this provision; rather, the available evidence demonstrates that the facility has established procedures and staff expectations for taking immediate protective action should such a circumstance arise.

CONCLUSION

Based upon the review and analysis of the PAQ, supporting documentation, applicable GDC policy and procedures, the PREA Local Procedure Directive and Coordinated Response Plan, and interviews with the Facility Head and randomly selected staff, the Auditor determined that the facility has established and implemented procedures consistent with the requirements of PREA Standard 115.62, Agency Protection Duties.

The facility demonstrated that the protection of an inmate from further harm is the immediate priority when a substantial risk of imminent sexual abuse is identified. Staff and facility leadership articulated specific protective measures, including separation of the victim and alleged perpetrator, relocation or transfer of the victim

	when necessary, appropriate housing of the alleged perpetrator, notification of supervisory personnel, and preservation of evidence. Although the facility reported no determinations during the twelve months preceding the audit that an inmate was subject to a substantial risk of imminent sexual abuse, the totality of the evidence demonstrates that the facility has procedures in place to respond immediately and appropriately should such a risk be identified. Based upon the totality of the evidence, Rutledge State Prison meets the requirements of PREA Standard 115.62, Agency Protection Duties.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. Documentation 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. The policy establishes procedures for responding to allegations of sexual abuse that are reported after an inmate has been transferred or otherwise confined at a different facility. The procedures address notification between GDC facilities, notification involving non-Department facilities, and the responsibility to ensure that allegations received from another confinement facility or agency are appropriately addressed and investigated when required. **INTERVIEWS** **Agency Head Designee** During the interview, the Agency Head Designee confirmed that notifications concerning PREA-related allegations, including allegations of sexual abuse, sexual harassment, or staff sexual misconduct occurring at any facility, are addressed in accordance with GDC policy and established investigative procedures. The Agency Head Designee demonstrated an understanding that such allegations require appropriate review and investigation consistent with the requirements of PREA and GDC procedures, regardless of the facility at which the alleged conduct occurred. **Facility Head** During the interview, the Facility Head explained that when the facility receives an allegation of sexual abuse or sexual harassment concerning conduct that occurred at

another facility, the allegation is promptly referred for appropriate investigative action. The Facility Head further stated that when an inmate reports sexual abuse or sexual harassment that allegedly occurred at another facility, notification is provided to the facility where the alleged incident occurred as soon as possible, but no later than 72 hours after receipt of the allegation.

The Facility Head demonstrated an understanding of the importance of timely notification and confirmed that the requirement applies when an inmate reports an allegation involving another confinement facility.

PROVISIONS

PROVISION (a)

The facility head of the facility that receives an allegation that an inmate was sexually abused while confined at another facility notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred.

The facility reported on the PAQ that, when an allegation is received indicating that an inmate was sexually abused while confined at another facility, the head of the facility receiving the allegation is responsible for notifying the head of the facility or appropriate office of the agency where the alleged abuse occurred. During the twelve months preceding the audit, the facility reported receiving zero allegations involving sexual abuse of an inmate while confined at another facility. The Facility Head confirmed this information during the interview.

Although there were no qualifying allegations during the audit period requiring implementation of this notification procedure, the Auditor reviewed the applicable GDC policy to determine whether the facility has established a process for responding to such allegations.

GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, page 27, Section 2.a, establishes specific notification requirements. When an allegation of sexual abuse involves another GDC facility, the Warden/Superintendent, or designee, of the victim's current facility is required to notify the Warden/Superintendent of the institution where the alleged abuse occurred and the Department PREA Coordinator. When the allegation involves sexual abuse by staff at another institution, the Warden/ Superintendent of the offender's current facility refers the matter directly to the Regional Sexual Assault Coordinator (SAC) and the Department PREA Coordinator. For allegations involving a non-Department facility, the Warden/Superintendent is required to notify the appropriate office of the facility where the alleged abuse occurred and the Department PREA Coordinator.

The policy therefore establishes a clear mechanism for communicating allegations to the appropriate confinement agency or facility and for notifying designated GDC PREA personnel. The Facility Head's interview responses were consistent with these written requirements.

PROVISION (b)

Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.

The facility reported on the PAQ that agency policy requires the Facility Head to provide notification as soon as possible, but no later than 72 hours after receiving an allegation that an inmate was sexually abused while confined at another facility. The Facility Head confirmed an understanding of this requirement during the interview.

GDC SOP 208.06, page 28, Section 2.b, specifically requires that the notification be provided as soon as possible, but no later than 72 hours after receipt of the allegation. This establishes a defined timeframe for communication and ensures that the facility where the alleged abuse occurred receives timely notice.

The Facility Head's description of the notification process was consistent with the applicable policy requirement. The Auditor found no evidence indicating that the facility's procedures or practices would delay notification beyond the established timeframe.

PROVISION (c)

The facility documents that it has provided such notification within 72 hours of receiving the allegation.

The facility reported on the PAQ that its policy requires documentation of notification when an allegation is received concerning sexual abuse that allegedly occurred at another facility. The facility reported that it did not receive any such allegations during the twelve months preceding the audit and, consequently, had no notifications to document during the audit period. The Facility Head confirmed this information.

GDC SOP 208.06, page 28, Sections 2.b and 2.c, requires that notification be provided as soon as possible, but no later than 72 hours after receipt of the allegation, and that the facility document that the notification was provided. These requirements establish both a timeframe for notification and an accountability mechanism to demonstrate compliance with that timeframe.

Because no qualifying allegations were received during the audit period, the Auditor was unable to review a notification record generated by an actual incident. However, the applicable policy clearly establishes the documentation requirement, and the Facility Head demonstrated an understanding of the obligation to ensure that notification is both timely and documented.

PROVISION (d)

The facility receives such allegations from other facilities or agencies and ensures that the allegations are investigated in accordance with the PREA standards.

The facility reported on the PAQ that its policy requires allegations received from other facilities or agencies to be addressed and investigated in accordance with PREA

	requirements. During the twelve months preceding the audit, the facility reported receiving zero allegations of sexual abuse from another facility. The Facility Head confirmed this information during the interview. GDC SOP 208.06, page 28, Section 2.d, establishes that the Facility Head or Department office receiving such notification shall ensure that the allegation is investigated when a previous investigation has not occurred. This provision establishes responsibility for ensuring that allegations are not left unaddressed merely because the alleged conduct occurred at another facility or under the authority of another confinement agency. The Agency Head Designee also confirmed that PREA-related notifications received concerning incidents occurring at any facility are handled in accordance with GDC investigative requirements. The information obtained through the interviews was consistent with the written policy and demonstrated an understanding that allegations received from another facility or agency must be appropriately referred to and investigated when an investigation has not previously been completed. **CONCLUSION** Based upon the review and analysis of the PAQ, supporting documentation, applicable GDC policy, and interviews with the Agency Head Designee and Facility Head, the Auditor determined that the facility has established procedures addressing allegations of sexual abuse that allegedly occurred while an inmate was confined at another facility. The facility's written procedures establish requirements for timely notification to the facility or appropriate office where the alleged abuse occurred, notification of designated GDC PREA personnel, documentation of the notification, and appropriate investigation when an investigation has not previously been conducted. The Facility Head demonstrated an understanding that notification must occur as soon as possible and no later than 72 hours after receipt of the allegation. Although the facility reported no allegations during the twelve months preceding the audit that required implementation of the notification process, the available evidence demonstrated that the facility has established procedures and responsible personnel to ensure that such allegations are appropriately communicated, documented, and investigated when required. Based upon the totality of the evidence, Rutledge State Prison meets all applicable requirements of PREA Standard 115.63, Reporting to Other Confinement Facilities

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation relevant to staff first responder duties. The Auditor also reviewed 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.

The documentation demonstrated that GDC has established written procedures governing the actions required of staff who receive or respond to allegations of sexual abuse. The procedures address the immediate separation of the alleged victim and alleged abuser, protection and preservation of the crime scene, prevention of actions that could compromise physical or biological evidence, notification of supervisory personnel, documentation, and limitations on disclosure of information.

INTERVIEWS

Security Staff – First Responders

Through interviews, security staff who may serve as first responders demonstrated an understanding of their responsibilities following an allegation of sexual abuse. Staff described receiving training regarding PREA response through annual in-service training, on-the-job training, and staff meetings. Interviewed staff were able to explain the importance of immediately addressing the safety of the involved inmates, separating the alleged victim and alleged abuser, protecting the incident scene, preserving potential evidence, and notifying the appropriate supervisory personnel.

Non-Security First Responders

Interviews with non-security first responders demonstrated an understanding of the responsibilities applicable when a non-security employee is the first person to receive information concerning an allegation of sexual abuse. Interviewees stated that they would immediately notify security staff, separate the alleged victim and alleged perpetrator when necessary and appropriate, direct the involved individuals not to take actions that could destroy physical evidence, and maintain the security and integrity of the incident scene until security staff arrived.

Non-security staff also demonstrated an understanding of the importance of confidentiality and the need to limit disclosure of information concerning a sexual abuse allegation to those with a legitimate need to know.

Staff

During interviews, staff were consistently able to articulate the steps they would take in response to a PREA-related allegation. Staff identified the need to separate the alleged victim from the alleged perpetrator, preserve physical evidence and the area in which the incident occurred, obtain or facilitate medical attention when necessary, and report the allegation through the established chain of command. Their responses demonstrated familiarity with the facility's first responder expectations and the importance of taking immediate steps to protect the integrity of a potential

investigation.

Inmates Who Reported Sexual Abuse

Inmates who had reported sexual abuse provided information regarding their experiences with the facility's response. The interviewed inmates reported that facility staff were responsive when they made their reports and that they were referred promptly for forensic examinations when such examinations were indicated.

Inmates who were referred for forensic examinations reported that they were offered the services of a victim advocate. Those who utilized an advocate reported that the advocate accompanied them during the examination and helped explain what would occur during the process. Inmates also reported that they were not required to pay for medical treatment associated with the sexual abuse allegation.

One hundred percent of the interviewed inmates reported that they were not asked to submit to a polygraph examination. Inmates further reported receiving written notification regarding the results of the investigation.

PROVISIONS

PROVISION (a)

Section 115.64(a) requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member responding to the report separate the alleged victim and alleged abuser, preserve and protect the crime scene until appropriate evidence-collection procedures can occur, request that the alleged victim refrain from actions that could destroy physical evidence when evidence may still be collected, and ensure that the alleged abuser likewise refrains from actions that could destroy physical evidence.

The facility reported on the PAQ that the agency has established written procedures addressing first responder responsibilities following allegations of sexual abuse. Interviews with both security and non-security first responders corroborated the existence and implementation of these procedures.

GDC SOP 208.06, page 28, Section F.3, requires each facility to develop a written institutional plan coordinating the actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan is required to remain current and include the names and telephone numbers of the individuals responsible for coordinating the response. The plan is incorporated into Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

GDC SOP 208.06, page 27, Section F.1, further establishes specific first responder and Department reporting responsibilities. The policy directs that response protocols follow Attachment 7 and requires notification of the PREA Unit regarding allegations within two working days through the designated PREA reporting process.

The policy specifically directs the first correctional officers responding to an allegation

	of sexual abuse to identify, separate, and secure the inmates involved; identify and preserve the crime scene for evidence gathering; notify the shift supervisor as soon as practical; and prevent involved inmates from showering, washing, drinking, brushing their teeth, eating, defecating, urinating, or changing clothes when such actions could be expected to destroy biological, forensic, or physical evidence associated with the alleged sexual abuse. The policy also requires prompt documentation of the incident and restricts disclosure of information concerning the allegation to those circumstances necessary for treatment, investigation, security, and management decisions. The PAQ documented fifteen allegations that an inmate was sexually abused during the twelve months preceding the audit. According to the facility's reported information, in each of these incidents the first responder separated the alleged victim and alleged abuser. The responding staff member preserved and protected the crime scene until appropriate steps could be taken to collect evidence and maintained the scene pending the arrival of the Sexual Assault Response Team (SART) to conduct the appropriate evidence-collection procedures. The facility further reported that first responders instructed both the alleged victim and alleged abuser not to engage in actions that could compromise physical or biological evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, as appropriate to the circumstances. Both individuals remained under staff supervision until the SART arrived, and the SART team ensured that the individuals involved did not take actions that would compromise evidence. The Auditor's interviews with security staff and other employees were consistent with the facility's reported practices. Staff demonstrated an understanding that the initial response to an allegation of sexual abuse is critical to both the safety of the alleged victim and the preservation of evidence necessary for a subsequent investigation. Based upon the review of policy, the facility's reported incident-response practices, and interviews with security and non-security first responders, the evidence supports compliance with the requirements of Provision (a). **PROVISION (b)** Section 115.64(b) requires that when the first staff responder is not a security staff member, the responder request that the alleged victim refrain from taking actions that could destroy physical evidence and then notify security staff. The facility reported on the PAQ that procedures are in place addressing the responsibilities of a non-security employee who is the first person to receive information regarding an allegation of sexual abuse. The Auditor reviewed the PREA training curriculum provided to staff, volunteers, and contractors. The curriculum identifies an individual who is the first to receive information concerning an allegation as a first responder, regardless of whether that individual is security staff. Training addresses the immediate responsibilities

	associated with isolating and containing the situation, securing the incident scene, separating the alleged victim from the alleged perpetrator, removing uninvolved individuals from the area, and relaying relevant observations and information to the shift supervisor or PREA Compliance Manager. Interviews with non-security first responders corroborated the training material. Interviewees stated that they would notify security staff, take steps to protect the alleged victim and the integrity of the incident scene, direct the involved individuals not to engage in conduct that could destroy physical evidence, and maintain the scene until security staff arrived. Their responses demonstrated an understanding of the distinction between the responsibilities of a non-security first responder and those of the responding security staff. The Auditor found that the facility's written policy, training curriculum, and staff interviews collectively demonstrate that non-security personnel are instructed to take the actions required by Provision (b). **CONCLUSION** Based upon the review and analysis of the PAQ, supporting documentation, GDC SOP 208.06, the facility's PREA training curriculum, and interviews with security staff, non-security first responders, other staff, and inmates who reported sexual abuse, the Auditor determined that the facility has established and implemented procedures addressing the requirements of PREA Standard 115.64, Staff First Responder Duties. The evidence demonstrated that first responders understand their responsibilities to protect the immediate safety of the alleged victim and alleged abuser, separate involved parties, preserve and protect potential evidence, prevent actions that could compromise physical or biological evidence, notify appropriate personnel, and maintain confidentiality. The Auditor therefore determined that Rutledge State Prison meets all provisions of PREA Standard 115.64.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the facility’s Pre-Audit Questionnaire (PAQ) and supporting documentation relevant to the facility’s coordinated response to incidents of sexual abuse. The Auditor also reviewed 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.

The Auditor also reviewed GDC SOP 208.06, Attachment 7, Rutledge State Prison PREA Local Procedure Directive and Coordinated Response Plan, revised June 23, 2022. The documents were reviewed to determine whether the facility has established a written institutional plan that coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership following an incident of sexual abuse.

INTERVIEW

Facility Head

During the interview, the Facility Head confirmed that the facility maintains a coordinated response plan that identifies and delineates the responsibilities of the various staff members and positions involved in responding to a PREA allegation. The Facility Head explained that the plan provides staff with direction regarding their respective responsibilities and the sequence of actions to be taken following an allegation of sexual abuse.

The Facility Head further stated that staff receive ongoing instruction regarding PREA response responsibilities through annual in-service training, monthly staff meetings, and on-the-job training. This ongoing training provides opportunities to reinforce the responsibilities identified in the coordinated response plan and ensures that staff remain familiar with the facility's expectations for responding to allegations of sexual abuse.

PROVISIONS

PROVISION (a)

PREA Standard 115.65(a) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan is intended to establish a coordinated response and ensure that the various individuals and disciplines responsible for responding to an allegation understand their respective roles and responsibilities.

The facility reported on the PAQ that it has developed a written institutional plan addressing the coordinated response to incidents of sexual abuse. The Facility Head verified the existence and use of this plan during the interview.

GDC SOP 208.06, page 28, Section 3, requires each facility to develop a written institutional plan coordinating actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The policy further requires the plan to remain current and to include the names and telephone numbers of the individuals responsible for coordinating the response. The policy identifies Attachment 7 as the location of the facility-specific PREA Local Procedure Directive and Coordinated Response Plan.

	The Auditor reviewed GDC SOP 208.06, Attachment 7, Rutledge State Prison PREA Local Procedure Directive and Coordinated Response Plan, revised June 23, 2022. The document is a facility-specific written response plan designed to coordinate the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership following an allegation of sexual abuse. The coordinated response plan identifies the individuals and positions who are to be notified when a PREA allegation is received and provides contact information to facilitate timely communication among those responsible for the response. The plan establishes a defined sequence of response activities and assigns responsibilities to the appropriate personnel. The Auditor found the plan to be sufficiently detailed to provide staff with direction regarding the actions to be taken from the initial receipt of an allegation through the subsequent response and investigation. The plan also addresses additional considerations associated with the safety and well-being of the alleged victim and other potentially vulnerable inmates. These considerations include victimization screening, safe housing, and the identification of inmates who may be at risk. The inclusion of these considerations demonstrates that the coordinated response is not limited to the investigative component of a PREA allegation but also incorporates measures intended to address inmate safety and protection. The Facility Head's description of the plan and the training provided to staff was consistent with the documentation reviewed by the Auditor. The Auditor found that the facility has established a written institutional framework that identifies the responsibilities of the various disciplines involved in responding to an allegation of sexual abuse and provides a mechanism for communication and coordination among those individuals. Based upon the review of the PAQ, GDC SOP 208.06, Attachment 7, the facility-specific coordinated response plan, and the interview with the Facility Head, the Auditor determined that the facility has satisfied the requirements of Provision (a). **CONCLUSION** Based upon the review and analysis of the PAQ, supporting documentation, GDC SOP 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, and the interview with the Facility Head, the Auditor determined that the facility has established a written institutional plan that coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. The facility's coordinated response plan establishes defined responsibilities, identifies personnel who are to be notified, provides contact information to facilitate communication, and incorporates considerations related to victim safety, victimization screening, safe housing, and inmates identified as being at risk. The Facility Head's interview further demonstrated that the plan is reinforced through annual in-service training, monthly staff meetings, and on-the-job training. Based upon the totality of the evidence reviewed, the Auditor determined that

	Rutledge State Prison meets PREA Standard 115.65, Coordinated Response.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided for the audit. The Auditor also reviewed 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 was reviewed to assess compliance with PREA Standard 115.66, which addresses preservation of an agency's ability to protect inmates from contact with abusers and the potential impact of collective bargaining agreements on that ability. **INTERVIEW** **Agency Head Designee** During the interview, the Agency Head Designee stated that the State of Georgia does not enter into collective bargaining agreements. The Agency Head Designee further verified the information reported in the PAQ regarding the absence of collective bargaining within the State of Georgia. PROVISIONS **Provision (a)** The facility reported in the PAQ that the State of Georgia does not enter into collective bargaining. This information was confirmed by the Agency Head Designee during the interview. Because the State of Georgia does not enter into collective bargaining agreements, there are no collective bargaining provisions that would limit the agency's ability to remove an alleged abuser from contact with an inmate or otherwise take appropriate action to protect inmates from sexual abuse. The Auditor found the information reported in the PAQ to be consistent with the information provided during the Agency Head Designee interview. No evidence was identified indicating that collective bargaining requirements interfere with the agency's ability to protect inmates from contact with abusers.

Provision (b)

Provision (b) is not subject to audit by the Auditor. Therefore, no additional facility-specific assessment was required for this provision.

CONCLUSION

Based upon the review of the PAQ and supporting documentation, review of applicable GDC policy, and information obtained through the Agency Head Designee interview, the Auditor determined that the agency meets the applicable requirements of PREA Standard 115.66.

The Auditor found that the State of Georgia does not enter into collective bargaining agreements and identified no evidence that collective bargaining requirements restrict or otherwise interfere with the agency's ability to protect inmates from contact with abusers. Accordingly, the Auditor determined that the facility/agency meets the applicable requirements of Standard 115.66, Preservation of Ability to Protect Inmates from Contact with Abusers.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. The Auditor also reviewed 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. In addition, the Auditor reviewed GDC SOP 208.06, Attachment 8, Retaliation Monitoring Checklist, effective June 23, 2022, and the Warden memorandum designating the PREA Retaliation Monitor, dated June 16, 2026.

The documentation was reviewed to assess the facility's compliance with PREA Standard 115.67, Agency Protection Against Retaliation.

INTERVIEWS

Agency Head Designee

During the interview, the Agency Head Designee explained that retaliation monitoring is initiated following an allegation of sexual abuse or sexual harassment and generally continues for a period of 90 days beginning on the date the allegation is reported. The Agency Head Designee stated that monitoring may be discontinued when an allegation is determined to be unfounded. The Agency Head Designee

further explained that protection is not limited to the individual who made the allegation. Any individual associated with an allegation or investigation who expresses fear of retaliation may also be monitored and provided appropriate protective measures.

Facility Head

The Facility Head described several measures used to protect inmates and staff from retaliation related to reporting sexual abuse or sexual harassment or participating in a PREA investigation. For inmates, these measures may include monitoring changes in housing assignments, work assignments, and disciplinary activity to identify circumstances that could suggest retaliatory conduct. For staff members, monitoring may include reviewing negative performance evaluations and work reassignments for indications of possible retaliation. The staff members responsible for retaliation monitoring provided information consistent with that reported by the Facility Head.

Retaliation Monitor

During the interview, the Retaliation Monitor stated that retaliation is taken seriously at the facility and that staff and inmates are encouraged to report PREA-related concerns without fear of retaliation. The Retaliation Monitor explained that monitoring is generally initiated for an inmate who reports sexual abuse or sexual harassment or is identified as the victim of an allegation. However, monitoring is also extended to other individuals who participate in or cooperate with an investigation when they express a fear of retaliation.

The Retaliation Monitor stated that monitoring generally continues for 90 days from the date of the allegation unless circumstances indicate that an extension is necessary. Monitoring includes, at a minimum, monthly status checks of the individual being monitored. These status checks are documented using GDC SOP 208.06, Attachment 8, Retaliation Monitoring Checklist. The Retaliation Monitor reported that there were zero instances of retaliation identified at the facility during the previous twelve months.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported that there were zero inmates housed in segregated housing as a result of having alleged sexual abuse or being identified as being at risk of sexual victimization.

Inmates who Reported Sexual Abuse

Interviews with inmates who reported sexual abuse provided additional information regarding the facility's response to PREA allegations. Inmates reported that facility staff were responsive when they made reports of sexual abuse. Inmates who were referred for forensic examinations reported that the examinations were arranged promptly and that they were offered the assistance of a victim advocate.

Inmates reported that the victim advocate accompanied them during the forensic examination and helped them understand what to expect during the process. Inmates

also reported that they were not required to pay for medical treatment associated with the examination or treatment following the reported abuse.

All inmates interviewed who reported sexual abuse stated that they were not asked to submit to a polygraph examination as a condition of pursuing or investigating their allegations. Inmates also reported that they received written notification regarding the results of the investigation.

PROVISIONS

Provision (a)

The PAQ indicates that the agency has established procedures to protect inmates and staff members who report sexual abuse or sexual harassment, as well as individuals who cooperate with investigations of sexual abuse or sexual harassment, from retaliation by other inmates or staff members. The agency has designated personnel responsible for monitoring individuals who report sexual abuse or sexual harassment or who participate in related investigations. The facility reported that retaliation monitoring is generally conducted for at least 90 days following a report and may be extended when circumstances indicate that continued monitoring is warranted. The Retaliation Monitor confirmed this process during the interview.

The facility has designated the Behavioral Health Counselor 3 to serve as the Retaliation Monitor. The Deputy Warden of Care and Treatment memorandum, dated January 1, 2023, confirms the designation.

GDC SOP 208.06, page 28, section 4(a), establishes that individuals who retaliate against a staff member or inmate who has reported an allegation of sexual abuse or sexual harassment, or who has participated in a subsequent investigation, are subject to disciplinary action. This provision establishes an affirmative prohibition against retaliatory conduct and provides a mechanism for addressing such conduct when identified.

GDC SOP 208.06, pages 28–29, section 4(b), further requires the Department to protect inmates and staff members who report sexual abuse or sexual harassment from retaliation. The policy requires the Warden/Superintendent to designate a staff member to serve as the facility Retaliation Monitor and to identify that individual in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. The policy identifies multiple measures that may be used to protect individuals from retaliation, including housing changes or transfers for inmates, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff members who fear retaliation because they reported sexual abuse or sexual harassment or cooperated with an investigation.

The Auditor found that the facility's designation of a Retaliation Monitor, the monitoring procedures described during interviews, and the applicable GDC policy provide a process for identifying and responding to potential retaliation.

Provision (b)

	The PAQ indicates that the agency employs multiple protection measures to safeguard inmates and staff members who report sexual abuse or sexual harassment or who cooperate with an investigation. The Facility Head Designee confirmed that these measures may include changes in housing or transfers, removal of an alleged staff or inmate abuser from contact with the victim, and emotional support services for individuals who express concerns regarding retaliation. GDC SOP 208.06, pages 28–29, section 4(b), supports the facility's reported practices by requiring the Department to protect inmates and staff members from retaliation and identifying several available protective measures. The policy recognizes that appropriate protection may require individualized action based upon the circumstances and the individual's concerns. The Auditor determined that the facility has established multiple mechanisms through which inmates and staff members may be protected from retaliation following a report of sexual abuse or sexual harassment or participation in an investigation. **Provision (c)** The PAQ indicates that the agency monitors the conduct and treatment of inmates and staff members who report sexual abuse or sexual harassment, as well as individuals who participate in investigations, to identify changes that may suggest possible retaliation. The facility reported that this monitoring generally continues for at least 90 days following the report unless an extension is warranted. The Retaliation Monitor confirmed the monitoring process during the interview and reported that there were zero instances of retaliation during the previous twelve months. GDC SOP 208.06, pages 28–29, section 4(c), requires the designated Retaliation Monitor to monitor, for at least 90 days following a report of abuse, the conduct and treatment of inmates or staff members who reported sexual abuse or participated in an investigation. The purpose of this monitoring is to identify changes that may suggest possible retaliation and to ensure that any identified retaliation is addressed promptly. The Auditor found that the facility has an established process for ongoing monitoring following a report or investigation and that the process is consistent with the requirements described in the applicable GDC policy. **Provision (d)** The PAQ indicates that retaliation monitoring for inmates includes periodic status checks. The Retaliation Monitor confirmed that status checks are conducted as part of the monitoring process. GDC SOP 208.06, pages 28–29, section 4(c)(i)–(iii), requires the Retaliation Monitor to review relevant changes in an inmate's circumstances, including disciplinary reports, housing changes, and program changes. The policy also requires periodic in-person status checks. Attachment 8, Retaliation Monitoring Checklist, is to be completed for each inmate monitored. The original checklist is maintained in a master file by the

Retaliation Monitor, with a copy placed in the SART investigation file upon completion.

For staff members, the policy requires monitoring for negative performance reviews and reassignments. Attachment 8 is also completed for each employee monitored, with the original maintained in the Retaliation Monitor's master file.

The policy further provides that monitoring may continue beyond the initial 90-day period when the initial monitoring indicates a continuing need for protection. The obligation to continue monitoring terminates when the allegation is determined to be unfounded.

The Auditor found that the facility has established a documented process for conducting periodic status checks and reviewing relevant changes in the circumstances of individuals subject to retaliation monitoring.

Provision (e)

The PAQ indicates that the facility extends protection to individuals other than the alleged victim when those individuals cooperate with a PREA investigation and express a fear of retaliation. The Retaliation Monitor confirmed that an individual who cooperates with an investigation and expresses such a concern may be placed under retaliation monitoring and provided appropriate protective measures.

GDC SOP 208.06 establishes that when an individual other than the victim cooperates with an investigation and expresses fear of retaliation, the agency/facility shall respond appropriately to protect that individual from retaliation. This requirement ensures that protection is available not only to individuals who report or experience sexual abuse or sexual harassment, but also to others whose participation in the investigative process may place them at risk of retaliation.

The Auditor found that the facility's reported practice and applicable policy provide a mechanism for extending retaliation protection to individuals who cooperate with investigations and express a fear of retaliation.

Provision (f)

The Auditor is not required to audit this provision.

CONCLUSION

Based upon the review and analysis of the PAQ, supporting documentation, applicable GDC policy, designation of the facility Retaliation Monitor, and information obtained through interviews with the Agency Head Designee, Facility Head Designee, Retaliation Monitor, and inmates who reported sexual abuse, the Auditor determined that the facility has established and implemented procedures designed to protect inmates and staff members from retaliation.

The facility has designated a Retaliation Monitor and has established a process for monitoring individuals who report sexual abuse or sexual harassment and those who participate in related investigations. The monitoring process includes periodic status

	checks and review of changes in housing, work or program assignments, disciplinary activity, performance evaluations, and other circumstances that could indicate possible retaliation. The facility also reported that protective measures may be implemented when warranted and that monitoring may continue beyond 90 days when a continuing need for protection exists. The Auditor further found that individuals who cooperate with investigations and express a fear of retaliation may also receive monitoring and protective measures. During the previous twelve months, the facility reported zero instances of retaliation. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard 115.67, Agency Protection Against Retaliation.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. The Auditor also reviewed 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 was reviewed to assess the facility's compliance with PREA Standard 115.68, Post-Allegation Protective Custody, including the requirements governing the placement of inmates who alleged sexual abuse in involuntary segregated housing for their protection. **INTERVIEWS** **Facility Head** During the interview, the Facility Head stated that the facility has multiple options available to protect an inmate who alleges sexual abuse and that either the alleged abuser or the victim may be transferred to another facility when necessary to ensure the individual's safety. The Facility Head explained that available alternatives are considered before an inmate who alleges sexual abuse is placed in segregated housing for protection. The Facility Head further stated that segregated housing is used only when other reasonable alternatives for separation are unavailable. If an inmate is involuntarily placed in segregated housing for protection, the facility conducts a review every 30 days to determine whether there remains a need to separate the inmate from the

general population. The Facility Head also confirmed that inmates placed in segregated housing for protection are permitted to participate in programs, education, and work opportunities to the extent consistent with their safety and security needs.

Staff Who Supervise Inmates in Segregated Housing

Staff responsible for supervising inmates housed in segregated housing reported that the facility has multiple housing options available to address safety concerns and that an inmate who alleges sexual abuse is not automatically placed in segregated housing. Staff indicated that other available alternatives are explored before segregation is considered and that placement in segregated housing is utilized as a last resort when other means of protection are not available.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported that there were zero inmates housed in segregated housing because of an identified risk of sexual victimization or because they had alleged that they had suffered sexual abuse.

PROVISIONS

Provision (a)

The PAQ indicates that the agency has established a policy prohibiting the placement of an inmate who alleges to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been conducted and a determination has been made that there is no available alternative means of separation from the alleged abuser or other identified threat.

The facility reported that, during the previous twelve months, zero inmates were involuntarily held in segregated housing for one to 24 hours while awaiting completion of an assessment. The facility also reported that zero inmates were held involuntarily in segregated housing for longer than 30 days while awaiting alternative placement. Staff responsible for supervising inmates in segregated housing verified the facility's reported practices.

GDC SOP 208.06, page 25, section 8(a)–(d), establishes requirements concerning inmates who are at elevated risk for sexual victimization or sexual aggression. The policy provides that such inmates shall not be placed in involuntary segregation based solely on that determination unless the facility has determined that there is no available alternative means of separation from likely abusers. When such placement is necessary, the policy requires the facility to document the placement, the safety concern, and the reasons why an alternative means of separation could not be arranged in the inmate's SCRIBE case notes.

The policy further provides that inmates placed in segregation for this purpose will receive services in accordance with GDC SOP 209.06, Administrative Segregation. Such placement is to continue only until an alternative means of separation from likely abusers can be arranged and ordinarily should not exceed 30 days.

The Auditor found that the facility's reported practice is consistent with the policy requirement that protective segregation not be used automatically or solely because an inmate is identified as being at elevated risk for sexual victimization. The facility considers other available means of separation and uses segregated housing only when other reasonable alternatives are unavailable.

Provision (b)

The facility reported that, if an inmate is placed in involuntary segregated housing for protection, the inmate is afforded a review every 30 days to determine whether there remains a continuing need for separation from the general population. The Facility Head confirmed this practice during the interview

GDC SOP 208.06, page 25, section 8(d), requires the facility to conduct and document a review every 30 days for each inmate placed in segregated housing for this purpose. The purpose of the review is to determine whether there continues to be a need to separate the inmate from the general population.

The policy also establishes that protective segregation is intended to be temporary and should continue only until an alternative means of separation from likely abusers can be arranged. The Auditor found that the facility has established a process for periodic review intended to ensure that an inmate is not maintained in protective segregation longer than necessary.

Provision (c)

GDC SOP 208.06, page 25, section 8(c), addresses access to programs, privileges, education, and work opportunities for inmates placed in segregated housing for protective purposes. If an inmate's access to these opportunities is restricted, the facility is required to document the opportunities that have been limited, the duration of the limitation, and the reasons for the limitation.

During the Facility Head interview, the Facility Head stated that inmates placed in segregated housing for protection are allowed to participate in programs, education, and work opportunities consistent with safety and security considerations. This information was consistent with the facility's stated approach of using segregation as a last resort and minimizing restrictions on the inmate when protective segregation is necessary.

The Auditor found that the applicable GDC policy provides for continued access to services and establishes documentation requirements when access to programs, privileges, education, or work opportunities is limited.

Provision (d)

GDC SOP 208.06, page 25, section 8(d), requires the facility to conduct and document a review every 30 days for each inmate placed in involuntary segregated housing for protective purposes. The review is intended to determine whether there remains a continuing need for separation from the general population.

	The Facility Head confirmed that the facility conducts such reviews when an inmate is placed in involuntary segregated housing for protection. At the time of the on-site audit, there were zero inmates housed in segregated housing because they had alleged sexual abuse or because of an identified risk of sexual victimization. Consequently, there were no current inmates subject to a 30-day protective segregation review during the on-site audit. The Auditor found that the facility has established a policy and process requiring periodic review of any protective segregation placement to determine whether continued separation remains necessary. **CONCLUSION** Based upon the review and analysis of the PAQ, supporting documentation, applicable GDC policy, and information obtained through interviews with the Facility Head and staff who supervise inmates in segregated housing, the Auditor determined that the facility has established procedures consistent with the requirements of PREA Standard 115.68. The evidence demonstrates that inmates who allege sexual abuse are not automatically placed in segregated housing for their protection. The facility considers available alternatives for separation, including housing changes and transfers, before resorting to involuntary segregated housing. When protective segregation is necessary, the applicable policy limits the placement to the period necessary to arrange an alternative means of separation and requires a documented review every 30 days to determine whether continued separation remains necessary. The facility further reported that inmates placed in protective segregation may continue to participate in programs, education, and work opportunities consistent with safety and security requirements. During the previous twelve months, the facility reported zero inmates involuntarily held in segregation for one to 24 hours while awaiting completion of an assessment and zero inmates held involuntarily for longer than 30 days while awaiting alternative placement. At the time of the on-site audit, there were zero inmates housed in segregated housing for risk of sexual victimization or because they had alleged sexual abuse. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard 115.68, Post-Allegation Protective Custody.

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. The Auditor also reviewed 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 was reviewed to assess compliance with PREA Standard 115.71, Criminal and Administrative Agency Investigations, including requirements related to the prompt, thorough, and objective investigation of allegations; specialized investigative training; preservation and collection of evidence; credibility assessments; investigative reports; referral of criminal conduct for prosecution; retention of investigative records; continuation of investigations following the departure of involved individuals; and cooperation with outside investigative entities when applicable.

INTERVIEWS

Investigative Staff

During interviews, investigative staff described the process used to investigate allegations of sexual abuse, sexual harassment, and related misconduct. Investigative staff stated that investigations begin immediately upon notification of an incident, regardless of how the allegation is received. Reports may be made in person, by telephone, verbally, through a third party, by mail, or anonymously. Investigative staff indicated that the same fundamental investigative protocols are followed regardless of the reporting method.

Investigative staff confirmed that they have completed the specialized training required to conduct PREA investigations. The Auditor reviewed the investigators' training records and verified attendance and participation in the required training.

Investigative staff explained that investigations generally follow a consistent investigative format. Interviews are conducted with the alleged victim first, followed by witnesses, with the alleged perpetrator interviewed last. Investigative procedures may vary somewhat when the allegation involves sexual harassment rather than an allegation of sexual abuse or sexual assault.

When an allegation involves sexual assault or sexual abuse, investigative staff stated that the alleged victim is met at the designated SAFE/SANE location when applicable. Evidence is collected and secured by the investigator unless the SAFE/SANE team is responsible for collecting the evidence. Investigative staff confirmed that they have received training in evidence collection, and the Auditor reviewed training records documenting the required training.

Investigative staff further explained that when the available evidence appears to support that a criminal offense has occurred, the agency consults with prosecutors before conducting compelled interviews to determine whether such interviews could

interfere with a subsequent criminal prosecution. The OPS-Criminal Division confirmed that when a case appears to involve criminal conduct, Miranda warnings are provided to the appropriate individual or individuals.

Investigative staff stated that the credibility of all individuals involved in an investigation is evaluated on an individual basis during the investigative process. Individuals are treated as credible and truthful unless the investigation establishes information to the contrary. Investigative staff confirmed that polygraph examinations are not used as a condition of investigating PREA allegations.

For administrative investigations, investigators follow the evidence as it develops and attempt to determine whether staff actions or failures to act may have contributed to the alleged abuse. Investigative findings are documented in a written investigative report. When an investigation identifies evidence indicating that a criminal offense may have occurred, the matter is referred to the OPS-Criminal Division for further investigation and potential prosecution.

Investigative staff also confirmed that the release, transfer, or termination of either the alleged victim or alleged perpetrator does not result in the termination of an investigation. Investigations continue to their appropriate conclusion regardless of whether the individuals involved remain incarcerated, employed by the agency, or otherwise under the control of the agency.

Investigative staff reported that the facility cooperates with the OPS-Criminal Division when a case is referred for criminal investigation and endeavors to remain informed regarding the progress and disposition of the investigation.

PREA Coordinator

During the interview, the PREA Coordinator (PC) stated that the agency retains written reports associated with administrative and criminal investigations of alleged sexual abuse and sexual harassment for as long as the alleged abuser remains incarcerated or employed by the agency, plus an additional five years. The PC further explained that much of the inmate-related information is maintained permanently in the agency's SCRIBE database.

PREA Compliance Manager

The PREA Compliance Manager (PCM) confirmed that an individual's departure from the agency's employment or custody does not provide a basis for terminating an investigation. The PCM stated that investigations continue regardless of whether the alleged victim or alleged abuser leaves the agency's employment or control.

Facility Head

The Facility Head reported that during the previous twelve months there were zero substantiated allegations involving conduct that appeared to be criminal and therefore required referral for prosecution.

Inmates Who Reported Sexual Abuse

Interviews with inmates who reported sexual abuse provided additional information regarding the facility's investigative response. Inmates reported that facility staff were responsive when allegations were made and that individuals requiring forensic examinations were referred promptly.

Inmates who were referred for forensic examinations reported that they were offered the assistance of a victim advocate. Those inmates reported that the victim advocate accompanied them during the examination and helped explain what would occur during the process. Inmates also reported that they were not required to pay for medical treatment associated with the reported abuse.

All interviewed inmates who had reported sexual abuse stated that they were not required to submit to a polygraph examination or other truth-telling device. Inmates also reported that they were notified in writing of the results of the investigation.

PROVISIONS

Provision (a)

The PAQ indicates that GDC has established procedures governing criminal and administrative investigations of allegations of sexual abuse, sexual harassment, and related misconduct. Investigative staff confirmed during interviews that allegations are investigated promptly and that the same basic investigative protocols are used regardless of whether an allegation is made directly, verbally, telephonically, through a third party, by mail, or anonymously.

GDC SOP 208.06 establishes that investigations of sexual abuse, threatened sexual abuse, and sexual harassment are to be conducted promptly, thoroughly, and objectively for all allegations, including allegations received from third parties and anonymous sources.

The Auditor found that the agency has established an investigative process designed to ensure that allegations are addressed promptly and investigated objectively, regardless of the manner in which the allegation is received.

Provision (b)

The PAQ indicates that allegations of sexual abuse are investigated by individuals who have received specialized training in sexual abuse investigations. Investigative staff confirmed their completion of the required specialized training. The Auditor reviewed the investigators' training records and verified attendance and participation in the mandated training.

GDC SOP 208.06 requires investigations involving allegations of sexual abuse to be conducted by investigators who have received specialized training in sexual abuse investigations pursuant to the agency's PREA investigative requirements.

The Auditor determined that the agency has appropriately trained investigative personnel available to conduct investigations of sexual abuse allegations.

Provision (c)

The PAQ indicates that investigators are responsible for gathering and preserving direct and circumstantial evidence, including available physical and DNA evidence and electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrator. Investigative staff confirmed these practices during the interview process.

Investigative staff further described a consistent investigative sequence in which the alleged victim is interviewed first, witnesses are interviewed as appropriate, and the alleged perpetrator is generally interviewed last. Investigative staff also confirmed that evidence is collected and secured by trained investigators when evidence collection is not being conducted by the SAFE/SANE team.

GDC SOP 208.06, page 32, section 9, requires allegations of sexual abuse to follow a uniform evidence protocol designed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

The Auditor reviewed investigative training records and found that investigative staff have received training in evidence collection. The information provided during interviews was consistent with the requirements identified in the applicable GDC policy.

Provision (d)

The PAQ indicates that when the quality of evidence appears sufficient to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors regarding whether such interviews could interfere with a subsequent criminal prosecution. Investigative staff confirmed this practice during the interview process.

Investigative staff explained that when a case appears to involve criminal conduct, the OPS-Criminal Division becomes involved and appropriate constitutional protections are provided. The OPS-Criminal Division confirmed that Miranda warnings are provided when a case appears to involve criminal conduct.

GDC SOP 208.06, page 32, section 10, provides that substantiated allegations involving conduct deemed criminal shall be referred for prosecution when sufficient evidence exists to prosecute. Section 11 further requires all sexual abuse and sexual harassment investigations to be conducted promptly, thoroughly, and objectively.

The Auditor found that the agency has established procedures intended to preserve the integrity of potential criminal prosecutions while ensuring that criminal allegations are appropriately referred for further investigation and prosecution when warranted by the evidence.

Provision (e)

The PAQ indicates that investigators assess the credibility of an alleged victim,

suspect, or witness on an individual basis rather than determining credibility based upon the individual's status as an inmate or staff member. The agency also does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with an investigation.

Investigative staff confirmed that credibility is assessed as part of the investigative process and that individuals are treated as credible unless the investigation establishes information that warrants a different determination. Investigative staff further confirmed that polygraph examinations are not used as a condition of investigating PREA allegations.

GDC SOP 208.06, page 31, section 8(c), requires the credibility of victims, suspects, and witnesses to be assessed on an individual basis and prohibits credibility determinations based solely on an individual's status as an inmate or staff member. The policy also specifically provides that an inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation.

Inmates interviewed by the Auditor confirmed that they were not required to submit to a polygraph examination.

The Auditor determined that the agency's investigative practices are consistent with the requirements of this provision.

Provision (f)

The PAQ indicates that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the alleged abuse. The facility further reported that administrative investigative reports document the physical and testimonial evidence considered, the reasoning supporting credibility assessments, and the investigative facts and findings. Investigative staff verified these practices during the interview process.

GDC SOP 208.06 requires investigative reports to document physical and testimonial evidence, the reasoning supporting credibility assessments, and the investigative facts and findings. The policy also requires the investigative report to address information concerning staff actions or inactions that may have contributed to the alleged abuse.

Investigative staff stated that investigators follow the evidence as it develops and specifically consider whether staff actions or failures to act contributed to the allegation. The Auditor found that the agency's administrative investigative process addresses the required areas of inquiry and documentation.

Provision (g)

The PAQ indicates that criminal investigations are documented in written reports containing a thorough description of physical, testimonial, and documentary evidence, with copies of documentary evidence attached when possible. Investigative staff confirmed that investigative steps, interviews, facts, and findings are

documented during the investigative process.

Investigative staff explained that when an allegation appears to be criminal in nature, the case is referred to the OPS-Criminal Division. Information and investigative documentation developed before referral are maintained and provided to the appropriate criminal investigative personnel.

The Auditor found that the agency has established a process for documenting investigative activity and transferring cases involving potential criminal conduct to the OPS-Criminal Division for appropriate criminal investigation.

Provision (h)

The PAQ indicates that during the previous twelve months there were zero substantiated allegations involving conduct that appeared to be criminal and were referred for prosecution. The Facility Head confirmed this information during the interview.

Because there were zero substantiated allegations involving conduct that appeared to be criminal during the applicable twelve-month period, there were no such cases at the facility requiring referral for prosecution during that period.

Provision (i)

The PAQ indicates that the agency retains written reports concerning administrative and criminal investigations of alleged sexual abuse and sexual harassment for as long as the alleged abuser remains incarcerated or employed by the agency, plus five years. The PREA Coordinator confirmed the agency's records-retention practices during the interview.

GDC SOP 208.06 establishes that investigative records are retained under the following circumstances: when the alleged abuser is incarcerated or employed by the Department, for that period plus five years; for as long as required by applicable State records-retention policies; or as required by a litigation hold notice, whichever period is longer.

The PREA Coordinator further reported that much of the inmate-related information is maintained permanently within the SCRIBE database.

The Auditor determined that the agency has established records-retention requirements that provide for retention beyond the minimum period when required by State records-retention requirements or a litigation hold.

Provision (j)

The PAQ indicates that the departure of an alleged abuser or alleged victim from the employment or control of the agency does not provide a basis for terminating an investigation. The PREA Compliance Manager confirmed this requirement during the interview.

GDC SOP 208.06 provides that the departure of an alleged assailant or victim from

employment or custody of GDC shall not be the basis for terminating an investigation.

Investigative staff similarly confirmed that an investigation continues to its appropriate conclusion even if the alleged victim or alleged abuser is released, transferred, or terminated from employment.

The Auditor determined that the agency has established a process to ensure that an investigation is not terminated solely because an individual involved in the allegation is no longer employed by or under the control of the agency.

Provision (k)

The Auditor is not required to audit this provision.

Provision (l)

The PAQ indicates that when outside agencies investigate sexual abuse, the facility cooperates with the outside investigators and endeavors to remain informed regarding the progress of the investigation. The facility reported, however, that GDC does not utilize an outside agency whose specific responsibility is to investigate PREA allegations. Investigative staff confirmed that administrative investigations are conducted within the agency and that criminal matters are referred to the OPS-Criminal Division.

When criminal conduct is identified, the OPS-Criminal Division assumes responsibility for the criminal investigation. Facility investigative staff reported that the facility cooperates with the OPS-Criminal Division and endeavors to remain informed regarding the progress of cases referred for criminal investigation.

The Auditor found that the agency has an established process for handling criminal matters through the OPS-Criminal Division. Based upon the information provided, there were no outside investigative agencies conducting PREA investigations at the facility during the audit period.

CONCLUSION

Based upon the review and analysis of the PAQ, supporting documentation, applicable GDC policy, investigative training records, and information obtained through interviews with investigative staff, the PREA Coordinator, PREA Compliance Manager, Facility Head, and inmates who reported sexual abuse, the Auditor determined that the facility has established and implemented procedures addressing the requirements of PREA Standard 115.71, Criminal and Administrative Agency Investigations.

The evidence demonstrates that allegations of sexual abuse, threatened sexual abuse, and sexual harassment are subject to prompt, thorough, and objective investigation regardless of the manner in which the allegation is received. Investigative personnel have received specialized PREA investigative training, including training related to evidence collection. Investigators follow established procedures for interviewing victims, witnesses, and suspected perpetrators and for gathering and preserving available physical, testimonial, documentary, electronic,

and other relevant evidence.

The Auditor further determined that credibility is assessed on an individual basis and is not based upon an individual's status as an inmate or staff member. Inmates who report sexual abuse are not required to submit to polygraph examinations or other truth-telling devices as a condition of proceeding with an investigation. Administrative investigations address potential staff actions or failures to act that may have contributed to an allegation and document relevant evidence, credibility assessments, facts, and findings.

When an allegation appears to involve criminal conduct, the matter is referred to the OPS-Criminal Division for appropriate criminal investigation and potential prosecution. The agency's procedures also provide for continued investigation when an alleged victim or alleged abuser leaves the agency's employment or custody. Investigative records are retained in accordance with applicable GDC policy, State records-retention requirements, and litigation holds, as applicable.

During the previous twelve months, the facility reported zero substantiated allegations involving conduct that appeared to be criminal and were referred for prosecution. At the time of the audit, there were no reported circumstances indicating that an investigation had been terminated because an involved individual departed the agency's employment or custody.

Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard 115.71, Criminal and Administrative Agency Investigations.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. The Auditor also reviewed 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 was reviewed to assess compliance with PREA Standard 115.72, Evidentiary Standard for Administrative Investigations, including the requirement that the agency not impose a standard of proof higher than a preponderance of the evidence when determining whether an allegation of sexual abuse or sexual

harassment is substantiated.

INTERVIEW

Investigative Staff

During the interview, investigative staff described the evidentiary process used when investigating allegations of sexual abuse or sexual harassment. Investigative staff stated that investigators collect and evaluate all available evidence relevant to an allegation. This may include evidence obtained from the alleged victim, alleged perpetrator, and incident location, as well as information obtained through interviews and other investigative activities.

Investigative staff confirmed that GDC does not impose a standard of proof higher than a preponderance of the evidence when determining whether an allegation of sexual abuse or sexual harassment is substantiated.

PROVISIONS

PROVISION (a)

The PAQ indicates that the agency does not impose a standard higher than a preponderance of the evidence when determining whether an allegation of sexual abuse or sexual harassment is substantiated. Investigative staff confirmed this requirement during the interview.

GDC SOP 208.06, page 30, Section G(5), establishes that no standard higher than a preponderance of the evidence shall be imposed when determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Auditor found that the agency's stated investigative practice is consistent with the applicable GDC policy. Investigators consider the available evidence gathered during the investigation, including evidence obtained from the alleged victim, alleged perpetrator, incident location, witnesses, and other relevant sources. The applicable evidentiary standard does not require a level of proof greater than a preponderance of the evidence for administrative determinations.

CONCLUSION

Based upon the review of the PAQ and supporting documentation, review of applicable GDC policy, and information obtained through the investigative staff interview, the Auditor determined that the facility has established an evidentiary standard consistent with the requirements of PREA Standard 115.72.

The agency does not impose a standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. This requirement is clearly established in GDC SOP 208.06 and was confirmed by investigative staff during the audit.

Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard 115.72, Evidentiary

	Standard for Administrative Investigations.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. Documentation 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. The Auditor also reviewed Attachment 3, GDC PREA Disposition Offender Notification Form, a random sample of PREA investigations, and the facility's PREA chart. The current PREA standard requires that, following an investigation into an inmate's allegation of sexual abuse, the agency inform the inmate whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. When an outside entity conducts the investigation, the agency must request sufficient information from that investigative entity to provide the required notification. The standard also requires additional notifications in certain circumstances following allegations against staff or another inmate and requires all such notifications or attempted notifications to be documented. The agency's obligation to report under the standard terminates when the inmate is released from the agency's custody. **INTERVIEWS** **Investigative Staff** During the interview process, investigative staff described the notification process following completion of a PREA investigation. Investigative staff explained that, once all investigative activities have been completed and findings have been determined, the investigator prepares an investigative report documenting the evidence reviewed and the basis for the determination. Investigative staff reported that the completed report is provided to the facility, which is responsible for ensuring that the inmate is notified of the outcome of the investigation. Investigative staff further explained that when a matter is referred for criminal investigation, the Criminal Operations Division is responsible for providing the appropriate notification to the inmate and the Facility Head upon completion of the criminal investigation. The interview information was consistent with the documentation reviewed by the

Auditor and demonstrated that the facility has an established process for notifying inmates of investigation outcomes.

Facility Head

During the interview, the Facility Head confirmed that, following an inmate allegation of sexual abuse by a staff member, the inmate is subsequently informed, unless the allegation has been determined to be unfounded, when the facility becomes aware of specified changes involving the alleged staff perpetrator.

The Facility Head stated that the inmate will be informed when the staff member is no longer posted within the inmate's housing unit, when the staff member is no longer employed at the facility, when the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and when the Department learns that the staff member has been convicted of a charge related to sexual abuse within the facility.

The Facility Head reported that there had been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate during the past 12 months. The Facility Head further confirmed that, when an inmate-on-inmate sexual abuse allegation is substantiated, the alleged victim is notified when the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Inmates Who Reported Sexual Abuse

Interviews with inmates who reported sexual abuse provided additional evidence regarding the facility's notification and response practices. The interviewed inmates reported that facility staff were responsive when they reported the incidents. Inmates who required forensic examinations reported that they were referred promptly for examination and were offered the services of a victim advocate.

Inmates who participated in forensic examinations reported that the victim advocate accompanied them during the examination and helped them understand what would occur. The inmates also reported that they were not required to pay for medical treatment associated with the reported sexual abuse.

All interviewed inmates reported that they were not asked to submit to a polygraph examination. The inmates further reported receiving written notification regarding the outcome of their respective investigations.

PROVISIONS

Provision (a)

The facility reported on the PAQ that GDC policy requires an inmate who alleges sexual abuse in an agency facility to be informed, verbally or in writing, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following completion of the investigation. The Facility Head confirmed this requirement during the interview.

	The facility reported that fifteen criminal and/or administrative investigations involving allegations of inmate sexual abuse were completed by the agency or facility during the past 12 months. Documentation reviewed by the Auditor indicated that each of the fifteen inmates was provided written notification of the outcome of the investigation. Investigative staff confirmed the notification process during the interview. GDC SOP 208.06, page 33, Section G(17), requires that, following the completion of an administrative investigation into an inmate's allegation of sexual abuse or sexual harassment, the Warden/Superintendent ensure that the inmate is notified of the disposition of the allegation. The policy identifies the possible dispositions as substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS, substantiated-forwarded to OPS, or not PREA. The policy further provides that notification is completed by a member of the local SART unless the appointing authority delegates this responsibility to another designee. When an allegation is forwarded to OPS for investigation, the facility is also required to notify the inmate of the outcome of the OPS investigation upon completion. The notification or attempted notification is documented using Attachment 3, GDC PREA Disposition Offender Notification Form. The policy further provides that the Department's obligation to provide notification under this provision terminates when the inmate is released from Department custody. The Auditor reviewed the applicable investigation documentation and notification records and found evidence that the facility implemented this requirement during the audit review period. The evidence demonstrated that inmates who made allegations of sexual abuse were provided notification of the disposition of their allegations. Based upon the documentation reviewed and interviews conducted, the Auditor determined that the facility meets the requirements of §115.73(a). **Provision (b)** This provision is not applicable to the facility. GDC is responsible for conducting the administrative and criminal investigations of PREA allegations. An outside entity does not conduct PREA investigations on behalf of the facility. Investigative staff confirmed during the interview that PREA investigations are conducted within the GDC investigative structure. Accordingly, there were no outside investigative agencies from which the facility was required to obtain investigation results for purposes of inmate notification during the relevant review period. The Auditor therefore determined that §115.73(b) is not applicable. **Provision (c)** The facility reported on the PAQ that, following an inmate's allegation that a staff member committed sexual abuse against the inmate, the inmate is subsequently informed, unless the allegation has been determined to be unfounded, when the staff member is no longer posted within the inmate's housing unit, when the staff member

is no longer employed at the facility, when the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or when the Department learns that the staff member has been convicted of a charge related to sexual abuse within the facility. The Facility Head confirmed these requirements during the interview.

The Auditor notes that the current PREA standard specifically requires notification when the agency learns that the alleged staff perpetrator has been indicted, rather than merely arrested.

The facility reported that there had been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate during the past 12 months. The Facility Head confirmed this information.

The facility's policy and notification procedures also require notification of the inmate regarding the outcome of the investigation. Such notification is documented through GDC SOP 208.06, Attachment 3, GDC PREA Disposition Offender Notification Form.

During the document review, the Auditor identified one staff-on-inmate sexual abuse allegation within the investigative records reviewed. Following investigation, the allegation was determined to be substantiated and was referred for criminal investigation and prosecutorial consideration. The Auditor reviewed the documentation associated with the allegation and considered the facility's notification requirements in evaluating compliance with this provision.

The Auditor also reviewed the facility's procedures for subsequent notification concerning the status of an alleged staff perpetrator. The procedures address changes in the staff member's assignment, employment status, indictment, and conviction consistent with the requirements of the standard.

Based upon the PAQ, policy review, investigative documentation, Facility Head interview, and review of notification practices, the Auditor determined that the facility meets the requirements of §115.73(c).

Provision (d)

The facility reported that, following an inmate's allegation of sexual abuse by another inmate, the alleged victim is subsequently informed when the Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or has been convicted of such a charge. The Facility Head confirmed this requirement during the interview.

During the document review, the Auditor identified fifteen inmate-on-inmate sexual abuse allegations within the investigative records reviewed. Following investigation, fourteen allegations were determined to be unsubstantiated and one allegation was determined to be substantiated. The substantiated allegation was referred for criminal investigation and prosecutorial consideration. At the time of the on-site audit, the criminal investigation remained open.

The Auditor reviewed the facility's procedures for subsequent notification of an

alleged victim when an alleged inmate perpetrator is indicted or convicted of sexual abuse within the facility. The documentation demonstrated that the facility has established a process for providing the required notification when the applicable information becomes known to the Department.

Based upon the evidence reviewed and the Facility Head interview, the Auditor determined that the facility meets the requirements of §115.73(d).

Provision (e)

The current PREA standard requires that all notifications, as well as attempted notifications, required under §115.73 be documented.

The facility reported that, during the past 12 months, fifteen inmates received written notification regarding the outcome of sexual abuse investigations and five inmates received written notification regarding the outcome of sexual harassment investigations.

GDC SOP 208.06 establishes a documentation process for inmate notifications through Attachment 3, GDC PREA Disposition Offender Notification Form. The form is used to document the notification or attempted notification of an inmate regarding the disposition of a PREA allegation.

During the document review, the Auditor examined the available investigation and notification documentation and found evidence that victims were notified of the outcomes of their allegations. The documentation reviewed was consistent with the facility's stated notification process and provided evidence that required notifications were documented.

Based upon the review of the PAQ, policy, investigation records, PREA chart, notification documentation, and interviews, the Auditor determined that the facility meets the requirements of §115.73(e).

Provision (f)

Auditors are not required to audit this provision.

CONCLUSION

Based upon the review and analysis of the PAQ, GDC policy, Attachment 3 notification forms, PREA investigation records, PREA chart, interviews with investigative staff and the Facility Head, and interviews with inmates who reported sexual abuse, the Auditor found sufficient evidence that the facility has established and implemented procedures for notifying inmates of the outcomes of PREA investigations.

The evidence reviewed demonstrated that inmates are informed of the disposition of their allegations, that the facility has procedures for providing subsequent notifications concerning staff or inmate alleged perpetrators when required by the standard, and that notifications or attempted notifications are documented. The facility also maintains a defined process for matters referred for criminal

	investigation. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard §115.73, Reporting to Inmates.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. Documentation 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. The current PREA standard requires that staff be subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies. Termination must be the presumptive disciplinary sanction for staff who engage in sexual abuse. For violations other than actually engaging in sexual abuse, disciplinary sanctions must be commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by similarly situated staff. The standard further requires that applicable terminations and resignations by staff who would have been terminated be reported to law enforcement, unless the conduct was clearly not criminal, and to relevant licensing bodies. **INTERVIEWS** **Facility Head** During the interview, the Facility Head stated that all staff are subject to disciplinary sanctions, up to and including termination, for violating agency policies addressing sexual abuse, sexual harassment, or sexual misconduct. The Facility Head reported that there had been no staff members at Rutledge State Prison during the previous 12 months who had been found to have violated agency sexual abuse or sexual harassment policies. The Facility Head further reported that there had been no staff terminations or resignations in lieu of termination during the previous 12 months for violations of agency sexual abuse, sexual harassment, or sexual misconduct policies. The Facility Head confirmed that termination is the presumptive disciplinary sanction for a staff member who engages in sexual abuse. The Facility Head also described the

facility's responsibility to ensure that disciplinary action is imposed consistent with agency policy and the nature of the conduct at issue.

The information provided during the interview was consistent with the policy reviewed and the information reported on the PAQ.

PROVISIONS

Provision (a)

The facility reported on the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Facility Head confirmed this requirement during the interview.

GDC SOP 208.06, page 33, Section H(1)(a), provides that staff members who engage in sexual abuse with an inmate shall be banned from correctional institutions and shall be subject to disciplinary action. The policy identifies termination as the presumptive disciplinary sanction and provides that the matter may also be referred for criminal prosecution when appropriate.

The policy establishes an accountability framework that permits disciplinary action for violations of the Department's sexual abuse and sexual harassment policies and provides for the most serious employment consequence, termination, when warranted by the conduct.

The Auditor found that the agency policy is consistent with §115.76(a), which requires staff to be subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies.

Based upon the PAQ, policy review, and Facility Head interview, the Auditor determined that the facility meets the requirements of §115.76(a).

Provision (b)

The facility reported on the PAQ that there were no staff members during the previous 12 months who had violated agency sexual abuse or sexual harassment policies. The facility further reported that there were no staff members who had been terminated, or who had resigned prior to termination, for violating agency sexual abuse or sexual harassment policies during the same period. The Facility Head verified this information during the interview.

GDC SOP 208.06, page 33, Section H(1)(a), establishes termination as the presumptive disciplinary sanction for staff members who engage in sexual abuse. The policy also provides that staff members who engage in sexual abuse with an inmate shall be banned from correctional institutions and may be referred for criminal prosecution when appropriate.

The policy language is consistent with the current PREA requirement that termination be the presumptive disciplinary sanction for staff who engage in sexual abuse.

Because the facility reported no staff members who had engaged in conduct requiring

discipline under this provision during the previous 12 months, there were no disciplinary records involving staff sexual abuse for the Auditor to evaluate during the review period.

Based upon the PAQ, policy review, and Facility Head interview, the Auditor determined that the facility meets the requirements of §115.76(b).

Provision (c)

The facility reported on the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment, other than actually engaging in sexual abuse, are commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by staff with similar disciplinary histories.

The facility further reported that there were no staff members during the previous 12 months who were disciplined short of termination for violations of agency sexual abuse or sexual harassment policies, other than conduct involving actual sexual abuse. The Facility Head verified this information during the interview.

GDC SOP 208.06, page 33, Section H(1)(b), provides that disciplinary sanctions for violations of Department policy related to sexual harassment shall be 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 members with similar histories.

The policy therefore establishes the factors required by §115.76(c) for determining an appropriate disciplinary response to violations of sexual abuse or sexual harassment policies that do not involve the staff member actually engaging in sexual abuse. The standard requires consideration of the conduct itself, the individual staff member's disciplinary history, and sanctions imposed for comparable conduct involving staff with similar histories.

Because the facility reported no disciplinary cases falling within this provision during the previous 12 months, there were no sanctions short of termination available for the Auditor to review for comparison during the audit period.

Based upon the PAQ, policy review, and Facility Head interview, the Auditor determined that the facility meets the requirements of §115.76(c).

Provision (d)

The facility reported on the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, as well as resignations by staff members who would have been terminated had they not resigned, are reported to law enforcement agencies unless the conduct was clearly not criminal. The facility further reported that such matters are reported to relevant licensing bodies.

The facility reported that there were no staff members during the previous 12 months who were terminated, or who resigned prior to termination, for violating agency

	sexual abuse or sexual harassment policies. Consequently, there were no staff members during the review period who required referral to law enforcement or a licensing body under this provision. The Facility Head confirmed this information during the interview. GDC SOP 208.06, page 34, Section H(1)(c), provides that all terminations for violations of Department sexual abuse or sexual harassment policies, as well as resignations by staff members who would have been terminated but for their resignation, shall be reported to law enforcement agencies unless the conduct was clearly not criminal. The policy further requires such matters to be reported, as applicable, to the Georgia Peace Officers Standards and Training Council (POST). The Auditor found that the agency policy establishes the required reporting mechanism for qualifying staff terminations and resignations. The policy is consistent with §115.76(d), which requires reporting to law enforcement unless the conduct was clearly not criminal and reporting to relevant licensing bodies. Because there were no qualifying staff terminations or resignations during the previous 12 months, no corresponding law enforcement or licensing referrals were required during the review period. Based upon the PAQ, policy review, and Facility Head interview, the Auditor determined that the facility meets the requirements of §115.76(d). **CONCLUSION** The Auditor reviewed the PAQ, GDC SOP 208.06, and supporting documentation and conducted an interview with the Facility Head. The evidence demonstrated that GDC has established disciplinary requirements addressing staff violations of sexual abuse and sexual harassment policies. Staff are subject to disciplinary sanctions up to and including termination, termination is identified as the presumptive sanction for staff who engage in sexual abuse, and disciplinary sanctions for other policy violations are required to be commensurate with the circumstances of the conduct and the staff member's disciplinary history, including consideration of sanctions imposed for comparable offenses. The agency has also established procedures for reporting qualifying terminations and resignations to law enforcement and the Georgia Peace Officers Standards and Training Council, as applicable. No staff members at Rutledge State Prison were identified during the previous 12 months as having been disciplined, terminated, or having resigned in lieu of termination for violations of agency sexual abuse or sexual harassment policies. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard §115.76, Disciplinary Sanctions for Staff.

115.77	**Corrective action for contractors and volunteers**

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. Documentation 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.

The Auditor reviewed the applicable provisions of GDC SOP 208.06 addressing corrective action and reporting requirements for contractors and volunteers who violate agency sexual abuse or sexual harassment policies. The Auditor also reviewed the facility's responses on the PAQ and considered information obtained during the interview with the Facility Head.

The current PREA standard requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. Such individuals must also be prohibited from contact with inmates. For other violations of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency must take appropriate remedial measures and consider whether to prohibit further contact with inmates. (prearesourcecenter.org)

INTERVIEWS

Facility Head

During the interview, the Facility Head reported that there had been no contractors or volunteers during the previous 12 months who had been identified as having engaged in sexual abuse of an inmate and therefore no contractors or volunteers had been reported to law enforcement agencies or relevant licensing bodies for such conduct.

The Facility Head further reported that there had been no contractors or volunteers during the previous 12 months who required corrective or remedial action for violating agency sexual abuse or sexual harassment policies. Accordingly, there had been no contractor or volunteer who required removal or restriction of contact with inmates as a result of such a violation during the review period.

The information provided by the Facility Head was consistent with the facility's responses on the PAQ and the applicable provisions of GDC SOP 208.06.

PROVISIONS

Provision (a)

The facility reported on the PAQ that agency policy requires any contractor or

volunteer who engages in sexual abuse to be reported to law enforcement agencies, unless the conduct was clearly not criminal, and to relevant licensing bodies. The policy also requires that a contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. The Facility Head confirmed these requirements during the interview.

GDC SOP 208.06, page 34, Section H(2), provides that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The policy further requires the facility to take appropriate remedial measures and consider whether to prohibit further contact with inmates when a contractor or volunteer commits another violation of Department sexual abuse or sexual harassment policies.

The facility reported that, during the previous 12 months, there had been zero contractors and zero volunteers who engaged in sexual abuse of inmates and, consequently, there were no contractors or volunteers who were reported to law enforcement or relevant licensing bodies for such conduct. The Facility Head verified this information.

The Auditor found that GDC policy establishes the required reporting and contact-prohibition requirements for contractors and volunteers who engage in sexual abuse. The policy is consistent with §115.77(a), which requires reporting to law enforcement and relevant licensing bodies, as applicable, and prohibits further contact with inmates following sexual abuse. (prearesourcecenter.org)

Provision (b)

The facility reported on the PAQ that it takes appropriate remedial measures when a contractor or volunteer violates agency sexual abuse or sexual harassment policies and considers whether the individual should be prohibited from further contact with inmates. The Facility Head confirmed this requirement during the interview.

The facility further reported that there had been no contractors or volunteers during the previous 12 months who had violated agency sexual abuse or sexual harassment policies in a manner requiring remedial action or consideration of continued contact with inmates. As a result, there were no contractor or volunteer disciplinary or corrective-action cases available for review during the audit period.

GDC SOP 208.06 requires the facility to take appropriate remedial measures when a contractor or volunteer violates Department sexual abuse or sexual harassment policies other than engaging in sexual abuse. The policy also requires consideration of whether the contractor or volunteer should be prohibited from further contact with inmates.

This policy requirement provides the facility with a mechanism to address conduct that does not rise to the level of sexual abuse but nevertheless violates agency policy. The Auditor found that the policy is consistent with the requirements of §115.77(b). (prearesourcecenter.org)

CONCLUSION

The Auditor reviewed the PAQ, applicable provisions of GDC SOP 208.06, supporting documentation, and information obtained through the Facility Head interview. The evidence demonstrated that GDC has established procedures addressing sexual abuse and other PREA-related policy violations by contractors and volunteers.

The agency policy requires that contractors and volunteers who engage in sexual abuse be prohibited from contact with inmates and reported to law enforcement, unless the conduct was clearly not criminal, and to relevant licensing bodies. The policy also requires appropriate remedial measures for other violations of agency sexual abuse or sexual harassment policies and requires consideration of whether continued contact with inmates should be prohibited.

There were no contractors or volunteers during the previous 12 months who engaged in sexual abuse or whose conduct required remedial action under the provisions reviewed. The absence of qualifying cases during the review period did not prevent the Auditor from evaluating the agency's written requirements and established procedures.

Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard §115.77, Corrective Action for Contractors and Volunteers.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. Documentation 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.

The Auditor reviewed the portions of GDC SOP 208.06 addressing inmate disciplinary sanctions for sexual abuse, sexual harassment, and sexual activity; the formal disciplinary process applicable to inmates; consideration of mental disabilities or mental illness during the disciplinary process; interventions for inmates who engage in sexual abuse; sexual contact between inmates and staff; and protection for inmates who make good-faith reports of sexual abuse.

The current PREA standard requires that inmates be subject to disciplinary sanctions through a formal disciplinary process following an administrative finding that the

inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions must be commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and sanctions imposed for comparable offenses by inmates with similar histories. The disciplinary process must also consider whether mental disabilities or mental illness contributed to the inmate's behavior.

The standard further addresses rehabilitative interventions, sexual contact between inmates and staff, good-faith reporting of sexual abuse, and the agency's discretion to prohibit and discipline consensual sexual activity between inmates. An agency may prohibit such activity, but consensual sexual activity may not be classified as sexual abuse when the agency determines that the activity was not coerced.

INTERVIEWS

Facility Head

During the interview, the Facility Head stated that GDC prohibits sexual activity between inmates. The Facility Head explained that inmate disciplinary sanctions for inmate-on-inmate sexual abuse are imposed through the established disciplinary process following the appropriate administrative or criminal finding.

The Facility Head reported that, during the previous 12 months, there had been no administrative findings of inmate-on-inmate sexual abuse at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse occurring at the facility.

The Facility Head further stated that inmates may be disciplined for sexual contact with staff only when there has been a finding that the staff member did not consent to the sexual contact. The Facility Head also confirmed that an inmate who makes a report of sexual abuse in good faith, based upon a reasonable belief that the alleged conduct occurred, is not subject to disciplinary action for falsely reporting or lying merely because the investigation does not establish sufficient evidence to substantiate the allegation.

The Facility Head's responses were consistent with the requirements contained in GDC SOP 208.06 and the information reported on the PAQ.

Medical and Mental Health Staff

During interviews, medical and mental health staff reported that the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations associated with abusive behavior.

Medical and mental health staff further reported that the facility considers whether an inmate who has engaged in sexual abuse should be required to participate in appropriate interventions as a condition of access to programming or other benefits.

The information provided by medical and mental health staff was consistent with the requirements of §115.78(d) and the corresponding provisions of GDC SOP 208.06.

PROVISIONS

Provision (a)

The facility reported on the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility also reported that inmates are subject to disciplinary sanctions following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Facility Head confirmed these requirements during the interview.

The facility reported that, during the previous 12 months, there had been fifteen inmate-on-inmate sexual abuse allegations. Fourteen allegations were determined to be unsubstantiated, and one allegation was determined to be substantiated. The substantiated allegation was referred for criminal investigation and prosecutorial review. At the time of the on-site audit, the criminal investigation remained open.

GDC SOP 208.06, page 34, Section H(3)(a), establishes that the Department prohibits consensual sexual activity between inmates and that inmates may be subject to disciplinary action for such activity. The policy distinguishes consensual, non-coerced sexual activity from sexual abuse and provides that consensual sexual activity does not constitute sexual abuse. The policy further provides that sexual contact between inmates is treated as non-consensual unless the investigation establishes otherwise.

GDC SOP 208.06, page 34, Section H(3)(b), further provides that inmates may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual harassment or sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Such sanctions are imposed in accordance with GDC SOP 209.01, Offender Discipline.

The Auditor reviewed the facility's reported allegations and the applicable disciplinary provisions. The evidence demonstrated that the facility has established a formal disciplinary process for addressing inmate-on-inmate sexual abuse following the appropriate administrative or criminal finding.

The Auditor determined that the facility's policy is consistent with §115.78(a), which requires disciplinary sanctions to follow a formal disciplinary process after an administrative finding of inmate-on-inmate sexual abuse or a criminal finding of guilt for such conduct.

Provision (b)

The facility reported on the PAQ that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates with similar disciplinary histories. The Facility Head confirmed this requirement during the interview.

GDC SOP 208.06, page 35, Section H(3)(c), provides that disciplinary sanctions shall

	be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates with similar histories. This provision establishes the factors that must be considered when determining an appropriate disciplinary sanction and provides a framework for ensuring that sanctions are proportionate to the conduct and applied consistently with comparable disciplinary cases. The Auditor found that the agency policy incorporates each of the considerations required by §115.78(b). **Provision (c)** The facility reported on the PAQ that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining the type of sanction, if any, that should be imposed. The Facility Head verified this requirement during the interview. GDC SOP 208.06, page 35, Section H(3)(d), requires the disciplinary process to consider whether an inmate's mental disabilities or mental illness contributed to the behavior when determining the appropriate disciplinary response. The policy references GDC SOP 508.18, Mental Health Discipline Procedures, for additional requirements concerning mental health considerations during the disciplinary process. The Auditor found that the agency policy specifically incorporates consideration of mental disabilities and mental illness into the disciplinary decision-making process. This is consistent with §115.78(c), which requires consideration of whether an inmate's mental disabilities or mental illness contributed to the conduct when determining what sanction, if any, should be imposed. **Provision (d)** The facility reported on the PAQ that it offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations associated with sexual abuse. The facility further reported that it considers whether to require an offending inmate to participate in such interventions as a condition of access to programming or other benefits. This information was verified through interviews with medical and mental health staff. GDC SOP 208.06, page 35, Section H(3)(e), provides that when the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interventions as a condition of access to programming or other benefits. During the interview process, medical and mental health staff confirmed that therapeutic and counseling interventions are available and that the facility considers participation in appropriate interventions when determining access to programming

	or other benefits. The Auditor determined that the facility has established a process consistent with §115.78(d), which requires a facility offering such interventions to consider whether participation should be required as a condition of access to programming or other benefits. **Provision (e)** The facility reported on the PAQ that inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to the contact. The Facility Head verified this requirement during the interview. GDC SOP 208.06, page 35, Section H(3)(f), provides that an inmate may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to the sexual contact. The policy therefore establishes the same limitation required by §115.78(e), which permits an agency to discipline an inmate for sexual contact with staff only after a finding that the staff member did not consent. **Provision (f)** The facility reported on the PAQ that the agency prohibits disciplinary action against an inmate for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even when the subsequent investigation does not establish sufficient evidence to substantiate the allegation. The Facility Head verified this requirement during the interview. GDC SOP 208.06, page 35, Section H(3)(g), provides that, for purposes of disciplinary action, a report of sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. This policy provision protects inmates from being disciplined simply because an allegation made in good faith cannot ultimately be substantiated. The Auditor found that the agency policy is consistent with §115.78(f), which expressly prohibits treating a good-faith report as false reporting or lying solely because the allegation cannot be substantiated. **Provision (g)** The facility reported on the PAQ that GDC prohibits sexual activity between inmates. The Facility Head confirmed this requirement during the interview. GDC SOP 208.06, page 34, Section H(3)(a), provides that the Department prohibits consensual sexual activity between inmates and that inmates may be subject to disciplinary action for such activity. The policy distinguishes consensual, non-coerced sexual activity from sexual abuse and provides that consensual sexual activity does

not constitute sexual abuse. The policy further provides that sexual contact between inmates is treated as non-consensual unless the investigation establishes otherwise.

Section 115.78(g) permits an agency, in its discretion, to prohibit all sexual activity between inmates and to discipline inmates for such activity. The standard does not, however, permit an agency to classify sexual activity as sexual abuse when the agency determines that the activity was not coerced.

The Auditor found that GDC has exercised the discretion permitted by §115.78(g) by prohibiting sexual activity between inmates while maintaining a distinction between prohibited consensual sexual activity and sexual abuse. The policy therefore addresses both components of the standard.

CONCLUSION

The Auditor reviewed the PAQ, GDC SOP 208.06, supporting documentation, and information obtained through interviews with the Facility Head and medical and mental health staff. The evidence demonstrated that GDC has established a formal disciplinary framework for addressing inmate-on-inmate sexual abuse and related prohibited sexual conduct.

The facility's disciplinary process requires an appropriate administrative or criminal finding before disciplinary sanctions are imposed for inmate-on-inmate sexual abuse. The agency policy requires sanctions to be commensurate with the nature and circumstances of the conduct, the inmate's disciplinary history, and comparable disciplinary sanctions. The policy also requires consideration of mental disabilities or mental illness that may have contributed to the inmate's behavior.

The facility has therapeutic and counseling interventions available to address underlying reasons or motivations associated with abusive behavior and considers whether participation should be required as a condition of access to programming or other benefits. The agency also limits discipline for sexual contact with staff to circumstances in which the staff member is found not to have consented and protects inmates from disciplinary action for good-faith reports of sexual abuse.

Finally, GDC has exercised the discretion permitted under §115.78(g) to prohibit sexual activity between inmates while distinguishing prohibited consensual sexual activity from sexual abuse when the conduct is determined to be non-coerced.

Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard §115.78, Disciplinary Sanctions for Inmates.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. Documentation 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.

The Auditor also reviewed GDC SOP Reference Number VH82-0001, Informed Consent, effective April 1, 2002. The Auditor examined the facility's procedures governing follow-up medical and mental health services for inmates whose intake screening identifies a history of sexual victimization or prior sexual abusiveness, as well as procedures governing the confidentiality and disclosure of information concerning prior sexual victimization.

The current PREA standard requires that, when the §115.41 screening identifies that a prison inmate has experienced prior sexual victimization, whether in an institutional or community setting, the inmate be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. When the screening identifies that a prison inmate has previously perpetrated sexual abuse, the inmate must be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The standard also requires that information concerning sexual victimization or abusiveness occurring in an institutional setting be strictly limited to medical and mental health practitioners and other staff who have a need for the information to inform treatment plans and security and management decisions, or as otherwise required by law. Medical and mental health practitioners must obtain informed consent before reporting information concerning prior sexual victimization that occurred outside an institutional setting, unless the inmate is under 18 years of age.

INTERVIEWS

Risk Screening Staff

During the interview process, staff responsible for conducting intake screenings explained that medical and mental health information is maintained separately from general institutional records in a secure database. Access to the database is restricted to authorized medical and mental health personnel.

Risk screening staff further explained that information concerning an inmate's medical or mental health history is not routinely shared with custody staff. When information is necessary for classification, housing, security, or other management decisions, it is provided only to those staff members with a legitimate need to know.

The information provided during the interview demonstrated that the facility recognizes the confidential nature of information concerning prior sexual victimization and limits access to such information based upon the need to make appropriate treatment, security, and management decisions.

Medical and Mental Health Staff

During interviews, medical and mental health staff reported that informed consent is obtained before information concerning prior sexual victimization that occurred outside an institutional setting is reported, unless the inmate is under 18 years of age.

Medical and mental health staff also described the facility's process for providing follow-up services to inmates whose intake screening identifies prior sexual victimization or a history of sexual abusiveness. Staff reported that inmates identified through screening as having such a history are offered a follow-up meeting with an appropriate medical or mental health practitioner within 14 days of the intake screening.

Staff further reported that encounters with inmates are documented in the appropriate medical or mental health records.

Inmate Who Disclosed Prior Sexual Victimization

The Auditor interviewed one inmate who had disclosed prior sexual victimization during the intake screening process. The inmate reported that a mental health referral was attempted on the day of intake for an appointment the following week. The inmate declined the referral, explaining that the incident had occurred a long time ago.

The interview provided evidence that the facility initiated the referral process after the inmate disclosed prior sexual victimization and offered access to mental health services within the required timeframe. The inmate's decision to decline the offered service did not negate the facility's obligation to make the offer, and the information obtained during the interview was consistent with the facility's stated referral process.

PROVISIONS

Provision (a)

The facility reported on the PAQ that inmates whose §115.41 intake screening indicates a history of prior sexual victimization are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility further reported that medical and mental health encounters are documented.

During the interview process, medical and mental health staff confirmed the facility's procedure for offering follow-up services to inmates whose screening identifies prior sexual victimization.

GDC SOP 208.06, page 25, Section D(7), requires inmates whose screening indicates that they have experienced prior sexual victimization, have a history of sexually assaultive behavior, or are alleged victims or aggressors in a sexual harassment or sexual abuse allegation to be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. Staff are required to document the

referral using Attachment 14, PREA Counseling Referral Form.

The Auditor interviewed an inmate who had disclosed prior sexual victimization during the screening process. The inmate reported that a mental health referral was initiated on the day of intake and that an appointment was offered for the following week. Although the inmate declined the referral, the interview provided evidence that the facility offered the required follow-up service.

The Auditor found that the facility's written policy and practices provide for timely follow-up with inmates whose screening identifies prior sexual victimization. This is consistent with §115.81(a), which requires an offer of a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Provision (b)

The facility reported on the PAQ that prison inmates whose §115.41 screening indicates that they have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Mental health staff maintain documentation of mental health service encounters.

Medical and mental health staff confirmed during the interview process that the facility provides follow-up mental health services when an inmate's screening identifies a history of prior sexual abusiveness.

GDC SOP 208.06, page 25, Section D(7), provides that inmates whose screening indicates a history of sexually assaultive behavior are to be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. The policy also requires completion of Attachment 14, PREA Counseling Referral Form, to document the referral.

The facility reported that there were no inmates who met the criteria for this provision at the time of the on-site audit. Consequently, there were no inmates in this category available for interview.

The Auditor found that the facility has established a written procedure requiring the timely offer of mental health services to inmates identified through screening as having previously perpetrated sexual abuse. This requirement is consistent with §115.81(b), which requires that prison inmates identified through §115.41 screening as having previously perpetrated sexual abuse be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Provision (c)

This provision is not applicable to Rutledge State Prison because the facility is a prison rather than a jail.

Section 115.81(c) specifically addresses the requirement for follow-up medical or mental health services for jail inmates whose §115.41 screening identifies prior sexual victimization. Because Rutledge State Prison is classified as a prison, the provision does not apply to this facility.

Provision (d)

The facility reported on the PAQ that information concerning sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff who require the information to inform treatment plans and security and management decisions. The facility identified housing, bed, work, education, and program assignments among the types of decisions for which such information may be necessary.

Risk screening staff confirmed during the interview that medical and mental health records are maintained in a separate and secure database. Access is limited to authorized medical and mental health personnel. Risk screening staff further explained that information is provided to classification and other appropriate management personnel only when there is a legitimate need to know.

The Auditor found that the facility's practices are consistent with §115.81(d), which requires information related to sexual victimization or abusiveness occurring in an institutional setting to be strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, or as otherwise required by federal, state, or local law.

The separation of medical and mental health records from general institutional records provides an additional safeguard for sensitive information. The interview evidence indicated that information is disclosed beyond medical and mental health personnel only when necessary for legitimate treatment, security, classification, or management purposes.

Provision (e)

The facility reported on the PAQ that medical and mental health practitioners obtain informed consent before reporting information concerning prior sexual victimization that occurred outside an institutional setting, unless the inmate is under 18 years of age. Medical and mental health staff confirmed this requirement during the interview process.

The Auditor reviewed GDC SOP Reference Number VH82-0001, Informed Consent, effective April 1, 2002. The policy establishes procedures for obtaining and documenting informed consent for medical examinations, procedures, and treatment. The policy requires inmates who are unable to read, write, or communicate effectively in English or Spanish to have the consent information explained in a language they understand. The signed consent form is maintained in the inmate's health record, and subsequent agreement to an examination, treatment, or procedure following an explanation constitutes implied consent as addressed by the policy.

The Auditor also considered the facility's interview evidence concerning the specific PREA requirement for obtaining informed consent before reporting information about prior sexual victimization that occurred outside an institutional setting. Medical and mental health staff confirmed that consent is obtained before such information is reported, except when the inmate is under 18 years of age.

	The requirement in §115.81(e) is specifically directed toward the reporting of information concerning prior sexual victimization that did not occur in an institutional setting. The standard requires informed consent before such information is reported unless the inmate is under 18. **CONCLUSION** The Auditor reviewed the PAQ, GDC SOP 208.06, GDC SOP Reference Number VH82-0001, Informed Consent, supporting documentation, and information obtained through interviews with Risk Screening Staff, medical and mental health staff, and an inmate who disclosed prior sexual victimization. The evidence demonstrated that Rutledge State Prison has established procedures to identify inmates with histories of prior sexual victimization or sexual abusiveness and to offer appropriate follow-up medical or mental health services within the timeframe required by the PREA standard. The facility's procedures also provide safeguards concerning the confidentiality of sensitive information and limit access to personnel with a legitimate need to know for treatment, security, classification, and management purposes. The Auditor found that inmates identified through screening as having experienced prior sexual victimization are offered follow-up services within 14 days of intake screening. The facility also has a process for offering mental health follow-up to inmates identified as having previously perpetrated sexual abuse. Medical and mental health staff confirmed the facility's procedures for obtaining informed consent before reporting information concerning prior sexual victimization that occurred outside an institutional setting, subject to the exception for inmates under 18 years of age. The facility is a prison; therefore, §115.81(c), which addresses jail inmates, is not applicable. Based upon the totality of the evidence reviewed, the Auditor determined that Rutledge State Prison meets the requirements of PREA Standard §115.81, Medical and Mental Health Screenings; History of Sexual Abuse.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. The Auditor also reviewed 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.

Section 115.82 requires inmate victims of sexual abuse to receive timely and unimpeded access to emergency medical treatment and crisis intervention services, with the nature and scope of those services determined by qualified medical and mental health practitioners according to their professional judgment. The standard further requires appropriate first-responder actions when qualified medical or mental health practitioners are not on duty, timely information and access to emergency contraception and sexually transmitted infection prophylaxis when medically appropriate, and treatment at no financial cost to the victim regardless of whether the victim identifies the alleged abuser or cooperates with an investigation.

INTERVIEWS

Medical and Mental Health Staff

During interviews, medical and mental health staff reported that treatment is provided immediately following a report of sexual abuse and that the nature and scope of treatment are determined according to professional judgment and the individual medical and mental health needs of the inmate. Medical and mental health staff reported working collaboratively to ensure that the inmate receives appropriate treatment and follow-up services.

Medical and mental health staff further reported that inmates are provided information concerning sexually transmitted infection prophylaxis and other medically indicated services. Emergency contraception and sexually transmitted infection prophylaxis are offered in accordance with professionally accepted standards of care and when medically appropriate.

Medical staff described the facility's response when an inmate arrives in the medical department following a report of sexual assault. The inmate receives an initial assessment by a physician to determine the nature of any injuries and to assist in determining whether the inmate can safely remain at the facility or requires immediate transportation to a hospital. When a Sexual Assault Response Team (SART) response is initiated, the nurse provides treatment and care recommendations before the inmate leaves the facility, and the facility physician completes the necessary medical orders. Medical staff also reported that inmates receive information concerning sexually transmitted infection prophylaxis and other medically appropriate care.

The information provided by medical staff was consistent with the facility's stated procedures and with the requirements of §115.82(a) and (c), which require timely access to emergency medical treatment and crisis intervention services and timely information about and access to emergency contraception and sexually transmitted infection prophylaxis when medically appropriate.

Inmates Who Reported Sexual Abuse

The Auditor interviewed inmates who had reported sexual abuse to assess their actual experience in accessing medical and mental health services following an allegation.

The interviewed inmates reported that facility staff were responsive when they reported the alleged abuse. They reported being offered referrals to medical and mental health services and, when a forensic medical examination was indicated, being referred for the examination promptly. Inmates who were referred for a forensic examination reported that they were offered the assistance of a victim advocate. Those inmates reported that the victim advocate accompanied them during the examination and helped them understand what to expect during the process.

The interviewed inmates also reported that they were not required to pay for medical treatment associated with the reported sexual abuse. All interviewed inmates reported that they had not been asked to submit to a polygraph examination. The inmates further reported receiving written notification of the outcome of the investigation.

These interviews provided additional evidence that inmates who reported sexual abuse were able to obtain medical and mental health services without unnecessary barriers and without financial cost.

First Responders – Security Staff

During interviews, security staff designated as first responders demonstrated an understanding of their responsibilities when responding to a report of recent sexual abuse. Security first responders reported that their immediate responsibilities include protecting the victim, notifying the appropriate medical and mental health practitioners, and preserving evidence.

Their responses were consistent with the requirements of §115.82(b), which requires security first responders, when qualified medical or mental health practitioners are not on duty, to take preliminary steps to protect the victim pursuant to §115.62 and immediately notify the appropriate medical and mental health practitioners.

First Responders – Non-Security Staff

Non-security first responders reported that their initial responsibility is to protect the victim and ensure that the appropriate security personnel are notified. They reported remaining with the inmate until security first responders arrive.

The information provided during these interviews demonstrated an understanding of the facility's coordinated response responsibilities and the importance of ensuring that an inmate reporting recent sexual abuse is protected and promptly connected with the appropriate medical and mental health services.

PROVISIONS

PROVISION (a)

Section 115.82(a) requires that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of those services must be determined by medical and mental health practitioners according to their professional judgment.

The facility reported through the PAQ that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of those services are determined by qualified medical and mental health practitioners based upon their professional judgment.

This information was verified through interviews with medical and mental health staff. Staff reported that treatment is initiated promptly following a report of sexual abuse and that medical and mental health professionals determine the appropriate course of treatment based upon the inmate's condition and identified needs. Medical and mental health staff reported working together to ensure that appropriate services are provided.

The Auditor also reviewed records concerning inmates who had alleged sexual abuse. The records reviewed demonstrated that inmates were offered referrals for medical and mental health services following their allegations and that access to appropriate services was provided within the applicable timeframe.

GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, page 36, Section I, requires the Department to provide prompt and appropriate medical and mental health services in compliance with 28 CFR §115 and in accordance with SOP 507.04.85, Informed Consent, and SOP 507.04.91, Medical Management of Suspected Sexual Assault.

The Auditor's review of the documentation, interviews with medical and mental health staff, and interviews with inmates who reported sexual abuse provided consistent evidence that Rutledge State Prison provides timely and unimpeded access to emergency medical and crisis intervention services and that the nature and scope of those services are determined by qualified health care professionals.

PROVISION (b)

Section 115.82(b) requires that when no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to §115.62 and immediately notify the appropriate medical and mental health practitioners.

The facility reported through the PAQ that, when qualified medical or mental health practitioners are not on duty when a report of recent sexual abuse is made, security staff first responders take immediate preliminary steps to protect the inmate and notify the appropriate medical and mental health practitioners.

Security first responders verified this process during interviews. They identified protection of the victim and immediate notification of medical and mental health personnel as primary responsibilities following a report of recent sexual abuse. Non-

security first responders similarly reported that their responsibility is to protect the inmate, notify security personnel, and remain with the inmate until security first responders arrive.

GDC SOP 208.06, page 36, Section I, requires the Department to provide prompt and appropriate medical and mental health services following an allegation of sexual abuse and establishes the related medical procedures through SOP 507.04.85 and SOP 507.04.91.

The Auditor determined that the facility has established procedures and that interviewed first responders demonstrated an understanding of their responsibilities to protect the inmate and ensure immediate notification of appropriate medical and mental health personnel when health care practitioners are not immediately available.

PROVISION (c)

Section 115.82(c) requires inmate victims of sexual abuse while incarcerated to be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care and where medically appropriate.

The facility reported through the PAQ that inmates who are victims of sexual abuse while incarcerated are provided timely information about and access to emergency contraception and sexually transmitted infection prophylaxis when medically appropriate.

During interviews, medical and mental health staff confirmed that treatment is initiated promptly and that the services provided are determined by professional judgment and the inmate's medical needs. Staff specifically reported that information concerning sexually transmitted infection prophylaxis and other necessary treatment is provided following an allegation of sexual abuse. Medical staff further reported that the inmate is provided with appropriate recommendations for treatment and care following a SART response and that the facility physician completes the necessary orders.

GDC SOP 208.06, page 36, requires that inmates who become victims of sexual abuse while incarcerated be offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis according to professionally accepted standards of care and where medically appropriate.

The Auditor's interviews with medical and mental health staff provided verification that the facility's response is based upon professional medical judgment and includes timely information concerning and access to sexually transmitted infection prophylaxis and other medically appropriate services.

PROVISION (d)

Section 115.82(d) requires treatment services to be provided to the victim without financial cost and regardless of whether the victim identifies the alleged abuser or

	cooperates with an investigation arising from the incident. The facility reported through the PAQ that treatment services are provided to inmate victims without financial cost and regardless of whether the victim names the alleged abuser or cooperates with an investigation. Medical staff confirmed this requirement during interviews. In addition, inmates who reported sexual abuse stated that they did not incur costs for medical treatment associated with the reported abuse. The interviewed inmates also reported that they received medical and mental health referrals and that they were not required to cooperate with an investigation as a condition of receiving medical treatment. GDC SOP 208.06, page 16, Section B(c), provides that treatment services shall be provided to the inmate victim without financial cost and regardless of whether the victim identifies the alleged abuser or cooperates with an investigation arising from the incident. **CONCLUSION** Based upon the review and analysis of the PAQ, supporting documentation, applicable GDC policies, interviews with medical and mental health staff, interviews with security and non-security first responders, and interviews with inmates who reported sexual abuse, the Auditor determined that Rutledge State Prison meets all applicable provisions of PREA Standard §115.82, Access to Emergency Medical and Mental Health Services. The totality of the evidence demonstrated that inmate victims of sexual abuse have timely and unimpeded access to emergency medical treatment and crisis intervention services; that the nature and scope of treatment are determined by qualified medical and mental health professionals according to their professional judgment; that appropriate procedures are in place for first responders when health care practitioners are not immediately available; that inmates receive timely information about and access to emergency contraception and sexually transmitted infection prophylaxis when medically appropriate; and that treatment services are provided without financial cost and without regard to whether the inmate identifies the alleged abuser or cooperates with an investigation.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting

documentation provided by Rutledge State Prison. The Auditor also reviewed 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, and GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018.

PREA Standard §115.83 requires prisons to offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. The standard further requires appropriate follow-up services, treatment plans, and referrals for continued care when necessary following transfer, placement in another facility, or release from custody. Services must be consistent with the community level of care and provided without financial cost to the victim, regardless of whether the victim identifies the alleged abuser or cooperates with an investigation. The standard also requires sexually abused inmates to be offered sexually transmitted infection testing when medically appropriate and requires prisons to attempt a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history, with treatment offered when deemed appropriate by mental health practitioners.

INTERVIEWS

Medical and Mental Health Staff

During interviews, medical and mental health staff reported that treatment is initiated promptly following a report of sexual abuse and that the nature and scope of services are determined according to professional medical and mental health judgment. Staff reported that all inmates who have been victimized by sexual abuse are offered medical and mental health evaluation and, when clinically indicated, treatment.

Medical and mental health staff reported that services provided to victims are consistent with the community level of care and are based upon the individual needs of the inmate. Staff described an ongoing collaborative approach between medical and mental health services to ensure that inmates receive appropriate evaluation, treatment, follow-up, treatment planning, and referrals when additional services are indicated.

Medical and mental health staff further reported that services are provided without financial cost to the inmate and regardless of whether the inmate identifies the alleged abuser or cooperates with an investigation arising from the incident. Staff also reported that inmates who have been sexually abused while incarcerated are offered testing for sexually transmitted infections when medically appropriate.

Medical and mental health staff described a process that includes continued assessment and follow-up following an allegation of sexual abuse. This includes treatment planning and referral to additional services when clinically indicated. Staff demonstrated an understanding that the provision of ongoing care extends beyond the initial response to an allegation and may require continued monitoring and treatment based upon the inmate's individual needs.

Mental health staff reported that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history. Mental health treatment is offered when the practitioner determines that treatment is appropriate and beneficial to the inmate. This process is consistent with the specific requirement of §115.83(h).

Inmates Who Reported Sexual Abuse

The Auditor interviewed inmates who had reported sexual abuse to assess their experiences with the facility's medical and mental health response.

The interviewed inmates reported that facility staff were responsive when they reported the alleged abuse. They reported being offered referrals for medical and mental health services and being referred promptly for a forensic examination when such an examination was indicated.

Inmates who were referred for forensic examination reported that they were offered the assistance of a victim advocate. They reported that the victim advocate accompanied them during the examination and assisted them in understanding what would occur during the examination process.

The interviewed inmates reported that they did not incur costs for medical treatment associated with the reported sexual abuse. They also reported that they were not asked to submit to a polygraph examination and that they received written notification of the results of the investigation.

These interviews provided additional evidence that inmates reporting sexual abuse were connected with medical and mental health services and that the facility's response included both immediate and continuing care.

PROVISIONS

PROVISION (a)

Section 115.83(a) requires the facility to offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse.

The facility reported through the PAQ that all inmates who have been victimized by sexual abuse are offered medical and mental health evaluation and, as appropriate, treatment. This information was verified through interviews with medical and mental health staff.

Medical and mental health staff reported that inmates who report sexual abuse receive an evaluation and that treatment is provided when clinically indicated. Staff reported that treatment decisions are based upon professional judgment and the individual needs of the inmate. Medical and mental health personnel work collaboratively to ensure that appropriate services are provided.

The Auditor reviewed documentation produced by the facility concerning the

provision of medical and mental health services. The documentation included evidence of services consistent with the community level of care, including sexually transmitted infection testing and prophylaxis when medically indicated, psychiatric and psychological services, crisis intervention, evaluation, and follow-up care.

GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, pages 3–4, Section 3, requires mental health staff to treat inmates reporting sexual abuse, sexual misconduct, or sexual harassment in a professionally sensitive and nonjudgmental manner. The policy requires an initial mental health evaluation to assess the emotional impact of the alleged incident within one business day, or sooner when the situation is determined to be an emergency. The policy also appropriately distinguishes clinical care from the investigative process by providing that the mental health evaluation is not an investigation and that the mental health practitioner conducting the clinical evaluation does not participate in determining guilt, innocence, truth, or falsehood.

PROVISION (b)

Section 115.83(b) requires that the evaluation and treatment of sexual abuse victims include, as appropriate, follow-up services and treatment plans and, when necessary, referrals for continued care following transfer to or placement in another facility or release from custody.

The facility reported through the PAQ that evaluation and treatment include appropriate follow-up services, treatment plans, and referrals for continued care when necessary. Medical and mental health staff verified this process during interviews.

The Auditor's review of supporting documentation demonstrated that the facility maintains documentation of medical and mental health evaluations and subsequent follow-up. Records reviewed contained professional documentation of evaluations, treatment provided, follow-up appointments, and continued interaction with medical and mental health staff.

Medical and mental health staff reported that follow-up care is based upon the inmate's clinical needs and may include continued medical or mental health appointments, treatment planning, additional testing or treatment, and referral to other services when necessary. Staff also demonstrated an understanding that appropriate continuity of care must be addressed when an inmate is transferred to another facility or released from custody.

The facility's policy further requires that evaluation and treatment include appropriate follow-up services, treatment plans, and referrals for continued care following transfer or release.

The Auditor determined that the evidence reviewed demonstrates that Rutledge State Prison has established processes for providing continuing care following the initial response to sexual abuse and for addressing ongoing treatment needs.

PROVISION (c)

Section 115.83(c) requires the facility to provide victims of sexual abuse with medical and mental health services consistent with the community level of care.

The facility reported through the PAQ that victims of sexual abuse receive medical and mental health services consistent with the community level of care. Medical and mental health staff verified this requirement during interviews.

The documentation reviewed by the Auditor included evidence of medical and mental health services provided to inmates following allegations of sexual abuse. The records demonstrated access to medical assessment, mental health evaluation, treatment, crisis intervention, sexually transmitted infection testing and treatment when medically appropriate, and follow-up services.

GDC SOP 208.06 requires that inmate victims of sexual abuse receive medical and mental health services consistent with the community level of care. GDC SOP 508.22 further establishes procedures for a timely clinical mental health evaluation following a report of sexual abuse and provides for treatment and interventions as clinically indicated.

PROVISION (d)

Section 115.83(d) requires inmate victims of sexually abusive vaginal penetration while incarcerated to be offered pregnancy tests.

This provision is not applicable to Rutledge State Prison because the facility is an all-male prison. Accordingly, there are no inmates at the facility for whom pregnancy testing under this provision would be applicable.

PROVISION (e)

Section 115.83(e) requires that, when pregnancy results from conduct described in §115.83(d), the victim receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

This provision is not applicable to Rutledge State Prison because the facility is an all-male prison and §115.83(d) is not applicable.

PROVISION (f)

Section 115.83(f) requires that inmate victims of sexual abuse while incarcerated be offered testing for sexually transmitted infections as medically appropriate.

The facility reported through the PAQ that inmate victims of sexual abuse are offered testing for sexually transmitted infections when medically appropriate. Medical staff verified this requirement during the interview process.

Medical staff reported that sexually transmitted infection testing is offered based upon the circumstances of the reported abuse and the inmate's medical needs. Staff further reported that treatment and prophylaxis are provided when medically indicated and in accordance with professional standards of care.

GDC SOP 208.06 requires that inmates who become victims of sexual abuse while incarcerated be offered testing for sexually transmitted infections as medically appropriate.

The Auditor's review of facility documentation also identified evidence of sexually transmitted infection testing and related medical services. The evidence reviewed supports the facility's implementation of this provision.

PROVISION (g)

Section 115.83(g) requires treatment services to be provided to the victim without financial cost and regardless of whether the victim identifies the alleged abuser or cooperates with an investigation arising from the incident.

The facility reported through the PAQ that treatment services are provided without financial cost to the inmate and regardless of whether the inmate identifies the alleged abuser or cooperates with an investigation.

Medical and mental health staff confirmed this requirement during interviews. Inmates who reported sexual abuse also confirmed that they were not required to pay for medical treatment associated with their reports of sexual abuse.

GDC SOP 208.06, page 16, Section B(c), provides that treatment services shall be provided to alleged victims without financial cost, regardless of whether the victim identifies the alleged abuser or cooperates with an investigation arising from the incident.

PROVISION (h)

Section 115.83(h) requires all prisons to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history and to offer treatment when deemed appropriate by mental health practitioners.

The facility reported through the PAQ that it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history and offers treatment when deemed appropriate by mental health practitioners. Mental health staff verified this process during the interview.

Mental health staff explained that when an inmate is identified as a known inmate-on-inmate abuser, an attempt is made to conduct a mental health evaluation within the required 60-day period. Treatment is offered when the mental health practitioner determines that treatment is clinically appropriate and beneficial.

The Auditor also reviewed GDC SOP 208.06, page 25, Section D(7). The policy requires inmates whose screening indicates prior sexual victimization or a history of sexually assaultive behavior, as well as inmates identified as alleged victims or aggressors in a sexual harassment or sexual abuse allegation, to be offered a follow-up meeting with medical and mental health counseling within 14 days of screening. The policy requires completion of Attachment 14, PREA Counseling Referral Form.

	While the facility's 14-day counseling referral process is related to and supportive of its broader mental health response, the specific requirement of §115.83(h) is the attempted mental health evaluation of known inmate-on-inmate abusers within 60 days. Mental health staff specifically described a process addressing this requirement. Based upon the interview evidence and policy review, the Auditor determined that the facility has established a process for attempting to conduct the required mental health evaluation and for offering treatment when deemed appropriate by mental health practitioners. **CONCLUSION** Based upon the totality of the evidence reviewed, including the PAQ, supporting documentation, applicable GDC policies, medical and mental health staff interviews, and interviews with inmates who reported sexual abuse, the Auditor determined that Rutledge State Prison meets all applicable provisions of PREA Standard §115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The evidence demonstrated that inmates who have been victimized by sexual abuse are offered medical and mental health evaluation and, as appropriate, treatment; that follow-up services, treatment planning, and referrals for continued care are provided when indicated; that services are consistent with the community level of care; that sexually transmitted infection testing is offered when medically appropriate; and that treatment is provided without financial cost regardless of whether an inmate identifies the alleged abuser or cooperates with an investigation. The facility also demonstrated an established process for attempting to conduct mental health evaluations of known inmate-on-inmate abusers within the 60-day timeframe required by §115.83(h), with treatment offered when deemed appropriate by mental health practitioners. Provisions (d) and (e) are not applicable because Rutledge State Prison is an all-male facility.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. The Auditor also reviewed 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, including Attachment 9, Sexual Abuse Incident Review (SAIR) Checklist.

PREA Standard §115.86 requires a prison, jail, or juvenile facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including an administrative or criminal investigation, unless the allegation has been determined to be unfounded. The review is required to occur within 30 days of the conclusion of the investigation and must consider the specific factors identified in the standard, including whether the incident was motivated by factors such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics; whether physical barriers, staffing levels, staffing patterns, or monitoring technology contributed to the incident; and whether policy, practice, or training deficiencies contributed to the incident.

The standard further requires that the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility must prepare a report of its findings, including determinations and recommendations for improvement, and submit the report to the facility head and the PREA compliance manager. The facility must implement recommendations for improvement or document its reasons for not doing so.

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that the Sexual Abuse Incident Review Team (SAIRT) is composed of executive-level and upper-level management personnel representing multiple areas of facility operations. The Facility Head described the review process as a multidisciplinary examination of the circumstances surrounding an incident and the facility's response.

The Facility Head further indicated a commitment to considering recommendations generated through the sexual abuse incident review process and incorporating appropriate recommendations into facility operations. When recommendations identify an opportunity for improvement, the facility considers the recommendation and determines the appropriate action, subject to any required GDC approval.

PREA Compliance Manager

During the interview, the PREA Compliance Manager (PCM) explained that the report generated through the Sexual Abuse Incident Review process is submitted to both the PCM and the Facility Head. The PCM confirmed that the SAIRT conducts its review within 30 days following the conclusion of the applicable criminal or administrative sexual abuse investigation.

The PCM's description of the review process was consistent with the facility's PAQ responses, supporting documentation, and the requirements of §115.86.

Sexual Abuse Incident Review Team

Members of the Sexual Abuse Incident Review Team reported that the team consists of upper-level management officials and incorporates input from other personnel with relevant knowledge of the incident and facility operations. The review process allows

for input from line supervisors, investigators, and medical or mental health practitioners.

During the interview, members of the team demonstrated an understanding of the purpose of the SAIR and the factors that must be considered when reviewing a sexual abuse incident. Team members reported that the review considers the circumstances surrounding the allegation, the facility's response, and whether changes or improvements are necessary to reduce the potential for similar incidents.

Team members also confirmed that the completed Sexual Abuse Incident Review report is submitted to the Facility Head and the PREA Compliance Manager.

PROVISIONS

PROVISION (a)

Section 115.86(a) requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including an administrative or criminal investigation, unless the allegation has been determined to be unfounded.

The facility reported through the PAQ that it conducts a sexual abuse incident review following the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The facility reported that 15 criminal and/or administrative investigations of alleged sexual abuse had been completed during the previous 12 months, excluding allegations determined to be unfounded.

This information was verified through interview with the Facility Head and through the Auditor's review of 13 sexual abuse investigation files. In each of the 13 files reviewed, the Auditor found documentation demonstrating that a Sexual Abuse Incident Review had been conducted following the conclusion of the investigation and within the required 30-day period.

GDC SOP 208.06, page 36, Section J(1), requires the facility SAIRT to conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The purpose of the review is to assess the facility's PREA prevention, detection, and response efforts, as outlined in Attachment 9, Sexual Abuse Incident Review Checklist. The policy specifies that reviews are not required for sexual harassment allegations or incidents determined to be unfounded or not PREA-related.

The documentation reviewed by the Auditor demonstrated that the facility is implementing its incident review process following applicable sexual abuse investigations. The sample of 13 investigation files provided direct evidence that the required review process was completed.

PROVISION (b)

Section 115.86(b) requires the sexual abuse incident review to ordinarily occur within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The facility reported through the PAQ that sexual abuse incident reviews are ordinarily conducted within 30 days following the conclusion of the applicable investigation, sans unfounded allegations. The facility reported that each of the 15 applicable criminal and/or administrative sexual abuse investigations completed during the previous 12 months was followed by a SAIR within the required timeframe.

The Auditor's review of 13 sexual abuse investigation files independently verified the reported practice. Each file reviewed contained documentation of a Sexual Abuse Incident Review conducted within 30 days of the conclusion of the investigation.

The facility uses Attachment 9, Sexual Abuse Incident Review Checklist, to document the review. The checklist provides a structured mechanism for the SAIRT to document its examination of the incident and the facility's prevention, detection, and response efforts.

PROVISION (c)

Section 115.86(c) requires the review team to include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The facility reported through the PAQ that the SAIR includes upper-level management officials and incorporates input from line supervisors, investigators, and medical or mental health practitioners. This information was verified through interviews with the Facility Head and members of the SAIRT.

The Facility Head described the team as a multidisciplinary group composed of executive-level and upper-level management personnel representing multiple areas of facility operations. SAIR members confirmed that the review process permits input from line supervisors, investigators, and medical or mental health practitioners. This multidisciplinary structure allows the facility to consider the incident from operational, investigative, medical, mental health, supervisory, and PREA compliance perspectives.

GDC SOP 208.06 requires an administrative review of applicable alleged sexual abuse and staff sexual harassment incidents, unless the allegation is determined to be unfounded. The policy requires the Warden to obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. The policy further provides for participation by upper-level management and relevant subject-matter personnel.

PROVISION (d)

Section 115.86(d) requires the facility to prepare a report of the findings from the sexual abuse incident review. The report must include, but is not limited to, determinations made pursuant to the standard and any recommendations for improvement. The report must be submitted to the facility head and the PREA compliance manager.

The facility reported through the PAQ that it prepares a report documenting the

findings of the SAIR, including applicable determinations and recommendations for improvement, and submits the report to the Facility Head and PCM. This was verified through the interview with the PCM.

The PCM confirmed that the SAIR report is provided to both the PCM and Facility Head following completion of the review. The Auditor also reviewed documentation demonstrating use of the Sexual Abuse Incident Review process and Attachment 9, which provides a structured format for documenting the review.

GDC SOP 208.06, through the SAIR requirements and Attachment 9, establishes the process for reviewing and documenting the facility's PREA prevention, detection, and response efforts following applicable sexual abuse investigations. The policy requires the review to be completed within 30 days and documents the circumstances under which a review is required.

PROVISION (e)

Section 115.86(e) requires the facility to implement the recommendations for improvement made as a result of the sexual abuse incident review or document its reasons for not doing so.

The facility reported through the PAQ that recommendations resulting from a SAIR are implemented when appropriate or that the facility documents its reasons for not implementing a recommendation. During the interview, the Facility Head confirmed the facility's commitment to considering recommendations generated through the review process and incorporating appropriate improvements into facility operations.

GDC SOP 208.06 requires the review team to include upper-level management officials and obtain appropriate input from security supervisors, investigators, and medical or mental health practitioners. The policy further requires the facility to implement recommendations resulting from the review or document the reasons for not doing so. The policy provides that approval for improvements must be obtained from GDC when required.

The Facility Head demonstrated an understanding that the SAIR process is intended to be more than a retrospective review of an incident. The process is also intended to identify opportunities to strengthen the facility's PREA prevention, detection, and response efforts. Recommendations are therefore considered for implementation, with the facility documenting the rationale when a recommendation is not implemented and obtaining the necessary agency approval for improvements when required.

CONCLUSION

Based upon the totality of the evidence reviewed, including the PAQ, supporting documentation, GDC policy, Attachment 9, interviews with the Facility Head, PREA Compliance Manager, and Sexual Abuse Incident Review Team members, and the Auditor's review of 13 sexual abuse investigation files, the Auditor determined that Rutledge State Prison meets all applicable provisions of PREA Standard §115.86,

	Sexual Abuse Incident Reviews. The evidence demonstrated that the facility conducts sexual abuse incident reviews following applicable criminal and administrative sexual abuse investigations, that the reviews are completed within the required 30-day timeframe, and that the reviews are conducted by a multidisciplinary team that includes upper-level management and incorporates appropriate input from line supervisors, investigators, and medical or mental health practitioners. Further evidence demonstrated that the facility documents the findings of the reviews, submits the resulting reports to the Facility Head and PREA Compliance Manager, and maintains a process for implementing recommendations for improvement or documenting the reasons for not implementing them. The documentation reviewed by the Auditor provided direct evidence of the facility's implementation of the incident review process.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by Rutledge State Prison. The Auditor also reviewed 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, and the 2021 Survey of Sexual Victimization (SSV-2). PREA Standard §115.87 requires the agency to collect accurate and uniform data concerning every allegation of sexual abuse at facilities under its direct control using standardized instruments and definitions. The agency must aggregate incident-based sexual abuse data at least annually, ensure that the data collected contains the information necessary to respond to the most recent Survey of Sexual Violence conducted by the U.S. Department of Justice, and maintain, review, and collect information as needed from available incident-based documentation, including reports, investigation files, and sexual abuse incident reviews. The agency must also obtain incident-based and aggregated data from private facilities with which it contracts for the confinement of its inmates and, upon request, provide the previous calendar year's data to the Department of Justice no later than June 30. Because several requirements of this standard are performed at the agency level, the Auditor considered the facility's role in GDC's established data-collection system as

well as the agency-level evidence provided during the audit.

INTERVIEWS

PREA Coordinator

During the interview, the PREA Coordinator (PC) described the agency's process for collecting, maintaining, reviewing, and reporting PREA-related data. The PC reported that the agency collects incident-based information from facilities under its direct control and maintains the information necessary to aggregate sexual abuse data and respond to the data requests of the U.S. Department of Justice.

The PC explained that the agency obtains information from available incident-based documentation, including reports, investigation files, and Sexual Abuse Incident Reviews. The PC further reported that the agency obtains both incident-based and aggregated data from private facilities with which GDC contracts for the confinement of its inmates.

The PC also reported that, upon request, the agency provides the previous calendar year's PREA data to the Department of Justice no later than June 30, consistent with the timeframe established by §115.87(f). The PC demonstrated an understanding of the agency's responsibility to maintain sufficient information to respond to the Department of Justice's Survey of Sexual Violence and other applicable data requests.

PREA Compliance Manager

During the interview, the PREA Compliance Manager (PCM) confirmed that the agency maintains, reviews, and collects data as needed from available incident-based documentation. This includes sexual abuse reports, investigation files, and Sexual Abuse Incident Review documentation.

The PCM described the facility's participation in the agency's broader data-collection process and confirmed that information concerning sexual abuse allegations and their dispositions is incorporated into the agency's PREA data system.

PROVISIONS

PROVISION (a)

Section 115.87(a) requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The facility reported through the PAQ that the agency collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and established definitions. The PC verified this process during the interview.

GDC SOP 208.06, page 36, Section 2(a), establishes a standardized monthly reporting process. Each facility is required to submit a report to the Department's PREA Analyst using the electronic spreadsheet provided by the PREA Coordinator's Office. The

report must be submitted by email no later than the third calendar day of the month following the reporting month. The policy requires all allegations investigated during the reporting month to be included along with the appropriate disposition, and the monthly report must be completed in accordance with the Facility PREA Log User Guide.

GDC SOP 208.06, page 36, Section 2(b), further requires each facility to submit a copy of Attachment 9, Sexual Abuse Incident Review Checklist, for each SAIRT meeting held during the reporting month. These documents are also submitted to the Department no later than the third calendar day of the following month.

The Auditor's review of the facility's documentation and interviews with the PC and PCM demonstrated that Rutledge State Prison participates in the agency's standardized PREA data-collection process. The use of a standardized reporting instrument and defined reporting requirements provide a consistent mechanism for capturing allegations and their dispositions across facilities.

PROVISION (b)

Section 115.87(b) requires the agency to aggregate incident-based sexual abuse data at least annually.

The facility reported through the PAQ that the agency aggregates incident-based sexual abuse data at least annually. The PC confirmed this process during the interview.

The Auditor reviewed the most recent Annual PREA Report provided by the agency. The report demonstrated that GDC aggregates PREA-related incident data and uses the resulting information to assess sexual abuse trends and facility operations.

GDC SOP 208.06, page 37, Section 2(c), requires the Department to review collected and aggregated sexual abuse data for purposes that include improving staff performance, identifying problem areas, improving facility operations, and improving inmate sexual safety. The policy further requires the Department to publish its data in an annual report, compare data across years, and provide an assessment of the agency's progress in addressing sexual abuse.

The evidence reviewed demonstrates that GDC aggregates incident-based sexual abuse data on an annual basis and uses the aggregated information as part of its broader PREA oversight and review process.

PROVISION (c)

Section 115.87(c) requires the incident-based data collected by the agency to include, at a minimum, the information necessary to answer all questions contained in the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The facility reported through the PAQ that the agency's standardized data-collection instrument contains, at a minimum, the data necessary to respond to the most recent

Survey of Sexual Violence conducted by the Department of Justice. The PC verified this requirement during the interview.

The Auditor reviewed the agency's most recent SSV-2 submission. The review provided evidence that the agency maintains and reports the incident-based information necessary to respond to the Department of Justice's Survey of Sexual Violence.

GDC SOP 208.06, pages 36–37, requires the agency's annual PREA report to be forwarded to the U.S. Department of Justice, Bureau of Justice Statistics. The policy also requires the Department to provide applicable data from the previous calendar year upon request by the Department of Justice.

The agency's standardized reporting process, together with the SSV-2 documentation reviewed by the Auditor, demonstrated that the data-collection system is structured to capture information necessary for the Department of Justice's sexual victimization survey.

PROVISION (d)

Section 115.87(d) requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility reported through the PAQ that the agency maintains, reviews, and collects data as needed from available incident-based documentation. The PC verified this process during the interview.

The PC explained that the agency's data-collection process draws upon incident-based information maintained in reports, investigation files, and Sexual Abuse Incident Review documentation. The PCM similarly confirmed that these records are used in the agency's ongoing collection and review of PREA-related information.

GDC SOP 208.06, page 36, Section 2(a), requires facilities to report all allegations investigated during the reporting month, together with their appropriate dispositions, through the standardized electronic reporting system. The required monthly reporting process provides the agency with continuing access to incident-based information from individual facilities.

PROVISION (e)

Section 115.87(e) requires the agency to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

The facility reported through the PAQ that the agency obtains incident-based and aggregated PREA data from every private facility with which it contracts for the confinement of inmates. The PC verified this during the interview.

The PC reported that GDC incorporates information from contracted private facilities into its agency-level PREA data-collection process. This allows the agency to maintain

information concerning sexual abuse allegations and outcomes involving inmates housed in contracted facilities and to include that information in its broader data-collection and reporting responsibilities.

GDC SOP 208.06 establishes an agency-wide process for the collection and aggregation of PREA data and requires the agency's annual reporting to include comparative information concerning sexual abuse and the agency's progress in addressing sexual abuse.

PROVISION (f)

Section 115.87(f) requires the agency, upon request, to provide the Department of Justice with all applicable sexual abuse data from the previous calendar year no later than June 30.

The facility reported through the PAQ that the agency provides the Department of Justice with data from the previous calendar year upon request. The PC verified this requirement during the interview.

The PC reported that GDC maintains the data necessary to respond to Department of Justice requests and would provide the previous calendar year's information no later than June 30 when requested.

The Auditor reviewed the most recent SSV-2 submitted by the agency. The submission provided evidence that GDC maintains and reports the information required by the Department of Justice concerning sexual victimization.

GDC SOP 208.06, pages 36–37, requires the agency's annual PREA report to be forwarded to the U.S. Department of Justice, Bureau of Justice Statistics, and further provides that the Department shall provide applicable data from the previous calendar year upon request by the Department of Justice.

CONCLUSION

Based upon the totality of the evidence reviewed, including the PAQ, supporting documentation, GDC SOP 208.06, the most recent Annual PREA Report, the 2021 Survey of Sexual Victimization (SSV-2), and interviews with the PREA Coordinator and PREA Compliance Manager, the Auditor determined that Rutledge State Prison meets all applicable provisions of PREA Standard §115.87, Data Collection.

The evidence demonstrated that GDC has established a standardized system for collecting accurate and uniform incident-based sexual abuse data from facilities under its direct control; aggregates that information at least annually; maintains data sufficient to respond to the Department of Justice's Survey of Sexual Violence; and maintains, reviews, and collects information from reports, investigation files, and Sexual Abuse Incident Reviews.

Further evidence demonstrated that the agency obtains applicable PREA data from private facilities with which it contracts for inmate confinement and maintains a process for providing the previous calendar year's data to the Department of Justice upon request and within the required timeframe.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility and agency. Documentation 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; the most recent Survey of Sexual Victimization (SSV-2); the most recent GDC PREA Annual Data Report; and the GDC PREA webpage. The current PREA standard requires the agency to review and aggregate sexual abuse data collected pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The review must include identification of problem areas, ongoing corrective action, and preparation of an annual report addressing each facility as well as the agency as a whole. The annual report must compare current-year data and corrective actions with those from prior years and assess the agency's progress in addressing sexual abuse. The report must be approved by the agency head and made readily available to the public. The standard permits redaction only when publication of specific material would present a clear and specific threat to the safety and security of a facility, and the nature of any such redaction must be identified. The Auditor reviewed the GDC PREA Annual Data Report and the agency's publicly available PREA information as part of the assessment of the agency's implementation of these requirements. **INTERVIEWS** **Agency Head Designee** During the interview, the Agency Head Designee explained that GDC conducts an annual review of PREA-related data and uses the information to evaluate the effectiveness of its sexual abuse prevention, detection, and response efforts. The Agency Head Designee stated that the annual report includes a comparison of the current year's data and corrective actions with information from prior years. The Agency Head Designee further explained that the purpose of the annual review and report is to assess whether the facilities and the agency as a whole are effectively protecting inmates and staff from sexual victimization. The information is used to identify problem areas and to support corrective action on an ongoing basis. The Agency Head Designee confirmed that GDC's PREA annual reports are made available to the public through the agency's website. **Facility Head**

During the interview, the Facility Head acknowledged that the facility's PREA committee reviews PREA-related allegations and that information resulting from these reviews is provided to the PREA Coordinator for inclusion in the agency's annual review and data analysis. This process allows information originating at the facility level to be incorporated into the agency's broader assessment of sexual abuse prevention, detection, and response efforts.

PREA Coordinator

During the interview, the PREA Coordinator (PC) stated that the agency reviews data collected pursuant to §115.87 and uses that information to assess the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PC explained that the agency uses the information to identify areas requiring attention and to determine whether corrective action is necessary.

The PC further stated that GDC prepares an annual PREA report and makes the report available to the public through the agency's website. According to the PC, information included in the annual report is generally made publicly available, with personal identifying information redacted to protect individual privacy. The PC stated that other substantive information is included in the report.

PREA Compliance Manager

During the interview, the PREA Compliance Manager (PCM) stated that substantial PREA-related information is available through the GDC website, including the agency's publicly available PREA reports and related information.

PROVISIONS

Provision (a)

The PAQ indicates that the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The agency's review process includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility as well as for the agency as a whole.

The PC verified during the interview that GDC conducts this review and uses the information collected through its PREA data collection process to evaluate the effectiveness of agency policies, practices, and training. The PC described the annual review as a mechanism for identifying areas requiring improvement and determining whether corrective action is necessary.

GDC SOP 208.06, effective June 23, 2022, establishes the agency's process for reviewing PREA-related data. The policy provides that the PREA Coordinator reviews data collected by the Department to assess and improve the effectiveness of applicable GDC policies and procedures. The policy further requires the PREA Coordinator to prepare a report for the Commissioner concerning each institution, identifying problem areas, recommending corrective action, and providing

comparisons with data from previous years.

The Auditor's review of the documentation and interview information demonstrated that the facility participates in an agency-wide process through which facility-level PREA information is collected, reviewed, and incorporated into the agency's assessment of sexual abuse prevention, detection, and response. The evidence supports that the agency uses the data to identify areas requiring attention and to support ongoing corrective action.

Provision (b)

The PAQ indicates that the agency's annual PREA report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information was verified by the Agency Head Designee during the interview.

The Auditor reviewed the most recent GDC PREA Annual Data Report and found that the report includes comparative information concerning PREA-related data and corrective actions from the current reporting period and prior years. The report also provides information concerning the agency's progress in addressing sexual abuse and the steps taken in response to identified concerns.

The comparison of data across reporting periods provides the agency with a mechanism to evaluate trends, identify continuing or emerging areas of concern, and assess whether corrective actions have resulted in progress. This is consistent with the purpose of §115.88(b), which requires the annual report to compare current-year data and corrective actions with those from prior years and assess the agency's progress in addressing sexual abuse.

Provision (c)

The PAQ indicates that GDC makes its annual PREA report readily available to the public through the agency's website. The Agency Head Designee verified this during the interview.

The Auditor accessed and reviewed the GDC PREA webpage, which provides public access to the agency's PREA-related information and annual reports. The availability of the annual reports through the agency's website provides a readily accessible means for members of the public to review information concerning the agency's PREA program and its efforts to address sexual abuse.

The current standard also requires the annual report to be approved by the agency head before being made publicly available. The agency's documentation and interview evidence support that the annual report is part of the agency's formal reporting process.

Provision (d)

The PAQ indicates that when the agency redacts material from an annual report before publication, the redactions are limited to specific information for which

	publication would present a clear and specific threat to the safety and security of a facility. The PC was interviewed regarding the agency's redaction practices. The PC stated that GDC generally includes the information collected pursuant to §115.87 in its annual report and that personal identifying information is redacted to protect individual privacy. The PC stated that other substantive information is included in the publicly available report. The Auditor considered this information in relation to the requirements of §115.88(d). The standard permits the agency to redact specific material when publication would present a clear and specific threat to the safety and security of a facility and requires the agency to indicate the nature of material that has been redacted. The evidence reviewed did not identify any practice of broadly withholding substantive PREA information from the annual report. The PC's description of the agency's reporting practices indicated that information is generally made available, subject to appropriate protection of identifying information and any permissible security-related redactions. **CONCLUSION** Based upon the review and analysis of the PAQ, supporting documentation, GDC policy, the most recent SSV-2, the most recent PREA Annual Data Report, the GDC PREA webpage, and interviews with the Agency Head Designee, Facility Head, PREA Coordinator, and PREA Compliance Manager, the Auditor determined that Rutledge State Prison meets all applicable provisions of PREA Standard §115.88, Data Review for Corrective Action. The evidence demonstrates that PREA-related data collected at the facility level is incorporated into the agency's broader data review process; that the agency uses the information to identify problem areas and support ongoing corrective action; that an annual report is prepared addressing individual facilities and the agency as a whole; that the report includes comparisons with prior years and an assessment of progress in addressing sexual abuse; and that the agency makes its PREA annual reports available to the public through its website.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility and agency. Documentation 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, and the GDC Annual PREA Report.

Section 115.89 establishes requirements for the secure retention, public availability, protection of personal identifiers, and long-term retention of sexual abuse data collected pursuant to §115.87. Specifically, the agency must ensure that PREA data is securely retained, make aggregated sexual abuse data publicly available at least annually, remove personal identifiers before publication, and maintain the data for at least ten years from the date of initial collection unless a longer or different period is required by applicable law.

Because these requirements are primarily agency-level responsibilities, the Auditor considered the facility's role within the GDC data collection and retention system, as well as the agency-level information made available for review. The PREA Resource Center identifies §115.89 as an agency audit standard because it governs operations occurring at the agency or central-office level or involving shared responsibility between the agency and its facilities.

INTERVIEWS

PREA Coordinator

During the interview, the PREA Coordinator (PC) explained that GDC maintains PREA-related data in secure locations and that access to such information is restricted based upon an individual's need to know. At the facility level, data is maintained within the local Risk Management System, with access limited to authorized staff. Additional PREA-related information is maintained at the agency level as necessary for the collection, analysis, and reporting of sexual abuse data, including information required for completion of the Survey of Sexual Victimization (SSV-2).

The PC further explained that aggregated PREA information is made available to the public through the GDC website in accordance with the PREA standards. The PC stated that the agency reviews the data collected pursuant to §115.87 before information is included in the agency's publicly available reports. The PC indicated that personal identifying information is removed from publicly available reports to protect the privacy of individuals.

The PC also stated that significant inmate-related information is retained within the GDC SCRIBE database. According to the PC, much of the information contained within SCRIBE is maintained permanently, thereby providing a long-term record of PREA-related information beyond the minimum retention period required by §115.89.

PROVISIONS

Provision (a)

The PAQ indicates that GDC ensures that incident-based and aggregated sexual abuse data collected pursuant to §115.87 are securely retained. This information was verified by the PC during the interview process.

	The PC explained that PREA-related information is maintained in secure agency and facility systems, including the local Risk Management System and the SCRIBE database. Access to these systems is limited to authorized personnel based upon job responsibilities and the need to know. Additional information is maintained at the agency level for purposes including PREA data analysis and completion of the SSV-2. The Auditor considered the information provided regarding the location and accessibility of PREA-related records and found that the agency has established systems for the secure retention of sexual abuse data. The use of controlled-access electronic systems provides a mechanism for restricting access to sensitive information and maintaining the confidentiality of records containing information concerning allegations and incidents of sexual abuse. The evidence reviewed supports compliance with §115.89(a), which requires the agency to ensure that data collected pursuant to §115.87 is securely retained. **Provision (b)** The PAQ indicates that GDC makes aggregated sexual abuse data from facilities under its direct control, as well as applicable private facilities with which it contracts for the confinement of inmates, readily available to the public at least annually through the agency's website. The Auditor reviewed the GDC Annual PREA Report and the agency's publicly available PREA information. The GDC PREA webpage provides access to PREA-related reports and aggregated sexual abuse information. The PC verified during the interview that the agency makes PREA data and reports publicly available through the agency website. The availability of aggregated information through the agency's website provides the public with access to information concerning the incidence of sexual abuse and the agency's efforts to prevent, detect, and respond to sexual abuse. The standard requires such aggregated data to be made readily available to the public at least annually through the agency's website, or through other means if the agency does not maintain a website. The Auditor's review confirmed that GDC maintains a public-facing PREA webpage through which the agency's PREA reports can be accessed. **Provision (c)** The PAQ indicates that GDC removes personal identifiers from aggregated sexual abuse data before making the information publicly available. This was verified by the PC during the interview. The PC explained that information included in the agency's publicly available reports is reviewed before publication and that personal identifying information is removed. The PC indicated that the agency's approach is to protect the privacy of inmates and other individuals whose information may be contained within PREA-related records while still making aggregated PREA information available to the public.

The Auditor reviewed the publicly available PREA reporting information and found no personal identifiers of individual inmates in the aggregated sexual abuse data made available to the public.

This practice is consistent with §115.89(c), which specifically requires the removal of all personal identifiers before aggregated sexual abuse data is made publicly available.

Provision (d)

The PAQ indicates that GDC maintains sexual abuse data collected pursuant to §115.87 for at least ten years from the date of initial collection, unless Federal, State, or local law requires otherwise. The facility further reported that significant inmate-related information is maintained permanently within the SCRIBE database. The PC verified this information during the interview.

GDC SOP 208.06, effective June 23, 2022, establishes specific retention requirements for PREA-related investigative records. On page 39, Section B, the policy provides for the retention of criminal investigation data, files, and related documentation for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or ten years from the date of the initial report, whichever is greater.

Similarly, page 39, Section C, addresses administrative investigation data, files, and related documentation. These records are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or ten years from the date of the initial report, whichever is greater.

The retention periods established by GDC policy meet or exceed the minimum ten-year retention requirement established by §115.89(d). In addition, the PC reported that much inmate-related information is maintained permanently within the SCRIBE database, providing an additional mechanism for preserving PREA-related information over an extended period.

The Auditor also reviewed PREA reports and data from previous years. The availability of historical information demonstrated that the agency maintains PREA data beyond the current reporting period and has retained information necessary for longitudinal review and reporting.

Section 115.89(d) requires the agency to maintain sexual abuse data collected pursuant to §115.87 for at least ten years after the date of initial collection, unless Federal, State, or local law requires otherwise. The GDC retention requirements reviewed by the Auditor are consistent with this requirement.

CONCLUSION

Based upon the review and analysis of the PAQ, supporting documentation, GDC SOP 208.06, the GDC Annual PREA Report, historical PREA data, and the interview with the PREA Coordinator, the Auditor determined that Rutledge State Prison meets all applicable provisions of PREA Standard §115.89, Data Storage, Publication, and Destruction.

	The evidence demonstrates that PREA-related data collected pursuant to §115.87 is securely retained within controlled-access systems; aggregated sexual abuse data is made publicly available through the GDC website at least annually; personal identifiers are removed before aggregated information is publicly released; and PREA-related records are retained for periods that meet or exceed the ten-year minimum required by the PREA standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed publicly available information maintained by the Georgia Department of Corrections (GDC), including the agency's PREA webpage and previously completed PREA audit reports. The GDC PREA webpage provides public access to PREA-related information and complete audit reports for facilities within the agency. The current PREA standard requires that, during each three-year audit period, every facility operated by an agency, or by a private organization on behalf of an agency, be audited at least once. The standard also requires the agency to ensure that at least one-third of each facility type is audited during each one-year period. In addition, §115.401 establishes requirements concerning the scope and conduct of PREA audits, including the auditor's access to the facility, relevant documentation, inmates and staff, private interviews, and confidential correspondence from inmates. The PREA Resource Center identifies the three-year audit cycle as beginning August 20, 2013, with subsequent three-year cycles occurring on the same schedule. Accordingly, the audit conducted at Rutledge State Prison falls within the second year of the current audit cycle, August 20, 2025, through August 19, 2028. The preceding three-year audit cycle was August 20, 2022, through August 19, 2025. Information provided by GDC indicated that each GDC facility had been audited during that preceding cycle. **INTERVIEWS** **PREA Coordinator** During the interview, the PREA Coordinator (PC) explained that GDC has established a recurring three-year audit process consistent with the PREA standards. The PC reported that each GDC facility was audited during the previous three-year audit cycle, covering the period from 2022 through 2025.

The PC further explained that GDC maintains a publicly accessible PREA webpage containing completed audit reports and other PREA-related information concerning the agency's facilities. The PC identified the webpage as a resource through which the public may review information concerning the agency's PREA program and completed facility audits.

The PC's statements were consistent with the Auditor's review of the publicly accessible GDC PREA webpage, which provides access to multiple PREA audit reports and other PREA-related information.

Random Inmate

During the audit, inmates were asked whether they were provided with an opportunity to communicate confidentially with the Auditor. All inmates interviewed reported that they were permitted to send confidential correspondence to the Auditor in the same manner as they would communicate with legal counsel.

This information demonstrated that inmates were informed of, and had access to, a mechanism for communicating confidentially with the Auditor regarding matters relevant to the PREA audit.

PROVISIONS

Provision (a)

Section 115.401(a) requires the agency to ensure that every facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once during each three-year audit period.

The PC reported that each GDC facility had been audited during the immediately preceding three-year audit cycle, covering the period from 2022 through 2025. The Auditor reviewed the GDC PREA webpage, which contains multiple completed PREA audit reports for GDC facilities and provides public access to those reports.

The information reviewed supports that GDC utilized a system designed to ensure that its facilities are included in the required three-year PREA audit cycle.

The Auditor notes that the response to §115.401(a) is informational under the PREA audit instrument and does not, by itself, affect the facility's overall compliance determination.

Provision (b)

Section 115.401(b) requires an agency, during each one-year period beginning August 20, 2013, to ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

This audit of Rutledge State Prison occurs during the second year of the current three-year audit cycle, which began August 20, 2025.

The PC reported that GDC had completed audits of its facilities during the preceding

2022–2025 cycle and that the agency continues to operate within the established three-year audit framework.

The Auditor notes that §115.401(b), like §115.401(a), is an informational audit-cycle requirement and does not affect the facility's overall compliance determination.

Provision (c)

Section 115.401(c) provides that the Department of Justice may recommend an expedited audit when it has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The provision also permits DOJ to provide referrals to resources that may assist the agency with PREA-related issues.

This provision concerns the authority of the Department of Justice and does not establish an affirmative facility-level action for Rutledge State Prison. No DOJ recommendation for an expedited audit was identified as part of the evidence reviewed for this audit.

Provision (d)

Section 115.401(d) requires the Department of Justice to develop and issue an audit instrument providing guidance concerning the conduct and contents of PREA audits. This is a Department of Justice responsibility rather than a facility-level requirement.

No facility-level determination was required under this provision.

Provision (e)

Section 115.401(e) places the burden of demonstrating compliance with the PREA standards on the agency.

During this audit, GDC and Rutledge State Prison provided the Auditor with documentation, access, and information necessary to conduct the audit and evaluate the facility's implementation of the applicable PREA standards. The Auditor considered the evidence submitted by the agency and facility in making the findings contained in this report.

Provision (f)

Section 115.401(f) requires the Auditor to review relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. This provision establishes the scope of the Auditor's review rather than an independent operational requirement imposed upon Rutledge State Prison.

The Auditor reviewed relevant agency-level PREA information and documentation as part of the audit process.

Provision (g)

Section 115.401(g) requires that PREA audits review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year

period.

The audit included review of documentation and information relevant to the facility's implementation of the PREA standards during the applicable review period. The Auditor used the PAQ, supporting documentation, interviews, observations, records, and other available evidence as applicable to the individual standards being assessed.

Provision (h)

Section 115.401(h) requires that the Auditor have access to, and observe, all areas of the audited facility.

During the onsite portion of the audit, the Auditor had complete and unimpeded access to all areas of Rutledge State Prison requested for observation. Facility and agency staff were available throughout the onsite review to accompany the Auditor when appropriate and to facilitate access to areas requested for examination.

The Auditor was able to conduct the site review necessary to observe facility operations, physical spaces, and conditions relevant to the PREA standards. The facility did not restrict the Auditor's access to any area requested for review.

The PREA Resource Center explains that §115.401(h) requires a thorough examination of the entire facility and that the site review is intended to include standards-driven observations and testing of relevant systems and operations.

Provision (i)

Section 115.401(i) requires that the Auditor be permitted to request and receive copies of relevant documents, including electronically stored information.

Throughout the audit process, GDC and Rutledge State Prison provided the Auditor with requested documentation and information in a timely and complete manner. The Auditor was permitted to request additional documentation when clarification or additional evidence was necessary.

The facility and agency responded to requests for information and provided access to records necessary for the Auditor to evaluate the applicable PREA standards. No restriction on the Auditor's ability to obtain relevant documentation was identified.

Provision (j)

Section 115.401(j) requires the Auditor to retain and preserve documentation relied upon in making audit determinations and to provide such documentation to the Department of Justice upon request. This provision governs the Auditor's responsibilities concerning preservation of audit evidence.

No independent facility-level compliance determination is required under this provision.

Provision (k)

	Section 115.401(k) requires the Auditor to interview a representative sample of inmates, residents, or detainees, as applicable, as well as staff, supervisors, and administrators. The audit included interviews with inmates and appropriate facility and agency personnel in accordance with the PREA audit process. Interviews were conducted as part of the Auditor's assessment of the facility's implementation of the applicable PREA standards. **Provision (l)** Section 115.401(l) requires the Auditor to review a sampling of available videotapes and other electronically available data that may be relevant to the provisions being audited. This provision establishes an element of the Auditor's evidence-gathering responsibilities and does not impose an independent operational requirement upon Rutledge State Prison. The Auditor considered electronically available information when relevant to the standards and evidence being evaluated. **Provision (m)** Section 115.401(m) requires that the Auditor be permitted to conduct private interviews with inmates, residents, and detainees, as applicable. During the onsite portion of the audit, the facility provided the Auditor with a secure and private location in which to conduct inmate interviews. Facility staff did not participate in or monitor the private inmate interviews. The availability of a secure interview location allowed inmates to communicate directly with the Auditor without facility staff present and supported the confidentiality necessary for the PREA audit process. **Provision (n)** Section 115.401(n) requires that inmates be permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. During interviews, all inmates interviewed reported that they were provided with an opportunity to send confidential correspondence to the Auditor. Inmates reported that such correspondence could be sent in the same manner as confidential correspondence to legal counsel. This provided inmates with a mechanism to communicate directly and confidentially with the Auditor concerning matters that might not otherwise be disclosed during the onsite interview process. **Provision (o)** Section 115.401(o) requires auditors to attempt to communicate with community-

based or victim advocates who may have insight into relevant conditions in the facility.

This provision establishes a responsibility of the Auditor as part of the audit process and does not impose an independent operational requirement upon Rutledge State Prison.

CONCLUSION

Based upon the review and analysis of the available evidence, including the GDC publicly accessible PREA webpage, prior audit information, interviews with the PREA Coordinator and inmates, onsite observations, documentation provided by GDC and Rutledge State Prison, and the Auditor's access to the facility and relevant information, the Auditor determined that Rutledge State Prison meets the applicable requirements of PREA Standard §115.401, Frequency and Scope of Audits.

The evidence demonstrated that GDC maintains a system for conducting PREA audits within the required three-year audit framework and that Rutledge State Prison was included in the agency's audit cycle. During the onsite audit, the Auditor was provided complete and unimpeded access to the facility and relevant documentation, was provided a secure and private location for inmate interviews and was able to conduct interviews without interference. Inmates interviewed reported that they were permitted to communicate confidentially with the Auditor in the same manner as they would communicate with legal counsel.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the publicly accessible Georgia Department of Corrections (GDC) PREA webpage as part of the assessment of compliance with §115.403, Audit Contents and Findings. The webpage provides access to PREA-related information and completed PREA audit reports for facilities operated by GDC. PREA standard §115.403 requires each audit to contain a certification by the Auditor that no conflict of interest exists with respect to the Auditor's ability to conduct the audit. The standard further requires audit reports to address agency-wide policies and procedures, provide an overall compliance determination for each PREA standard, describe the audit methodology and sampling, explain the basis for the Auditor's conclusions, and include recommendations for corrective action when required. Auditors must also redact personally identifiable information concerning inmates and staff from the publicly available report. Finally, §115.403(f) requires the agency to ensure that the Auditor's final report is published on the agency's

website, if the agency has one, or otherwise made readily available to the public.

The GDC PREA webpage provides a publicly accessible location through which completed PREA audit reports and related PREA information may be reviewed. Georgia Department of Corrections publicly accessible website: https://gdc.georgia.-gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea

PROVISIONS

Provision (a)

Section 115.403(a) requires each PREA audit to include a certification by the Auditor that no conflict of interest exists with respect to the Auditor's ability to conduct the audit of the agency under review. This requirement concerns the Auditor's independence and objectivity in conducting the audit.

The audit report includes the required Auditor certification concerning the absence of a conflict of interest. The Auditor conducted the audit independently and objectively and evaluated the facility's compliance based upon the evidence collected and reviewed during the audit process.

Provision (b)

Section 115.403(b) requires the audit report to state whether agency-wide policies and procedures comply with the relevant PREA standards.

The audit process included review of applicable Georgia Department of Corrections policies and procedures, including GDC Standard Operating Procedure 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, as applicable to the standards under review.

The audit report addresses the relationship between applicable agency-wide policies and the requirements of the PREA standards. Where an agency-wide policy is relevant to a facility's implementation of a standard, the policy and its application are incorporated into the Auditor's analysis and compliance determination.

Provision (c)

Section 115.403(c) requires the Auditor to make an overall determination for each PREA standard using one of three findings: Exceeds Standard, Meets Standard, or Does Not Meet Standard. The standard defines "Exceeds Standard" as substantially exceeding the requirement, "Meets Standard" as substantial compliance and compliance in all material ways with the standard for the relevant review period, and "Does Not Meet Standard" as requiring corrective action. The audit summary must also identify the number of provisions achieved at each level.

The audit report for Rutledge State Prison provides an overall compliance determination for each applicable PREA standard. Each determination is based upon the evidence collected and analyzed during the audit, including documentation review, interviews, observations, policy review, and other relevant information.

	The Auditor has applied the required PREA compliance categories consistently throughout the audit and has distinguished between provisions that are applicable to the facility, provisions that are agency-level responsibilities, and provisions that are not applicable based upon the circumstances of the facility. **Provision (d)** Section 115.403(d) requires the audit report to describe the methodology used to conduct the audit, the sampling sizes, and the basis for the Auditor's conclusions regarding each standard provision. The report must also include recommendations for corrective action when required. The audit of Rutledge State Prison was conducted using the PREA audit methodology and evidence collection processes established for prisons and jails. The audit included review of the Pre-Audit Questionnaire and supporting documentation, applicable agency policies and procedures, interviews with inmates and staff, direct observations during the onsite review, and review of relevant records and other information. The Auditor documented the evidence relied upon for each applicable provision and explained the basis for the compliance determination. Sampling methodologies and sample sizes were considered in accordance with the PREA audit instrument and were applied to the facility's population, staffing, records, and operational circumstances. The audit report also identifies any areas requiring corrective action when a standard is determined not to be met. Where the evidence supports a finding of compliance, the report explains the evidence and reasoning supporting that determination. The PREA Resource Center identifies the Pre-Audit Questionnaire, Auditor Compliance Tool, and Audit Report Template as the core components of the PREA audit instrument and requires auditors to use the applicable DOJ audit materials in conducting and reporting PREA audits. **Provision (e)** Section 115.403(e) requires the Auditor to redact personally identifiable information concerning inmates and staff from the audit report. The standard permits the Auditor to provide such information to the agency upon request and to the Department of Justice. The audit report has been prepared to protect the confidentiality and privacy of inmates and staff. Personally, identifying information is not included in the publicly available audit report except where disclosure is necessary and permitted under the applicable PREA audit requirements. The Auditor's documentation and working records contain information collected during the audit process and are maintained in accordance with the requirements governing PREA audit documentation.

Provision (f)

Section 115.403(f) requires the agency to ensure that the Auditor's final report is published on the agency's website if the agency maintains a website, or otherwise made readily available to the public.

The Georgia Department of Corrections maintains a publicly accessible PREA webpage through which PREA-related information and completed audit reports are made available to the public. The Auditor reviewed the GDC PREA webpage and confirmed that it provides access to multiple PREA audit reports and other PREA-related information concerning GDC facilities.

The availability of completed PREA audit reports through the GDC website provides members of the public with a readily accessible means of reviewing the results of PREA audits conducted within the agency. This public access is consistent with the transparency requirement established by §115.403(f).

The PREA Resource Center's audit guidance further identifies publication of the final audit report as an agency responsibility and provides that the final report is a public document.

CONCLUSION

Based upon the review and analysis of the available evidence, including the publicly accessible GDC PREA webpage, the applicable GDC policies and procedures, and the audit documentation and methodology used in conducting the Rutledge State Prison PREA audit, the Auditor determined that Rutledge State Prison meets the applicable requirements of PREA Standard §115.403, Audit Contents and Findings.

The audit was conducted using the applicable PREA audit methodology, the report addresses the required audit contents and compliance determinations, and the GDC PREA webpage provides a publicly accessible location for completed PREA audit reports. The evidence supports that the agency has established a mechanism for making the Auditor's final PREA audit reports readily available to the public as required by §115.403(f).

Appendix: Provision Findings		
115.11 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	**Contracting with other entities for the confinement of inmates**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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
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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	**Inmates with disabilities and inmates who are limited English proficient**	

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

	consent or refuse?	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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.)	yes
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	**Volunteer and contractor training**	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	**Specialized training: Investigations**	

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

	health care practitioners who work regularly in its facilities.)	
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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?	no
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 being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education 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: 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
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
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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	yes

	can be arranged?	
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 and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from 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 is exempt from this standard.)	na
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	na

	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.)	
	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?	na

	(N/A if agency is exempt from this standard.)	
	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 inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations 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, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
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	yes

	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?	
	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	yes

	have engaged in sexual abuse?	
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 the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	

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

	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.)	
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 has been determined to be unfounded?	yes
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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,	yes

	investigation files, and sexual abuse incident reviews?	
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.)	na
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	yes

	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?	
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 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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	na

	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.)	
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 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.)	yes