

# PREA Facility Audit Report: Final

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

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/02/2025

## Auditor Certification

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



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



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



**Auditor Full Name as Signed:** Darla P. OConnor

**Date of Signature:** 08/02/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 06/04/2025

**End Date of On-Site Audit:** 06/05/2025

## FACILITY INFORMATION

**Facility name:** Terrell County Correctional Institution

**Facility physical address:** 3110 Albany Highway, Dawson, Georgia - 39842

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Lauren McClung
<b>Email Address:</b>	lauren.mcclung@gdc.ga.gov
<b>Telephone Number:</b>	2299387397

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Richard Kilby
<b>Email Address:</b>	richard.kilby@gdc.ga.gov
<b>Telephone Number:</b>	7177255400

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Everette McDaniel
<b>Email Address:</b>	emcd64@cs.com
<b>Telephone Number:</b>	(229) 338-6466

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	150
<b>Current population of facility:</b>	140
<b>Average daily population for the past 12 months:</b>	136
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	19 to 65
<b>Facility security levels/inmate custody levels:</b>	Medium/Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	29
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	1

AGENCY INFORMATION	
<b>Name of agency:</b>	Terrell County Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	955 Forrester Drive Southeast, Dawson, Georgia - 39842
<b>Mailing Address:</b>	3110 Albany Hwy, Dawson, Georgia - 39842
<b>Telephone number:</b>	

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Lauren McClung	<b>Email Address:</b>	lauren.mcclung@gdc.ga.gov
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**Facility AUDIT FINDINGS****Summary of Audit Findings**

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

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

**Number of standards exceeded:**

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:	2025-06-04
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2. End date of the onsite portion of the audit:	2025-06-05
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### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>As part of the PREA audit verification process, several community-based advocacy and support organizations were contacted to assess the facility's compliance with victim support services and external reporting access for incarcerated individuals.</p> <p>Just Detention International (JDI), a national organization dedicated to ending sexual abuse in detention settings, was contacted to determine whether any inmates or facility staff had initiated contact within the past year. A representative from JDI confirmed that their records showed no contact or communication from either incarcerated individuals or staff members at this facility. This information suggests that, during the reporting period, there were no known instances in which inmates sought external support through JDI.</p> <p>Lily Pad SANE Center was contacted and confirmed they have a MOU with the facility. They provide a victim advocate when requested to accompany residents to forensic examinations. The victim advocate also fulfills the role of emotional support for victims regardless of when the sexual abuse occurred. They provide forensic examinations by SANE personnel. They provide a confidential mailing address. They provide in-person counseling in a private setting. Services are provided at no cost to the inmate.</p> <p>Additionally, the Georgia Network to End Sexual Assault (GNESA) was contacted to confirm any recent involvement or outreach related to the facility. GNESA reported that they had no record of any contact or communication from the facility's inmates or staff within the past twelve months. While this does not necessarily indicate noncompliance, it confirms the absence of outreach activity during the review period.</p>
<p><b>AUDITED FACILITY INFORMATION</b></p>	
<p><b>14. Designated facility capacity:</b></p>	<p>150</p>

<b>15. Average daily population for the past 12 months:</b>	136
<b>16. Number of inmate/resident/detainee housing units:</b>	7
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	142
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0



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

As of the first day of the onsite portion of the audit, the facility housed a population composed primarily of adult male individuals classified to medium or close custody. The majority of the population consisted of individuals serving sentences for felony convictions. Based on intake documentation and classification data reviewed during the audit, the population reflected a range of ages, with most individuals falling within the 25 to 44 age group. A smaller percentage of the population consisted of older adults over the age of 55, some of whom presented with chronic medical conditions or mobility impairments.

The facility actively tracks and monitors several federally recognized vulnerable or specialized populations in accordance with PREA standards, including individuals with self-disclosed histories of sexual victimization, individuals with identified mental or physical disabilities, and individuals who identify as transgender or intersex. At the time of the audit, no detainees reported to be civil immigration holds, and no individuals identifying as transgender or intersex were housed at the facility. These findings were verified through review of screening forms, housing rosters, classification records, and intake logs, as well as through direct interviews with intake, classification, and medical/mental health staff.

While the facility tracks key characteristics related to PREA compliance, it does not maintain a static or searchable list of residents by gender identity, disability status, or prior victimization beyond what is required for classification and housing considerations. This is consistent with confidentiality requirements but does present a potential challenge for identifying and analyzing aggregate trends among certain populations unless specifically queried through file reviews or interviews.

Despite this, the intake screening process, conducted using the Georgia Department of Corrections PREA Risk Screening Tool,

	<p>includes specific questions designed to identify individuals who may be at increased risk for victimization or who may pose a risk to others. Staff reported that risk screening results are reviewed by designated personnel and used to inform housing, work, and program assignments while protecting the privacy and dignity of each individual. Reassessments occur within 30 days of intake and are updated as needed based on institutional behavior or new disclosures. Interviews with both staff and inmates confirmed that individuals with unique needs or vulnerabilities are identified early in the intake process and referred for appropriate services or accommodations. This includes medical and mental health referrals, case management reviews, and classification team oversight.</p> <p>In conclusion, the population characteristics of the facility's inmate population as of the first day of the onsite audit reflected a general custody male population with some representation of vulnerable subgroups. Although certain specialized populations were not present at the time of the audit, the facility demonstrated adequate systems, policies, and staff awareness to ensure those individuals would be appropriately identified and supported if admitted.</p>
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	29
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	3

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1
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**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:**

As of the first day of the onsite audit, the facility employed a diverse team of security and non-security staff, volunteers, and contractors, all of whom play vital roles in the institution's day-to-day operations. The facility's staffing structure included both custody and civilian personnel, with representation across a range of ages, professional backgrounds, and lengths of service. A review of personnel rosters, training records, and interviews with staff revealed a workforce committed to safety, professionalism, and PREA compliance. Security staff comprised the largest segment of the workforce and included correctional officers, sergeants, and lieutenants assigned to housing units, perimeter posts, intake, and specialized areas. Non-security personnel included medical and mental health professionals, case managers, classification officers, counselors, education staff, administrative personnel, and maintenance workers. The majority of full-time staff were employed directly by the Georgia Department of Corrections (GDC), while some services, including medical, food service, and mental health, were supplemented by contracted personnel.

In addition to regular staff, a small number of volunteers and contractors were also active in the facility during the audit review period. These individuals primarily supported religious programming, education, reentry services, and facility maintenance. All volunteers and contractors entering the secure perimeter were subject to the same PREA training requirements as full-time staff, with documentation verifying that they had completed initial and refresher training on professional boundaries, appropriate communication, and mandatory reporting obligations.

The Auditor found no indications of staffing shortages or gaps in supervision that would compromise inmate safety or interfere with PREA implementation. Supervisory staff reported that efforts are made to ensure

balanced staffing across shifts, with regular monitoring to maintain compliance with staffing plans and supervision protocols. The facility's workforce appeared gender diverse, although males constituted the majority of staff in direct security roles. Interviews with staff confirmed that training materials and guidance are provided using gender-neutral, inclusive language and that staff are expected to maintain professional conduct with all individuals in custody, regardless of gender identity, background, or perceived vulnerability. In conclusion, the facility's staffing composition, including full-time employees, contractors, and volunteers, reflected a qualified and well-trained team that is appropriately equipped to uphold the principles of the Prison Rape Elimination Act. Their understanding of PREA-related responsibilities, combined with thorough onboarding and ongoing training practices, contributed to a safe and respectful environment consistent with the goals of the standard.

## **INTERVIEWS**

### **Inmate/Resident/Detainee Interviews**

#### **Random Inmate/Resident/Detainee Interviews**

**40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:**

17

**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

<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>To ensure a geographically diverse sample of random inmate interviewees, the Auditor employed a strategic approach that included selecting individuals from multiple housing units and distinct living areas throughout the facility. Prior to the onsite visit, the Auditor reviewed facility housing rosters, bed assignments, and the institutional layout to gain an understanding of the geographic distribution of the population.</p> <p>During the onsite portion of the audit, the Auditor coordinated with facility staff to identify inmates housed in different physical areas, including general population housing units, specialized or restrictive housing units (if applicable), medical or mental health observation areas, and work or program-specific housing assignments. This selection process allowed for interviews with individuals from various units, floors, wings, or pods, ensuring that no single area was disproportionately represented.</p> <p>In addition to geographic diversity, care was taken to include a mix of individuals who had varying lengths of stay, differing custody levels, and representation across gender identities (if applicable). Inmates were selected without influence from facility staff and without prior knowledge of who would be interviewed, preserving the integrity and randomness of the process.</p> <p>This methodology ensured that the interview sample provided an accurate and representative cross-section of the facility's population and allowed the Auditor to assess whether PREA policies and practices were being implemented uniformly across all areas of the institution.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>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):</b></p>	<p>Additional efforts were made to ensure a diverse and representative sample of inmates/residents/detainees during the interview process. Priority was given to including individuals from different housing units, security levels, and custody classifications, as well as those with known vulnerabilities under PREA, such as individuals who identify as LGBTQI+, youthful inmates (where applicable), inmates with disabilities, and those who are limited English proficient.</p> <p>No significant barriers were encountered in identifying or interviewing randomly selected individuals. However, in some cases, logistical challenges such as housing unit lockdowns, medical appointments, or program participation required interview rescheduling or substitution with another randomly selected individual from a comparable housing area. In such cases, efforts were made to maintain the balance of representation across gender identity, risk categories, and housing assignments. Whenever possible, the sample was supplemented with individuals from specialized housing (e.g., protective custody or mental health units) to ensure their voices were included. Staff facilitated access to interpreters or other accommodations as needed to remove communication barriers. Overall, the random selection process was implemented thoughtfully and with fidelity to ensure fairness, equity, and inclusivity.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>17</p>



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

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

0

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

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

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

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>4</p>

<b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3
<b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	1
<b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	1
<b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="817 1720 1468 1881"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 1926 1468 2004"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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

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

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

At the outset of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total incarcerated population of 142 individuals. According to the PREA Auditor Handbook, this population size necessitates a minimum of ten random interviews as well as ten targeted interviews with individuals considered to be at heightened risk for sexual abuse or harassment. These at-risk populations include individuals who are transgender or intersex, those who identify as gay or bisexual, people with limited English proficiency, persons with physical or cognitive disabilities, individuals under the age of 18 housed in adult facilities, those with a history of sexual victimization, and anyone who has reported sexual abuse or harassment while in custody.

Upon reviewing intake screening records and consulting with classification and mental health staff, it was confirmed that only three individuals currently housed at the facility met the criteria for targeted interviews. Consequently, the Auditor completed three targeted interviews and augmented the process with seventeen random interviews to ensure adequate data collection and facility representation.

The selection process for random interviews was both deliberate and inclusive. To ensure a broad and representative cross-section of the population, the Auditor utilized alphabetically arranged housing unit rosters and selected individuals from various housing areas. This intentional approach made it possible to include individuals of varying gender identities, racial and ethnic backgrounds, age ranges, and durations of incarceration. The strategy was designed to provide a balanced and comprehensive understanding of facility conditions and inmate experiences from multiple perspectives.

Beyond the scheduled interviews, the Auditor also engaged in spontaneous, informal conversations with incarcerated individuals throughout the site tour. These interactions took place in housing units, program areas,

recreational spaces, and other communal environments. The informal dialogue offered valuable insight into the lived experience within the facility and touched on issues such as the clarity and accessibility of PREA education, the effectiveness of reporting mechanisms, trust in staff responsiveness, and general perceptions of safety, dignity, and institutional culture. These organic conversations helped validate the findings from formal interviews and provided real-time context to the Auditor's overall assessment. Each formal interview began with an introduction to the Auditor's role as an independent, neutral evaluator. Individuals were informed about the voluntary nature of their participation and assured that there would be no adverse consequences for declining to participate. The confidentiality of their responses was emphasized, and informed consent was obtained before proceeding. The interviews were conducted using the standardized PREA interview instrument, and all participants were interviewed in private, confidential settings conducive to honest and open communication. Notes were hand-recorded to ensure discretion and to safeguard the trust and comfort of the participants. All seventeen randomly selected individuals voluntarily participated in the interviews. No allegations of sexual abuse or harassment were disclosed during any of the interviews. Participants consistently demonstrated a sound understanding of the facility's zero-tolerance policy for sexual abuse and harassment. They were able to identify multiple reporting options, including methods for reporting anonymously, and most expressed confidence in the institution's commitment to take reports seriously and protect them from retaliation. The high level of voluntary participation, along with the uniformity and clarity of responses, offered strong evidence of a facility culture that values transparency, accountability, and individual safety. These



findings suggest that the institution is actively upholding PREA standards and is committed to creating a respectful, informed, and secure environment for all individuals in its custody.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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

17

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

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

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

- ☒ Yes
- ☐ No

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

During the on-site PREA audit, the Auditor conducted a thorough and multi-layered assessment of staff knowledge, preparedness, and institutional culture related to the Prison Rape Elimination Act (PREA). This evaluation was achieved through a combination of structured interviews and informal, real-time engagement with staff across various departments and facility functions.

As the Auditor toured the facility, numerous spontaneous conversations took place with staff members stationed throughout key operational areas, including custody posts, medical units, administrative offices, and program spaces. These informal dialogues provided valuable insight into how PREA standards are woven into the day-to-day operations of the facility. The Auditor observed the confidence, professionalism, and openness with which staff spoke about their roles and responsibilities related to PREA. These unstructured conversations allowed for a candid exploration of institutional practices and staff perspectives, adding depth and authenticity to the overall assessment.

Topics discussed during these informal exchanges included procedures for reporting sexual abuse or harassment, the scope and frequency of PREA training, staff responsibilities in responding to allegations, and the general climate of sexual safety within the institution. Staff frequently referenced both initial and ongoing training and demonstrated a working understanding of their duty to report and respond appropriately to all allegations of sexual misconduct. These conversations supplemented formal interviews by offering a snapshot of how policy translates into practice on the ground.

In addition to informal engagement, the Auditor conducted 15 formal interviews with randomly selected staff members. Careful consideration was given to ensure a balanced cross-section representing various shifts, departments, and levels of contact with incarcerated individuals. Interviewees

included correctional officers, administrative personnel, medical and mental health providers, and supervisory staff. This diverse sampling allowed the Auditor to evaluate the consistency of PREA knowledge and application across the facility.

Each formal interview began with a clear introduction of the Auditor's role as a Department of Justice-certified independent evaluator. Staff were informed of the voluntary nature of the interview and assured that choosing not to participate would carry no negative consequences. All 15 staff members consented to participate, and each interview was conducted using the standardized PREA staff interview protocol. The Auditor documented responses by hand to ensure accurate and respectful record-keeping.

Throughout these structured interviews, staff consistently demonstrated a strong command of the facility's zero-tolerance policy toward sexual abuse and sexual harassment. They were able to clearly describe the procedures for reporting incidents—whether involving another staff member or an incarcerated person—and articulated the required steps to preserve evidence, notify appropriate authorities, and protect the safety and privacy of involved parties.

Interviewees also conveyed a clear understanding of the mechanisms in place to protect individuals from retaliation after reporting sexual abuse or harassment. Staff described supervisory monitoring protocols and behavioral indicators they are trained to recognize in cases of possible retaliation. Their responses reflected confidence not only in their own responsibilities but also in the facility's broader system of accountability and support.

When asked about their personal sense of safety, all staff members reported feeling safe from sexual abuse or harassment while performing their duties. Many attributed this sense of security to strong leadership, thorough training, clearly defined procedures,

	<p>and a professional working environment. The overall tone of the interviews suggested a workplace culture grounded in mutual respect, open communication, and a shared commitment to maintaining a safe and compliant facility.</p> <p>Notably, although the required PREA audit notification had been posted in advance to allow for confidential communication with the Auditor, no correspondence, questions, or concerns were received from staff prior to or during the audit period.</p> <p>In summary, the interviews and informal conversations revealed a workforce that is well-informed, adequately trained, and actively engaged in the facility's PREA compliance efforts. No gaps in knowledge, inconsistencies in practice, or areas of concern emerged during the audit. The Auditor's findings reflect an institutional culture where PREA standards are not only understood but integrated into everyday operations, reinforcing the facility's commitment to safety, accountability, and the respectful treatment of all individuals.</p>
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	21
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

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

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

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

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

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

There were no difficulties encountered in the selection of specialized staff for interviews. The Auditor used the facility's staff roster to identify appropriate individuals who held specialized PREA-related responsibilities and who were available during the on-site portion of the audit. To ensure a diverse and non-redundant sample, specialized staff selected for interviews were not drawn from the group of staff already interviewed as part of the random staff interview process.

Using the list of specialized staff roles provided by the facility—including investigators, medical and mental health personnel, intake staff, human resources personnel, and others with PREA-specific duties—the Auditor was able to identify and interview a well-rounded sample. In total, eighteen individuals were interviewed using twenty-one distinct interview protocols. Several staff members held multiple roles related to PREA implementation and were, therefore, interviewed using more than one protocol. This approach ensured that all critical functions were covered in alignment with the PREA Audit Instrument requirements. Each specialized staff member responded thoroughly and appropriately to the questions specific to their role. Their responses followed the standardized interview protocols and reflected familiarity with facility procedures, investigative requirements, and reporting obligations under PREA. Interviewees consistently demonstrated a working knowledge of their responsibilities and articulated how PREA compliance was integrated into their day-to-day duties. Overall, interviews with specialized staff confirmed the presence of well-established procedures, broad awareness of reporting mechanisms, and a facility-wide commitment to ensuring that all allegations of sexual abuse or harassment are responded to promptly, professionally, and in compliance with PREA expectations.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

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

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

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

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

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

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

### Documentation Sampling

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

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

☒ Yes

☐ No

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

### **Personnel and Training Records**

The Auditor conducted an in-depth review of 29 staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained comprehensive documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols by conducting annual background checks, which are routinely completed in tandem with annual firearm range qualifications for applicable staff. Training records for the same 29 staff members were also reviewed. Each training file included documentation of completed PREA training, reaffirmed annually. The records contained signed acknowledgments confirming that staff had been trained on the facility's zero-tolerance policy, reporting procedures, professional boundaries, and the specific requirements for conducting cross-gender searches in a manner that maintains individual dignity. These records affirm that staff members have received current and relevant instruction necessary to uphold a safe and respectful environment for individuals in custody.

### **Inmate Records**

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

### **Risk Assessments and Reassessments**

To evaluate the facility's adherence to PREA

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

### **Grievances**

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

### **Incident Reports**

Documentation and staff interviews indicated that the facility recorded one allegation of sexual abuse or sexual harassment within the past year. The incident was documented and reviewed by the Auditor during the on-site assessment. The review focused on the timeliness of reporting, the thoroughness of documentation, and the appropriateness of the facility's response to each allegation.

### **Investigation Records**

The Auditor reviewed the investigative case file related to the one allegation, which involved staff-on-inmate alleged sexual abuse. The incident was investigated through the facility's administrative procedures. The allegation were ultimately determined to be unfounded. Investigation records included

incident summaries, witness interviews, investigatory conclusions, and documentation showing that the individuals involved were formally notified in writing of the outcome. This file demonstrated that the facility followed its established protocol for handling allegations and appropriately documented investigative outcomes.

**PREA Hotline Records**

The PCM confirmed that there were no calls made to the facility's PREA Hotline during the review period that pertained to sexual abuse or sexual harassment. As no relevant hotline activity occurred, there were no associated records to review. This finding aligns with other data gathered during the audit and reflects consistency in the facility's incident tracking and response systems.

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

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0



## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

1

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	During the previous 12 months there were no sexual harassment allegations.
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

During the course of the on-site audit, the Auditor was informed that there had been one allegation of sexual abuse or sexual harassment reported at the facility within the past twelve months. In accordance with PREA audit protocols, the Auditor conducted a thorough review of the investigative file associated with this incident, which was documented and maintained within the facility's internal PREA tracking system, known as iPREA.

The investigative file was comprehensive and well-organized, including the initial report, incident summary, notification logs, documentation of interviews conducted, evidence collection (if applicable), and the final investigative findings. The Auditor confirmed that the case had been promptly referred to the appropriate investigative authority and that the investigation was conducted in a timely, thorough, and objective manner.

The documentation reflected adherence to agency policy and PREA standards throughout the investigative process. All relevant parties were interviewed, including the alleged victim, the alleged subject, and any witnesses. The investigative outcome was clearly documented, including the rationale for the finding and any resulting corrective or disciplinary actions taken. The facility also completed the required notifications to involved individuals, and monitoring for potential retaliation was initiated and tracked in accordance with PREA Standard §115.67. Based on the Auditor's review, the facility's response to the allegation demonstrated procedural integrity and alignment with PREA investigative requirements. The investigation file reflected a facility culture that treats allegations of sexual abuse and harassment with seriousness, transparency, and professionalism.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☒ Yes

☐ No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

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

☐ The audited facility or its parent agency

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

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

☐ Other

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

Diversified Correctional Services

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENTS REVIEWED</b></p> <p>To assess the facility's adherence to the Prison Rape Elimination Act (PREA) standards, a thorough review of relevant documentation was conducted. The Auditor examined a range of materials that collectively offer insight into both the agency's policy framework and the facility's operational practices concerning the prevention, detection, and response to sexual abuse and sexual harassment.</p> <p>Among the documents reviewed were the completed Pre-Audit Questionnaire (PAQ) and all accompanying supporting materials submitted in advance of the on-site audit. Particular attention was given to the Georgia Department of Corrections (GDC) Standard Operating Procedures, specifically Policy No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program. This policy, effective as of June 23, 2022, serves as the agency's foundational guidance on PREA-related practices.</p> <p>Additionally, both the agency-wide and facility-specific organizational charts were</p>



reviewed. These documents helped clarify reporting lines and provided a structural overview of how PREA responsibilities are distributed and managed at various operational levels within the GDC.

## **INTERVIEWS**

To validate the information presented in the documentation and to gain a deeper understanding of how policies translate into daily practice, the Auditor conducted interviews with individuals in key oversight roles.

The agency's designated PREA Coordinator was interviewed to assess their role, responsibilities, and capacity to oversee PREA compliance across all facilities under the department's jurisdiction. During the interview, the Coordinator confirmed that they possess the necessary authority and are afforded adequate time and resources to fulfill their duties effectively. They described their role as one of broad oversight and support, with direct access to executive leadership and responsibility for system-wide implementation of PREA policies.

The facility's PREA Compliance Manager (PCM) was also interviewed. The PCM articulated a clear understanding of the facility's obligations under PREA and confirmed that they are empowered to initiate necessary changes to ensure compliance. The PCM reported having both the time and resources to conduct PREA-related responsibilities effectively, including coordinating audits, ensuring policy adherence, and providing training and guidance to staff.

## **PROVISIONS**

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

The facility has adopted and implemented a written policy that affirms a zero-tolerance stance toward all forms of sexual abuse, sexual harassment, and offender sexual activity. This policy applies to all individuals under the agency's supervision, whether housed in state-operated or contracted facilities.

The agency's zero-tolerance policy is clearly stated in Section I, A of GDC SOP 208.06 (page 1), which declares the Department's unwavering commitment to eliminating sexual abuse and harassment within its institutions.

Further, the agency has articulated its strategies for preventing, detecting, and responding to such incidents across pages 1–39 of SOP 208.06. These sections collectively outline prevention efforts, staff responsibilities, reporting procedures, investigation protocols, and post-incident care.

Specific definitions of behaviors that constitute sexual abuse and sexual harassment are detailed on pages 4 through 6 of the SOP (sections L through N), offering clear guidance to staff and individuals in custody regarding prohibited conduct.

Sanctions for engaging in sexually abusive or harassing behavior are outlined on pages 33–34, Section H, 1 (subsections a–d). These disciplinary responses apply to both incarcerated individuals and staff who violate agency policy.

	<p>Pages 7–8, Section IV, A, 1 (subsections a–d), lay out the agency’s proactive and coordinated response framework, assigning roles and responsibilities to key staff, identifying response teams, and establishing protocols for managing allegations of sexual abuse.</p> <p><b>Provision (b):</b></p> <p>The PAQ and interview findings confirmed that the Georgia Department of Corrections has formally designated an agency-level PREA Coordinator. This individual is situated within the Office of Professional Standards (OPS), specifically in the Compliance Unit, and reports directly to the Commissioner of Corrections. This organizational placement ensures that the PREA Coordinator has sufficient visibility and authority to carry out their responsibilities without obstruction.</p> <p><b>Provision (c):</b></p> <p>At the facility level, each institution under GDC's jurisdiction is required to appoint a PREA Compliance Manager. This mandate is codified in GDC SOP 208.06, pages 7–8, Section A, 1. According to the SOP, the PREA Compliance Manager operates under the direction of the facility head and remains accountable to the agency's PREA Coordinator for matters related to PREA compliance.</p> <p>In the case of this facility, a Warden’s memorandum dated March 1, 2024, officially designates the Deputy Warden as the site’s PREA Compliance Manager. This assignment demonstrates the agency’s commitment to embedding PREA oversight into the facility’s leadership structure and operational workflow.</p> <p><b>CONCLUSION</b></p> <p>The comprehensive review of policies, structural documentation, and in-depth interviews with agency and facility personnel demonstrates that both the Georgia Department of Corrections and the audited facility have implemented effective mechanisms to uphold PREA’s zero-tolerance mandate. The infrastructure supporting PREA compliance is robust, with clearly defined roles, lines of authority, and sufficient allocation of time and resources.</p> <p>The PREA Coordinator at the agency level and the PREA Compliance Manager at the facility level are each well-positioned and fully supported to execute their responsibilities. Both individuals exhibit a strong understanding of PREA standards and a commitment to sustaining a culture of safety, accountability, and continuous improvement in addressing sexual abuse and harassment within the facility. Based on these findings, the Auditor concludes that the agency and facility are in compliance with the PREA provisions related to zero tolerance and structural support for prevention, detection, and response efforts.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENT REVIEW**

To evaluate the facility's compliance with the Prison Rape Elimination Act (PREA) Standard §115.12, the Auditor undertook a thorough review of relevant documentation. Central to this review was the Pre-Audit Questionnaire (PAQ), accompanied by supporting materials that provided insight into agency practices and contract administration procedures.

Particular attention was given to the Georgia Department of Corrections (GDC) Standard Operating Procedure 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. This comprehensive policy serves as the guiding document for the agency's systemwide approach to PREA compliance. Importantly, it includes provisions that apply not only to state-operated facilities but also to those operated under contractual agreements with private or county entities. The policy outlines expectations, delineates responsibilities, and reinforces the agency's zero-tolerance stance toward sexual abuse and harassment, making clear that contractual partners must adhere to the same rigorous standards as internal operations.

### **INTERVIEWS**

As part of the audit process, the Auditor interviewed the Agency Contract Administrator to gain a deeper understanding of how PREA compliance is integrated into the contractual framework for confinement facilities.

The Contract Administrator described a structured and consistent approach to contracting, explaining that the GDC currently contracts with both privately managed and county-operated facilities for the housing of individuals in custody. The Administrator emphasized that compliance with PREA standards is a non-negotiable condition for entering into or renewing any contract for the confinement of incarcerated individuals. Before a contract is executed, potential partners must demonstrate full compliance with PREA regulations. This requirement is standard across all contracts and is applied universally, without exception. The Administrator confirmed that the absence of verifiable PREA compliance is an automatic disqualifier in the contracting process.

### **PROVISIONS**

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

The Pre-Audit Questionnaire confirmed that the Georgia Department of Corrections requires any outside agency or facility with which it contracts for the confinement of individuals to formally adopt and comply with PREA standards. This compliance requirement is explicitly included in the standard contract language used by the Department, thereby making it a binding obligation for all contracting parties.

Although the facility itself does not directly manage or negotiate confinement contracts, it operates under the larger umbrella of the GDC's centralized contracting

system. This centralized approach ensures consistency and accountability across all agreements. The responsibility for enforcing PREA compliance within these contracts rests with designated Contract Managers, who oversee performance, monitor adherence to policy requirements, and ensure corrective action is taken when necessary.

According to facility reports and documentation, one contract for confinement was either established or renewed within the past 12 months. More broadly, the GDC reported a total of twenty-six contracts in effect or renewed during that same timeframe. Each of these contracts includes detailed language requiring compliance with PREA standards and outlines mechanisms for ongoing monitoring and enforcement. These practices were confirmed during the interview with the Contract Administrator, who reaffirmed that all contractual agreements include PREA compliance requirements and that the Department does not proceed with any contract absent these provisions.

### **Relevant Policies**

Policy Number 208.06, most recently revised and implemented on June 23, 2022, serves as the agency's authoritative policy document on PREA. It directly addresses the requirements of Standard §115.12 and sets forth the expectations for all contractual partners. The policy clearly states that any new or renewed contract for the housing or confinement of incarcerated individuals must include provisions requiring adherence to all relevant GDC policies, including those pertaining to PREA. This requirement is categorical—no waivers, exemptions, or exceptions are permitted under any circumstances. This policy functions as the backbone of contractor accountability and ensures that PREA standards are enforced uniformly throughout the correctional system.

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

In addition to embedding compliance requirements into all contracts, the Department also mandates active and ongoing oversight to verify that contractors meet PREA standards. The PAQ confirms that all existing and newly executed contracts for confinement include explicit provisions for monitoring contractor performance related to PREA compliance. There are no current contracts that are exempt from these oversight provisions.

During the interview, the Contract Administrator outlined how this oversight is operationalized. Before finalizing a contract, GDC staff conduct a detailed review of the contractor's policies and procedures to ensure alignment with federal PREA guidelines. Contractors must also agree to report all allegations of sexual abuse or sexual harassment to the Department in a timely manner. In addition to immediate notification, contractors are obligated to submit copies of any investigative reports and supporting documentation directly to the GDC PREA Coordinator. This centralized reporting requirement enhances transparency and enables the Department to maintain uniformity in investigative practices, response protocols, and corrective measures across all contracted facilities.

### **CONCLUSION**

	<p>Based on a comprehensive review of documentation and in-depth interviews with agency personnel, the Auditor finds that the Georgia Department of Corrections, as well as the audited facility, fully meets the requirements of PREA Standard §115.12. The Department has implemented a robust and clearly defined contracting framework that ensures all agreements for the confinement of individuals include mandatory PREA compliance provisions. The agency's centralized oversight model—anchored by strong policy language, pre-contract vetting, and continuous monitoring—reflects a consistent and enforceable approach to contractor accountability. This commitment is clearly demonstrated through policy, practice, and personnel interviews, illustrating the agency's unwavering adherence to the principles and standards set forth by the Prison Rape Elimination Act.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To determine the facility's compliance with PREA Standard §115.13 – Supervision and Monitoring, the Auditor conducted a thorough review of core documentation that reflects both the agency's policy framework and the facility's operational practices. This included a close examination of the completed Pre-Audit Questionnaire (PAQ) and the comprehensive package of supporting materials submitted for review.</p> <p>Central to this analysis was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) – Sexually Abusive Behavior Prevention and Intervention Program, which took effect on June 23, 2022. This directive outlines the Department's expectations and procedural requirements for ensuring continuous supervision, robust monitoring practices, and institutional accountability for the prevention of sexual abuse and harassment. The SOP clearly establishes the operational standards to which each facility must adhere.</p> <p>The facility's current Staffing Plan, most recently updated and approved on February 13, 2025, was also reviewed. The plan provides a detailed breakdown of staff posts, supervisory responsibilities, coverage strategies, and contingency measures. It reflects an institutional commitment to maintaining PREA-compliant staffing patterns that are responsive to the layout of the physical plant, inmate programming schedules, and the needs of the population.</p> <p><b>OBSERVATIONS</b></p> <p>During the on-site assessment, the Auditor conducted a facility-wide walkthrough and performed random checks of housing unit logbooks to evaluate whether unannounced supervisory rounds were occurring as required. These logbooks</p>

consistently documented the presence of intermediate- and higher-level supervisors making unannounced rounds on every shift throughout the week. Each entry was clearly dated, included relevant details, and corroborated the schedules described by staff during interviews.

These observations confirmed that the facility was not only following the policy on paper but had also institutionalized a culture of proactive oversight. The presence of supervisory personnel was routine and purposeful, and the documentation reflected a high standard of accountability aimed at both deterring misconduct and promptly identifying any potential issues.

## **INTERVIEWS**

### **Facility Head or Designee**

In a comprehensive interview, the Facility Head discussed the various factors considered when developing and implementing the facility's staffing strategy. These include the design and layout of the institution, the nature and frequency of offender movement, population characteristics, and the structure of daily programming. The Facility Head emphasized that maintaining safe and appropriate staffing levels is a top priority and is approached with consideration for both security and rehabilitative objectives.

The interview further revealed that the facility leverages its physical layout and video monitoring system to enhance staff visibility and extend supervisory reach. Other considerations influencing staffing decisions include external oversight, internal accountability structures, and flexibility to respond to emerging needs. At the time of the audit, the facility employed 29 full-time staff members, had hired three new staff in the preceding 12 months, and reported three contractors and eleven volunteers—though not all volunteers were currently active.

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

The PCM described the processes in place to ensure that staffing patterns and post assignments are continually aligned with PREA expectations. These include periodic evaluations of staff deployment in relation to supervision effectiveness, inmate access to programming, and direct observation. The PCM also discussed how video surveillance is regularly reviewed to identify blind spots, assess functionality, and determine areas for technological upgrades, thereby supporting facility-wide safety and security goals.

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

Supervisory personnel confirmed that they are responsible for conducting unannounced rounds on every shift, seven days a week. These rounds are intended to maintain high visibility, monitor staff performance, and serve as a deterrent to inappropriate behavior. Supervisors explained that each round is recorded in dedicated housing unit logbooks, which were available for the Auditor's inspection during the site review. They also described routine engagement with both staff and incarcerated individuals during rounds to offer support and address concerns.

**Random Staff**

Line staff interviewed independently confirmed that supervisory rounds are conducted without prior notice and occur consistently, including during evening, night, and weekend shifts. Staff demonstrated a clear understanding of the PREA-mandated prohibition against providing advance notice of these rounds and stated that this rule is strictly adhered to. They reported that supervisors routinely check documentation, offer feedback, and are accessible to staff and those in custody alike.

**Random Inmates**

Individuals housed at the facility validated that supervisory staff—especially the PCM and other senior personnel—frequently enter living areas and engage directly with residents. They noted that these rounds are perceived as routine and beneficial, contributing to a greater sense of safety and accountability. Inmates described supervisory staff as approachable, responsive, and willing to listen to concerns.

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

The Auditor confirmed, through review of the PAQ and supporting documentation, that the facility has developed a written staffing plan that addresses all 13 elements required under PREA Standard §115.13. This includes provisions for routine coverage of essential posts, supervision of resident movement, daily program operations, and surveillance support. The plan considers the physical structure of the facility and is built on a population base of 140 individuals, with the reported daily average over the last 12 months being 136.

The current staffing plan, dated February 13, 2025, was found to be comprehensive and developed in accordance with GDC's established template (Attachment 11 to SOP 208.06). It includes clear assignment of supervisory duties and outlines strategies for ensuring full coverage, even in the event of unexpected vacancies. The Facility Head verified its implementation and fidelity.

**Relevant Policy:**

Per SOP 208.06, each facility must prepare a staffing plan using the prescribed format. It must be implemented in good faith and deviations are to be documented on the daily Post Roster. Any necessary modifications require PREA Coordinator review and approval.

**Provision (b):**

The PAQ indicated, and interviews confirmed, that there were no deviations from the approved staffing plan during the 12-month audit period. When unexpected absences occur, the facility utilizes overtime staffing or reassigns personnel to ensure that critical posts remain covered. These strategies have proven effective in maintaining operational integrity and supervision standards. This was verified by the Facility Head.

**Relevant Policy:**

GDC SOP 208.06 requires that any deviations be fully documented on daily Post Rosters and reviewed by facility leadership. Persistent issues must be brought to the attention of the PREA Coordinator for corrective action and possible revision of the

staffing plan.

**Provision (c):**

The facility conducts annual assessments of the staffing plan in collaboration with the PREA Coordinator. These reviews evaluate supervision levels, staffing patterns, facility operations, and video surveillance coverage. The Auditor reviewed the most recent assessment, dated February 13, 2025, which verified full adherence to approved staffing levels and confirmed sufficient surveillance coverage in all areas accessible to the incarcerated population. The evaluation was supported by staff schedules, camera audit logs, and supervisory checklists. This was verified by the Facility Head.

**Relevant Policy:**

SOP 208.06 requires a formal, documented staffing evaluation each year. This evaluation must analyze current staffing adequacy, surveillance system coverage, and overall supervision effectiveness. Recommendations for revisions must be reviewed and approved by the PREA Coordinator.

**Provision (d):**

Unannounced supervisory rounds occur on every shift each week, consistent with the expectations set forth in SOP 208.06. These rounds serve a preventive function and are designed to reinforce staff accountability while ensuring institutional transparency. The prohibition on advance notice is widely understood and respected, as confirmed by multiple sources. This was verified by an immediate-or-higher level supervisor.

The Auditor witnessed supervisory personnel conducting rounds in real time during the site tour and verified the presence of detailed logbook entries supporting regular execution. These practices underscore the facility's commitment to maintaining safe, well-monitored living environments.

**Relevant Policy:**

Section 6 of SOP 208.06 specifies that intermediate- and higher-level supervisors are to conduct and log unannounced rounds each week, on all shifts. Duty Officers are likewise expected to document their oversight. Advance notice is prohibited except in cases where operational necessity dictates otherwise.

**CONCLUSION**

After an exhaustive review of policies, staffing documentation, shift logs, surveillance systems, and on-site observations—along with comprehensive interviews with staff and individuals in custody—the Auditor finds the facility to be in full compliance with PREA Standard §115.13. The institution has a clearly defined and implemented staffing plan that aligns with PREA expectations, supported by strong documentation and consistent supervisory engagement. Unannounced rounds are occurring routinely, video monitoring is actively utilized, and staff demonstrate a solid understanding of their role in preventing and detecting sexual abuse and harassment. The evidence presented affirms a culture of accountability, visibility, and proactive supervision within the facility.



115.14	Youthful inmates
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 576 376"><b>DOCUMENT REVIEW</b></p> <p data-bbox="256 383 1437 752">To evaluate compliance with PREA Standard §115.14, the Auditor conducted a thorough review of key documentation, beginning with the facility's completed Pre-Audit Questionnaire (PAQ) and its associated supporting materials. Included in this review was the Georgia Department of Corrections (GDC) Standard Operating Procedures, specifically Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. This policy outlines statewide expectations and procedures related to the protection of individuals in custody, including those who may fall within the classification of youthful inmates.</p> <p data-bbox="256 786 504 819"><b>OBSERVATIONS</b></p> <p data-bbox="256 826 1477 1196">During the on-site facility tour, the Auditor observed the general population areas, housing units, and intake spaces. At no time was any youthful inmate seen during the walkthrough. Furthermore, the Auditor conducted a detailed review of the facility's inmate roster and verified that no individuals currently housed at the facility were born after 2007. This cross-verification aligned with the facility's assertion that it does not accept or detain youthful inmates. The physical environment and population makeup further supported this operational stance, with no units or accommodations present that would typically be required for the housing of youthful individuals under the age of 18.</p> <p data-bbox="256 1274 456 1308"><b>INTERVIEWS</b></p> <p data-bbox="256 1352 464 1386"><b>Facility Head</b></p> <p data-bbox="256 1393 1453 1594">The Facility Head was interviewed both formally and informally during the audit process. During these conversations, the Facility Head clearly affirmed that the facility does not house youthful inmates and is not designated to receive individuals under the age of 18. This operational guideline is consistent with the broader classification and placement procedures employed by the agency.</p> <p data-bbox="256 1628 791 1662"><b>PREA Compliance Manager (PCM)</b></p> <p data-bbox="256 1668 1461 1870">The PREA Compliance Manager reinforced the Facility Head's statements, verifying that the facility's classification and intake systems are designed to ensure that youthful inmates are not assigned to this location. The PCM further explained that existing screening protocols would automatically flag any individual under the age of 18, triggering alternative placement procedures in accordance with agency policy.</p> <p data-bbox="256 1915 528 1948"><b>Youthful Inmates</b></p> <p data-bbox="256 1955 1461 2033">As no youthful inmates were housed at the facility during the time of the audit, there were no individuals in this category available for interview.</p>

	<p><b>PROVISIONS</b></p> <p><b>Provision (a)</b> The facility reported on the Pre-Audit Questionnaire that it does not house youthful inmates, a statement that was substantiated through documentation and direct observation. The Auditor reviewed the most current population roster and confirmed that no individuals in custody had birthdates indicating they were under the age of 18. The facility's physical layout, staff awareness, and intake procedures all support its operational designation as an adult-only institution. The was verified by the Facility Head.</p> <p><b>RELEVANT POLICY</b> GDC Standard Operating Procedure 208.06, effective June 23, 2022, outlines the requirements for the management of youthful inmates in Section 7, items a through c, found on page 10 of the policy. While this section provides clear directives for facilities that house youthful individuals, it does not apply to the audited facility, as it does not receive or detain youthful inmates. The facility operates under the agency's broader classification system, which routes youthful offenders to specifically designated facilities equipped to meet their developmental and legal needs.</p> <p><b>Provision (b)</b> This provision is not applicable. The facility does not house youthful inmates and therefore has no obligation under this subsection.</p> <p><b>Provision (c)</b> This provision is also not applicable, as the facility does not house youthful inmates.</p> <p><b>CONCLUSION</b> Based on a comprehensive assessment that included a detailed review of policy and population data, interviews with leadership staff, and direct observations conducted during the facility tour, the Auditor finds that the facility is in full compliance with PREA Standard §115.14 concerning youthful inmates. The evidence clearly demonstrates that the facility is neither designed nor designated to house youthful individuals, and no youthful inmates were present during the audit period. Policies, screening procedures, and population management practices are consistent with this operational status, ensuring that youthful inmates are appropriately diverted to designated facilities in accordance with GDC policy.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**DOCUMENT REVIEW**

In preparation for the PREA compliance audit, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supplemental documentation submitted by the facility. Among the key documents examined were the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs), including Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. Also reviewed was SOP 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020. These foundational documents provide the operational framework for search procedures and inmate privacy protections across the agency.

Additional materials reviewed included the GDC’s Contraband Interdiction and Searches Curriculum and facilitator notes regarding cross-gender search practices. The Auditor also examined the Policy Information Bulletin issued on September 12, 2024, which outlined recent revisions to SOPs 226.01 and 220.09. Staff training records were assessed for documentation of PREA training, and both random staff and inmate interviews were conducted to validate policy implementation and institutional practices.

**OBSERVATIONS**

During the facility tour, the Auditor observed that facility staff consistently announced the presence of opposite-gender personnel prior to entering housing units, in alignment with PREA requirements. When the Auditor, who is of the opposite gender to the general population, entered inmate housing or restroom areas, facility staff also made the appropriate announcement to alert incarcerated individuals.

Throughout the tour, the Auditor noted the presence of both cisgender male and transgender female individuals housed within the facility. The inclusion and visibility of transgender individuals were confirmed both on facility grounds and within the secure areas of the institution.

**INTERVIEWS**

**Non-Medical Staff Involved in Cross-Gender Searches**

Interviews with non-medical staff confirmed that cross-gender strip searches and cross-gender visual body cavity searches are not performed at this facility under routine circumstances. Staff emphasized that in rare and unanticipated exigent situations, such searches would only occur with prior authorization from the Facility Head and would be conducted by qualified medical personnel. All such instances would be documented comprehensively to ensure transparency and accountability.

**Random Staff**

Seventeen randomly selected staff members were formally interviewed, complemented by informal conversations conducted during the audit. Interviewees

consistently reported that:

- They received training on conducting cross-gender searches, including procedures to follow in exigent circumstances, during Day 1 of In-Service Training.
- They had not personally conducted any cross-gender strip or visual body cavity searches.
- Female staff do not conduct such searches under any circumstances.
- There are always male staff available to perform necessary searches when required.
- Search procedures involving transgender or intersex individuals are guided by a commitment to respect and dignity, with no searches conducted solely to determine genital status.
- Shower facilities are predominantly single-stall, offering privacy to all inmates. In units without individual stalls, alternative arrangements for private showering times are made.
- Transgender and intersex inmates are consulted regarding preferred showering arrangements, and their input is considered seriously in final decisions.

#### **Random Inmate**

Every inmate interviewed (100%) affirmed that:

- They have not experienced a cross-gender strip or visual body cavity search.
- They are afforded the opportunity to change clothes and shower without being viewed by staff of a different gender.
- Opposite-gender staff consistently announce their presence before entering housing or restroom areas.

#### **Transgender Inmate**

All transgender inmates interviewed (100%) expressed satisfaction with both the search procedures and shower accommodations at the facility. They confirmed that they had never been subjected to searches solely intended to determine their genital status.

### **PROVISIONS**

#### **Provision (a): Cross-Gender Searches**

The facility reported, and staff interviews confirmed, that no cross-gender strip searches or cross-gender visual body cavity searches were conducted in the 12 months preceding the audit. Transgender inmates reported being searched by female staff and, when strip searches were required, by medical personnel.

**Relevant policies include:**

SOP 208.06, which strictly prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when conducted by medical professionals.  
SOP 226.01, which historically assigned search protocols based on the gender designation linked to the facility's classification.  
On September 12, 2024, the GDC issued a Policy Information Bulletin revising SOP 226.01 and SOP 220.09. Key updates include:

Transgender and intersex inmates are now to be searched in accordance with SOP 220.09, considering (but not guaranteeing) the inmate's gender identity and search preferences, as documented in SOP 220.09 Attachment 1.

A new question was added to the classification form: "Who would you rather be searched by (not guaranteed)? Female? Male? No Preference?"

This PIB took immediate effect across all GDC facilities, and all Facility Heads were notified to implement the revisions.

**Provision (b): Female Inmate Housing**

This provision does not apply to the facility, which is designated for adult males. At the time of the audit, the facility housed 1,190 inmates, including two transgender women.

**Provision (c): Cross-Gender Search Documentation**

While the facility does not house females and does not routinely conduct cross-gender searches, it confirmed that in rare exigent circumstances, such searches would be approved by the Facility Head, conducted by medical personnel, and fully documented in accordance with SOP 208.06.

**Provision (d): Privacy from Opposite-Gender Viewing**

Interviews with inmates confirmed that the facility provides opportunities for showering, changing clothes, and using the restroom without being observed by opposite-gender staff, except in emergencies or during routine checks. All inmates reported that staff of the opposite gender announce their presence prior to entering living areas.

**Policies supporting this include:**

SOP 208.06, which mandates privacy for inmates during personal activities and requires staff announcements before entering housing units.

Notices posted in the living areas inform inmates that both male and female staff work in the housing units.

Inmates receive information during intake and orientation about the presence of staff of all genders.

Transgender inmates expressed full satisfaction with privacy accommodations.

**Provision (e): Search Protocols for Transgender/Intersex Inmates**

Inmates and staff confirmed that:

	<ul style="list-style-type: none"><li>• Inmates are able to shower and change clothing without being viewed by staff of a different gender.</li><li>• Transgender inmates are never searched solely to determine genital status.</li><li>• Staff are trained to perform searches in a respectful and minimally intrusive manner.</li><li>• Transgender inmates are satisfied with both the manner and conditions under which searches are conducted.</li></ul> <p>Policy 208.06 reinforces these practices, explicitly stating that genital status must never be determined through searches, but rather through private conversations, medical evaluations, or documentation. Training modules include demonstrations on respectful and professional pat-search procedures.</p> <p>As part of staff training, simulated search demonstrations are conducted to teach respectful handling of sensitive body areas. These include the use of gloves, explanations of each search step, and adaptations for transgender individuals—always prioritizing the inmate's dignity and safety.</p> <p><b>Provision (f): Staff Training and Search Procedures</b></p> <p>The Auditor verified that all staff received PREA training on appropriate search procedures, including those specific to cross-gender and transgender inmate interactions. Training rosters matched the staff list, and each participant acknowledged receipt of the materials.</p> <p>Informal interviews with female staff affirmed that, while they are permitted to conduct pat-down searches, male staff are readily available to handle any situation requiring more invasive search procedures. Staff consistently reported that they defer to male personnel for cross-gender strip or body cavity searches.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of all documentation, interviews with staff and inmates, and observations during the onsite audit, the Auditor concludes that the facility is in full compliance with all provisions of the PREA standard governing limitations on cross-gender viewing and searches. The September 12, 2024, policy revisions further strengthen the facility's commitment to ensuring dignity, safety, and respect for all incarcerated individuals, including transgender and intersex populations.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

To assess the facility's compliance with PREA Standard §115.16, which mandates equal access to PREA protections for individuals with disabilities and those with limited English proficiency (LEP), the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supplemental documentation provided by the facility.

Among the primary documents reviewed were:

- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled PREA Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.
- PREA informational brochures available in both English and Spanish.
- LanguageLine Insight User Guide for video interpretation services.
- Lionbridge User Guide for telephonic language interpretation support.
- Bilingual English/Spanish dialing instructions for the GDC PREA Hotline.
- PREA education and awareness posters prominently displayed across facility locations.

This collection of materials reflects a comprehensive and proactive approach by the facility to ensure that all individuals, regardless of language proficiency or disability status, have meaningful and equitable access to information regarding their rights under the Prison Rape Elimination Act.

## **OBSERVATIONS**

During the on-site tour, the Auditor observed that PREA-related signage was posted clearly and accessibly in both English and Spanish throughout the institution. Posters were strategically placed in high-visibility locations including housing units, common areas, program spaces, and visitation areas. Materials were situated at eye level and positioned in areas where residents frequently travel or gather, ensuring accessibility regardless of literacy level or mobility constraints.

In addition to signage, printed PREA brochures were made available in multiple locations. Video-based educational materials, interpreter service instructions, and staff-facilitated resources were also readily accessible. The presence of these resources reinforced the facility's commitment to ensuring inclusive, comprehensible communication and equal access to reporting mechanisms.

## **INTERVIEWS**

### **Facility Head**

During the interview, the Facility Head confirmed that the facility has established and implemented procedures to ensure that individuals with disabilities or those with limited English proficiency are fully informed of their rights and can report sexual abuse or harassment without hindrance. Professional interpretation services—such as those offered by LanguageLine and Lionbridge—are routinely utilized. In addition to

written and video-based materials, visual aids and alternative communication formats are made available when needed. Staff receive regular training on how to recognize the need for interpretive services and how to access them immediately and appropriately.

### **Random Staff**

Every staff member interviewed affirmed a clear understanding that inmates are not permitted to serve as interpreters or readers for any PREA-related matter. Staff were consistent in stating that they have never relied on, witnessed, or authorized the use of inmate interpreters. Instead, staff reported confidently using approved interpretation services to assist in any situation involving a language barrier or communication challenge, in accordance with agency policy.

### **Inmates with Disabilities**

At the time of the on-site audit, no individuals identified as having physical or cognitive disabilities were housed at the facility. As such, no inmate interviews were conducted specifically within this category. Nonetheless, policies and procedures supporting this population were clearly in place.

## **PROVISIONS**

### **Provision (a): Equal Access for Individuals with Disabilities and LEP**

The PAQ and supporting interviews affirmed that the facility has implemented robust systems to ensure that all incarcerated individuals, including those with disabilities or limited English proficiency, are afforded full access to the facility's PREA education and reporting processes. These systems include translation services, adaptive communication tools, and alternative formats for conveying critical information.

The Auditor reviewed the facility's LanguageLine instructional guide, which provides step-by-step instructions for accessing real-time interpretation:

- Dial a designated toll-free number.
- Enter the facility's unique PIN code.
- Select the language required (e.g., press 1 for Spanish).
- Connect with a live interpreter within seconds.

### **Relevant Policy:**

GDC SOP 208.06, Section 9.a (p. 12) directs all PREA Compliance Managers to consult SOP 103.63, which governs ADA Title II compliance. This policy ensures individuals with disabilities and LEP individuals are provided necessary accommodations to understand their rights, report concerns, and access all relevant PREA services.

### **Provision (b): Accessibility Accommodations**

The PAQ confirms that the facility offers equal access to PREA-related education and protections for LEP and disabled individuals through the following supports:



- **LanguageLine:** Offers video remote interpretation services, including American Sign Language (ASL).
- **Lionbridge:** Provides multilingual real-time telephonic interpretation.
- **PREA Materials:** Brochures and posters are produced in both English and Spanish; orientation videos include closed captions.

Additional Accommodations:

- LEP individuals receive translated materials and have access to real-time interpreters.
- Individuals who are deaf or hard of hearing can access ASL interpreters via VRI and are supported with visual resources and captioned content.
- Visually impaired individuals are offered audio versions of materials or can receive staff-assisted readings. Braille documents are made available upon request.
- Individuals with cognitive impairments or low literacy receive verbal explanations from trained staff or access simplified educational formats designed for broader comprehension.

**Relevant Policy:**

SOP 208.06 requires all PREA-related content to be communicated in a manner that is understandable, inclusive, and effective for all individuals, regardless of physical ability, language fluency, or educational background. Information provided must cover prevention strategies, how to self-protect, methods for reporting, and avenues for counseling or supportive services.

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

The facility confirmed through the PAQ and staff interviews that inmate interpreters, readers, or assistants have not been used to facilitate communication in any PREA-related matter during the past 12 months. This was further reinforced through consistent staff reporting and the absence of documented incidents.

**Relevant Policy:**

SOP 208.06 (Sections 9.b, pp. 12–13) explicitly prohibits the use of inmates to interpret or facilitate communication for other inmates in relation to PREA matters. The only exception applies to rare exigent circumstances—such as when waiting for a professional interpreter would create a significant safety risk, interfere with a timely first response, or jeopardize an investigation. Even then, the use of inmate interpreters is strongly discouraged, and reliance on professional services remains the standard.

**CONCLUSION**

Following an in-depth review of facility documentation, observations of posted resources, and interviews with staff and leadership, the Auditor finds the facility to be in full compliance with PREA Standard §115.16. The institution demonstrates a comprehensive, well-structured approach to ensuring that individuals with disabilities

	<p>and limited English proficiency are fully informed and supported in accessing PREA-related services.</p> <p>The integration of professional interpretation platforms, accessible educational materials, and clear staff protocols reflects the facility's strong commitment to inclusivity, transparency, and the protection of every incarcerated individual's rights. All required provisions of the standard have been met without exception.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility's adherence to the requirements outlined in PREA Standard §115.17—specifically the mandate to prevent individuals with a history of sexual abuse or harassment from serving in positions of trust, the Auditor undertook a detailed and methodical review of the Pre-Audit Questionnaire (PAQ) and an extensive set of supporting documents submitted by the facility.</p> <p>Among the key documents reviewed were:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation</li> <li>• GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• GDC SOP 104.09 – Filling a Vacancy, effective May 27, 2022</li> <li>• GDC SOP 104.09, Attachment 4 – Applicant Verification, revised May 25, 2022</li> <li>• GDC SOP 104.18 – Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020</li> <li>• 29 personnel records</li> </ul> <p>This documentation provided a comprehensive overview of the facility's internal systems for hiring, promotion, and background screening, all of which are designed to align with the goals and obligations of PREA. These systems collectively help ensure that individuals who pose a risk of sexual misconduct are not placed in roles where they have access to people in custody.</p> <p><b>INTERVIEWS</b></p> <p><b>Human Resources Staff</b></p> <p>The Auditor conducted a focused interview with Human Resources personnel to assess the facility's approach to staffing and vetting. During this conversation, the HR staff outlined the following key practices:</p>

- All applicants are required to disclose any prior criminal conduct or involvement in incidents of sexual abuse or harassment, whether substantiated or under investigation.
- Criminal background checks are not only conducted prior to employment but are also repeated at least once every five years for all staff members, regardless of position.
- The Georgia Department of Corrections (GDC) maintains an automated system that tracks and alerts HR teams to upcoming deadlines for required background checks.
- Employees are obligated to report any arrests or new criminal charges through their designated chain of command, ensuring transparency and accountability.
- When other institutions inquire about a former employee, the facility provides information regarding any substantiated allegations of sexual abuse or harassment—unless prohibited by law.

The Auditor also reviewed 29 employee files, each containing complete documentation of background checks, signed PREA disclosures, and affirmative responses to PREA-mandated screening questions. Among these employees, 10 had been hired within the past 12 months. Additionally, the facility reported having 1 contractor and 3 volunteers who also fall under these vetting standards.

## **PROVISIONS**

### **Provision (a): Disqualification Based on History of Sexual Abuse or Misconduct**

The facility follows a strict policy prohibiting the hiring or promotion of any person who may have contact with individuals in custody and who meets any of the following disqualifying criteria:

- A history of engaging in sexual abuse in a correctional, detention, or similar institutional setting.
- A criminal conviction for sexually coercive behavior involving force, threat, or a victim who could not consent.
- A civil or administrative adjudication for engaging in conduct meeting the definition of sexual coercion or abuse.
- These restrictions apply equally to all categories of personnel, including full-time staff, part-time employees, contractors, and volunteers.

### **Supporting Policy**

GDC SOP 208.06, Sections 10(a)(i-v), clearly articulates these conditions. It also mandates that:

- Past incidents of sexual harassment must be considered in all employment decisions.

- Candidates must be asked specific, PREA-related questions during the hiring process.
- A system is in place to track the status of all required background checks.
- Former employers must be contacted to disclose any substantiated allegations or resignations during ongoing investigations.
- Providing false or incomplete information regarding prior misconduct is grounds for termination.

GDC SOP 104.09 outlines the step-by-step procedures for evaluating applicants, including structured interviews, professional reference checks, and a detailed review of application materials using formal scoring criteria.

### **Record Review**

All 29 personnel records reviewed by the Auditor demonstrated full compliance with the standard. Every file included criminal background check documentation, signed PREA disclosures, and affirmative answers to the screening questions.

### **Provision (b): Consideration of Past Sexual Harassment**

In compliance with this provision, the facility confirmed that any known incidents of sexual harassment—whether substantiated or credibly alleged—are taken into account when making hiring, promotion, or contracting decisions involving contact with incarcerated individuals.

### **Supporting Policy**

SOP 208.06, Section 10(a)(ii), requires that all hiring authorities factor in any documented incidents of sexual harassment, even if not rising to the level of abuse, when evaluating a candidate's fitness for employment or advancement.

### **Provision (c): Background Checks and Employer Disclosures**

Background checks are conducted for all new hires who may interact with incarcerated individuals. Furthermore, in accordance with applicable law, the facility makes good faith efforts to contact previous institutional employers to obtain any information about substantiated sexual abuse allegations or investigations that were still open when the candidate left the prior job.

While the PAQ noted eight hires in the past year, HR clarified that three of those individuals were in positions involving direct inmate contact. The Auditor verified this during the file review, which showed completed background checks and PREA compliance documentation for all relevant hires.

### **Supporting Policy**

SOP 208.06 and SOP 104.09 require both proactive inquiry into past misconduct and periodic reevaluation through follow-up criminal checks. These policies are designed to ensure that no individual is placed in a position of trust without a full and current assessment of their suitability.

### **Provision (d): Contractor Screening**

The facility maintains contracts with three outside service providers whose staff may have inmate contact. Each contractor has undergone a criminal background check before beginning work, with additional checks scheduled at five-year intervals.

**Supporting Policy**

SOP 208.06 (Section 10(b)(ii)) mandates pre-employment criminal checks for contractors and volunteers. It also requires them to complete a formal verification form, affirming the accuracy of all disclosed information.

**Provision (e): Ongoing Background Checks**

In alignment with state policy, the facility ensures that all staff and contractors with inmate contact undergo criminal background checks at least once every five years. HR confirmed that their monitoring system tracks these deadlines and generates alerts when renewals are due.

**Supporting Policy**

SOP 104.18 outlines the procedures for obtaining and updating criminal background records. All applicants are required to sign a consent form authorizing these checks, and refusal to sign results in immediate disqualification. Any employment decisions based on background findings must be disclosed to the applicant, in writing, in accordance with legal requirements.

**Provision (f): Disclosure of Misconduct During Hiring and Employment**

The facility requires applicants and employees to answer direct questions about past sexual misconduct at multiple stages: during the application process, during interviews, and through written self-disclosure forms. These questions are also integrated into annual training and re-certification procedures. Employees are required to continue disclosing any future misconduct throughout their employment.

HR staff confirmed the consistent use of these inquiries and the presence of documented affirmations in all reviewed personnel files.

**Provision (g): Termination for False or Omitted Information**

Any omission or falsification of relevant information about past sexual misconduct is considered a serious violation. The policy clearly states that such actions are grounds for immediate termination.

**Supporting Policy**

SOP 208.06 (Section 10(a)(v)) reinforces this by stipulating that integrity and transparency are non-negotiable elements of employment. Willful nondisclosure or dishonesty during the vetting process disqualifies an individual from continued service.

**Provision (h): Information Sharing with Future Employers**

The facility is committed to transparency when it comes to substantiated allegations of sexual abuse or harassment involving former employees. Unless specifically

	<p>prohibited by law, the Department responds to institutional employer requests by sharing any such information.</p> <p>HR staff affirmed that the Department regularly cooperates with external hiring bodies to prevent the re-employment of individuals who have previously violated PREA standards.</p> <p><b>CONCLUSION</b></p> <p>Based on the thorough review of personnel files, internal policy documents, and interviews with Human Resources staff, the Auditor finds that the facility fully complies with all elements of PREA Standard §115.17. The facility demonstrates a robust, systematic approach to preventing the hiring, promotion, or continued employment of individuals who pose a risk of sexual misconduct within the correctional environment.</p> <p>The combined use of formal background checks, comprehensive disclosure policies, and rigorous documentation ensures that hiring practices are not only compliant but also grounded in a clear commitment to the safety and dignity of all incarcerated individuals. The facility's adherence to these standards represents a model of best practice in the correctional field.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for the on-site component of the PREA compliance audit, the Auditor conducted a thorough and detailed examination of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility. This comprehensive review encompassed agency-wide policies, facility-specific operational procedures, and records relating to recent improvements in physical plant infrastructure and technological capabilities.</p> <p>Special attention was given to the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), specifically Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy serves as a foundational document outlining the Department's strategic and procedural approach to PREA implementation. It provides clear guidance on leveraging facility design, electronic surveillance, and emerging technologies to support efforts in the prevention, detection, and response to sexual abuse within correctional settings. The review affirmed that the facility's PREA strategy is aligned with departmental expectations and reflective of current best practices in correctional safety.</p>

## **OBSERVATIONS**

While touring the facility during the on-site audit, the Auditor observed the layout and placement of the video surveillance system, noting the facility's concerted efforts to maximize visibility in all inmate-accessible areas. Surveillance cameras were strategically positioned to provide extensive visual coverage of high-traffic and vulnerable zones, while convex security mirrors were installed in select locations to minimize blind spots and enhance direct supervision by staff.

The Auditor also took note of recent technological upgrades evident throughout the facility. Several areas featured newly installed or modernized surveillance cameras, and enhancements to the facility's monitoring systems were clearly visible. These upgrades not only demonstrate the facility's commitment to safety and accountability but also represent proactive steps taken to reinforce PREA compliance by strengthening the ability to monitor inmate behavior and respond swiftly to any indicators of sexual misconduct or risk.

## **INTERVIEWS**

### **Facility Head or Designee**

During a formal interview with the Facility Head, it was confirmed that a comprehensive, facility-wide video monitoring system is in place and operational. The interviewee described how the system offers expansive coverage and is supplemented by the use of security mirrors in areas where full camera coverage may not be feasible. This dual approach ensures consistent observation and reduces the potential for blind spots, thereby reinforcing staff supervision efforts.

The Facility Head also discussed an ongoing, multi-phase project aimed at expanding and enhancing the facility's surveillance infrastructure. Though not yet fully completed, the initiative includes the installation of new cameras, upgrading existing systems, and integrating advanced technologies. These measures are designed to improve the facility's capacity to oversee inmate movement, document incidents, and identify problematic behavior in real time.

Importantly, the Facility Head emphasized that all planned construction, renovations, and physical plant modifications are evaluated through a PREA compliance lens. Prior to initiating any such projects, facility leadership and executive management convene to assess potential safety and security impacts. These planning sessions include detailed reviews of surveillance coverage, camera placement, sightline improvements, and the overall use of technology to reduce risk. The goal is to ensure that any structural change contributes positively to the prevention and detection of sexual abuse.

These discussions are data-informed and incorporate institutional reports related to incidents of sexual abuse, use of force documentation, PREA-related grievances, video surveillance reviews, staff absenteeism, and staff morale. By anchoring decisions in operational trends and PREA mandates, the facility demonstrates a

	<p>deliberate and safety-oriented approach to facility planning and environmental design.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a):</b> According to documentation provided in the PAQ and as confirmed through interviews, the agency has not constructed any new facilities, acquired additional buildings, or implemented significant structural changes to existing buildings since August 20, 2012, or the date of the most recent PREA audit—whichever is more recent. The Facility Head provided assurance that no major capital construction projects had occurred during this timeframe.</p> <p><b>Provision (b):</b> While no new construction has taken place, the PAQ clearly indicated—and the Facility Head verified—that the facility has undertaken enhancements to its electronic surveillance system. These improvements reflect the facility’s ongoing efforts to elevate monitoring capabilities, support staff supervision, and reinforce institutional safeguards aligned with PREA objectives.</p> <p><b>CONCLUSION</b></p> <p>Following a detailed review of the Pre-Audit Questionnaire, supporting documentation, and agency policies; direct observation during the on-site facility tour; and interviews with leadership personnel, the Auditor concludes that the facility has taken deliberate and effective steps to enhance its surveillance infrastructure and maintain a safe environment for all individuals in custody. These efforts demonstrate full compliance with the requirements outlined in PREA Standard §115.18 – Upgrades to Facilities and Technology.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for the PREA audit, the Auditor conducted a thorough and meticulous review of all documentation submitted by the facility both prior to and during the audit process. This documentation was essential in evaluating the facility’s adherence to PREA Standard §115.21, which governs evidence protocols and access to forensic medical examinations for individuals alleging sexual abuse.</p> <p>The review included a range of critical documents such as:</p>



- The fully completed Pre-Audit Questionnaire (PAQ), along with all associated attachments and supporting evidence;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;
- GDC SOP 103.10, Evidence Handling and Crime Scene Processing, effective August 30, 2022;
- A fully executed Memorandum of Understanding (MOU) between the facility and The Lily Pad SANE Center, which outlines the provision of Sexual Assault Forensic Exams (SAFEs) and victim advocacy services.

The collective content of these materials demonstrated a structured, policy-driven approach to evidence collection and the delivery of trauma-informed forensic medical services in response to incidents of sexual abuse.

## **INTERVIEWS**

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

In a one-on-one interview, the PREA Coordinator explained the facility's evidence collection protocols, describing them as standardized, comprehensive, and aligned with both GDC policy and nationally recognized best practices. The Coordinator clarified that while the facility does not currently house youthful individuals, all procedures related to evidence collection and victim support are designed to be developmentally appropriate should the need arise.

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

The PREA Compliance Manager confirmed that the facility has a formal, active partnership with The Lily Pad SANE Center. This arrangement ensures that any individual requiring a forensic medical exam receives services at no cost and in accordance with trauma-informed principles. The center also provides victim advocacy as part of its service continuum. The PCM reported that no forensic medical exams had been required in the 12 months preceding the audit, but protocols remain in place for immediate activation if necessary.

### **SANE/SAFE-Certified Medical Personnel:**

Medical professionals who are certified as Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) described the procedures they follow when providing forensic exams. These exams are conducted off-site at The Lily Pad SANE Center, where inmates are transported securely and without cost. Medical services include obtaining informed consent, conducting trauma-informed medical evaluations, collecting forensic evidence with strict adherence to chain-of-custody protocols, documenting findings in detail, and offering prophylaxis for sexually transmitted infections and HIV.

### **Random Staff:**

Facility staff selected at random for interviews demonstrated sound knowledge of their responsibilities in responding to allegations of sexual abuse. They accurately explained how to preserve physical evidence, protect crime scenes, and ensure that appropriate medical and investigative personnel are promptly notified and involved.

**Inmate Interviews (Alleged Victims):**

At the time of the audit, there were no individuals in custody who had reported sexual abuse. As a result, there were no interviews conducted within this category.

**Rape Crisis Center Representatives:**

Representatives from The Lily Pad SANE Center confirmed the active status of the MOU with the facility. They described a full range of services provided to survivors of sexual abuse, including 24-hour hotline access, in-person advocacy during forensic exams, culturally and linguistically competent care, accommodations for individuals with disabilities, and support navigating both the medical and investigative processes.

**PROVISIONS**

**Provision (a):**

Through both documentation review and staff interviews, the Auditor confirmed that the facility is responsible for all administrative investigations into allegations of sexual abuse. Criminal investigations, including crime scene processing and evidence collection, fall under the jurisdiction of the Terrell County Sheriff's Office. Facility policies mandate adherence to established protocols for evidence collection, designed to maintain the integrity and chain-of-custody of all physical evidence.

**Relevant Policy:** GDC SOP 208.06 requires compliance with SOPs 103.06 and 103.10, ensuring a unified and policy-based approach to investigations and evidence handling.

**Provision (b):**

Although the facility does not house youthful individuals, all relevant protocols have been developed to accommodate youthful residents if needed. The Auditor verified that no individuals born after 2007 were in custody at the time of the audit. The evidence handling policies include language and procedures tailored for age-appropriate application.

**Relevant Policy:** SOP 208.06 aligns with the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents) and incorporates modifications for minors when applicable.

**Provision (c):**

The facility guarantees that all individuals in custody have access to forensic medical services at no cost. These exams are provided by licensed SANE personnel at The Lily Pad SANE Center. While no exams occurred in the 12 months leading up to the audit, procedures remain in place to ensure immediate access when needed.

**Exam Procedure Summary:** Services include obtaining informed consent, conducting comprehensive physical exams, documenting narratives of the incident, photographing injuries (with consent), administering STI and HIV prevention treatments, and maintaining secure evidence storage in accordance with chain-of-custody standards.

**Relevant Policy:** SOP 208.06 (p. 16) mandates activation of the SANE protocol within 72 hours of an allegation and requires compliance with SOP 507.04.85 regarding informed consent procedures.

**Provision (d):**

An MOU is in effect between the facility and The Lily Pad SANE Center, ensuring that individuals who report sexual abuse have access to both forensic medical examinations and trained victim advocates.

**Relevant Policy:** SOP 208.06 outlines a tiered strategy for providing advocacy services—giving priority to external rape crisis partners, followed by community-based organizations, and then trained facility staff if external options are unavailable.

**Provision (e):**

The Lily Pad SANE Center provides victim advocates who are available to accompany and support inmates during medical and investigative processes. Services include crisis intervention, emotional support, information sharing, and referral to additional community resources.

**Provision (f):**

As previously noted, administrative investigations are conducted by facility staff, while criminal investigations are handled by the Terrell County Sheriff's Office. Law enforcement is also responsible for managing crime scenes and facilitating access to language interpretation or disability accommodations when needed.

**Provision (g):**

This provision was not applicable to the scope of the audit and was therefore not evaluated.

**Provision (h):**

The MOU ensures that trained victim advocates are available to support any individual in custody who discloses an incident of sexual abuse. Advocates may remain involved throughout the medical and investigative processes and provide continued support thereafter as needed.

**CONCLUSION**

Based on an extensive review of documentation, policies, and procedures; interviews with staff and external service providers; and evaluation of relevant practices, the Auditor finds the facility in full compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations. The facility has established a comprehensive, consistent, and developmentally appropriate approach to evidence collection and victim services. Individuals in custody are assured access to trauma-

	informed, no-cost forensic medical care and benefit from a strong collaborative relationship with an external rape crisis center that provides qualified advocacy and support throughout the entire response process.
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENT REVIEW</p> <p>To evaluate the facility’s compliance with the Prison Rape Elimination Act (PREA) Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations, the Auditor conducted a thorough and systematic review of the documentation provided by the Georgia Department of Corrections (GDC) both prior to and during the onsite audit. This assessment included a comprehensive examination of the Pre-Audit Questionnaire (PAQ) and a variety of supporting materials that demonstrated the agency’s formal approach to addressing and investigating all allegations of sexual abuse and sexual harassment.</p> <p>Among the key documents reviewed were:</p> <p>The completed Pre-Audit Questionnaire (PAQ) and associated attachments;  GDC Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;  GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;  Data and incident reports related to PREA allegations received during the 12-month period preceding the audit.</p> <p>Collectively, these materials outlined the Department’s structured expectations and policies regarding the reporting, referral, and investigation of sexual misconduct allegations. The procedures emphasize the importance of immediate response, impartial investigations, and accountability—ensuring that each allegation is taken seriously and subjected to a thorough review process, regardless of its nature or perceived credibility.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee:</p> <p>During the onsite interview, the Agency Head’s designee articulated GDC’s unwavering commitment to a zero-tolerance stance on all forms of sexual abuse and sexual harassment within its facilities. The designee affirmed that every allegation—whether administrative in nature or indicative of potential criminal conduct—is subjected to immediate, structured investigation. These investigations are handled internally by trained and credentialed GDC investigators. Allegations that may involve criminal behavior are promptly referred to law enforcement authorities in</p>

accordance with established procedures, with each referral documented and tracked. The designee also noted that the agency's policy on investigative referrals is publicly available on the official GDC website, ensuring transparency and public accountability.

Investigative Staff:

Staff assigned to investigative duties reinforced the agency's commitment to diligent and impartial case handling. Interviewees demonstrated a clear understanding of their investigative responsibilities, expressing confidence in the protocols and training provided by the Department. They confirmed that both administrative and criminal allegations are approached with the same level of professionalism, seriousness, and attention to detail. Staff noted that all reports are documented, no allegations are dismissed without review, and investigations are guided by GDC policy as well as prevailing best practices in correctional investigations.

PROVISIONS

Provision (a):

Information provided in the PAQ and confirmed through interviews indicated that the agency ensures a complete investigation—either administrative or criminal—for every report of sexual abuse or sexual harassment. This procedural requirement was verified through interviews with both the Agency Head's designee and investigative staff.

In the 12 months prior to the onsite audit, the facility received one PREA-related allegation involving a report of staff-on-inmate sexual abuse. This allegation was thoroughly investigated through administrative channels and was ultimately determined to be unfounded. The individual who made the allegation received formal, written notification of the investigation's outcome.

Supporting Policy:

GDC SOP 208.06 (Page 30, Section G.1) clearly states that "all reports of sexual abuse or sexual harassment shall be treated as allegations and will be investigated," thereby mandating that no report is ignored or minimized based on origin, subject matter, or perceived credibility.

Provision (b):

The facility confirmed, both in its PAQ and through staff interviews, that it has established policies and practices to ensure that any allegation involving potential criminal conduct is referred to an appropriate external law enforcement agency for further investigation. These referral procedures are formally documented and publicly accessible via the GDC website at:

<http://www.gdc.ga.gov/content/101-208-policy-compliance-unit>

Interviewed personnel consistently reported that all criminal referrals are documented, tracked, and supported by relevant case materials. The referral process is designed to preserve investigative integrity while ensuring that individuals in custody receive due consideration and support throughout the process.

	<p><b>Supporting Policies:</b></p> <ul style="list-style-type: none"> <li>GDC SOP 208.06 (Page 31, Section G.8 a-c): Requires prompt reporting of allegations involving penetration or observable injury to regional and state PREA authorities; Assigns investigative authority to specially trained agents for allegations that may warrant criminal investigation; Emphasizes a trauma-informed, evidence-driven approach to collecting documentation and testimony; Prohibits staff from assessing the credibility of an allegation based on an individual's status as incarcerated or employed; Explicitly forbids the use of polygraph testing as a prerequisite for continuing an investigation.</li> <li>GDC SOP 103.06 (Page 1, Section I): Requires that all investigations be conducted confidentially and without bias; Mandates full cooperation from staff and prohibits any form of intimidation, retaliation, or coercion during the investigative process.</li> </ul> <p><b>Provision (c):</b> As outlined in Provision (a), the Auditor verified that the facility consistently ensures a complete investigation—whether administrative or criminal—for every allegation received. This unwavering approach reflects a commitment to due process, victim safety, and institutional integrity.</p> <p><b>Provisions (d) and (e):</b> These provisions were determined to be outside the scope of this particular audit and were not evaluated as part of this compliance assessment.</p> <p><b>CONCLUSION</b></p> <p>After a comprehensive review of all applicable policies, incident documentation, investigative practices, and in-depth staff interviews, the Auditor concludes that the Georgia Department of Corrections is in full compliance with PREA Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations. The agency has established a robust framework to ensure that all reports of sexual abuse and harassment are thoroughly investigated. The process incorporates internal accountability mechanisms, structured referral procedures for criminal cases, and publicly accessible policies that reinforce institutional transparency. This commitment underscores the Department's ongoing dedication to creating a safe, respectful, and rights-based environment for all individuals in its custody</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

To assess the facility's compliance with the staff training requirements outlined in PREA Standard §115.31, the Auditor conducted a thorough and detailed review of all documentation related to employee education and preparedness in preventing, detecting, reporting, and responding to incidents of sexual abuse and harassment.

This comprehensive evaluation included a review of the Pre-Audit Questionnaire (PAQ) and all supplemental documents provided by the facility prior to the onsite audit. Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022.

The facility's complete PREA training curriculum was analyzed, including its structured modules that cover essential topics in alignment with the federal PREA standards. In addition to curriculum content, the Auditor reviewed training attendance records, sign-in sheets, and signed acknowledgment forms that documented each staff member's participation and understanding of the training material.

A representative sample of individual training records was drawn from various departments and job roles, allowing the Auditor to verify training across diverse facility functions. The documentation was assessed not only for content alignment but also for frequency, accessibility, and effectiveness in preparing staff to meet the standards required by PREA and GDC policy.

## **INTERVIEWS**

### **Random Staff Interviews:**

To further validate the effectiveness and implementation of the training program, the Auditor conducted interviews with a randomized cross-section of facility staff, representing a wide range of job classifications, including both custody and non-custody roles.

All staff members interviewed reported receiving PREA training as part of their initial onboarding before having any contact with individuals in custody. They also confirmed that PREA training is updated annually and is continuously reinforced through various channels such as daily shift briefings, roll calls, scheduled staff meetings, and formal in-service sessions.

Interviewees demonstrated a strong and consistent grasp of their roles and responsibilities related to preventing and responding to sexual abuse and harassment. Staff were able to clearly articulate the core components of their PREA training and gave specific, real-world examples of how this training influences their daily responsibilities. Many cited the agency's emphasis on the ten foundational PREA training elements and explained how these principles are applied in their professional interactions and facility procedures.

## **PROVISIONS**

**Provision (a):**

According to the PAQ and corroborated by document review and staff interviews, all facility staff with potential contact with incarcerated individuals receive comprehensive training that, at minimum, addresses the ten key content areas outlined in §115.31. These areas include:

- The agency's zero-tolerance stance on sexual abuse and harassment.
- The duties and responsibilities of staff in preventing, detecting, reporting, and responding to sexual misconduct.
- The right of incarcerated individuals to be free from sexual victimization.
- Protection from retaliation for anyone who reports incidents of abuse or harassment.
- The unique dynamics of sexual abuse and harassment in correctional settings.
- Typical psychological and behavioral responses of victims.
- How to recognize signs of potential or actual sexual abuse and how to respond appropriately.
- The importance of avoiding inappropriate relationships with incarcerated individuals.
- Maintaining respectful, professional communication with all individuals, including those who are LGBTI or gender nonconforming.
- Legal responsibilities regarding mandatory reporting to external entities.

The training curriculum clearly reflects these ten elements, often presented in numbered sections to enhance clarity, comprehension, and retention. The facility has also tailored specific training content to align with the roles and duties of various staff members, ensuring relevance and practical application.

A review of 29 randomly selected training files showed each staff member had received training in these areas, with signed acknowledgment forms confirming their participation and understanding. The facility's training program is fully aligned with GDC SOP 208.06, which explicitly mandates these ten training components on page 19, Section 1(a)(i-x).

**Provision (b):**

The Auditor verified through multiple sources that the facility delivers gender-responsive PREA training that is specifically designed to address the characteristics and needs of the male population it houses. The training content incorporates guidance on gender-specific dynamics and educates staff on how to respond appropriately and respectfully in situations involving individuals of different gender identities and expressions.

GDC policy further stipulates that staff transferring to facilities with a different gender population must receive supplemental, gender-specific training prior to beginning work in the new setting. This policy was confirmed by staff during interviews, all of whom expressed an understanding of this requirement and shared experiences of receiving facility-specific training that reflected the needs of the male population.



Additionally, training modules address best practices in engaging with individuals who identify as transgender, intersex, or otherwise gender nonconforming. This includes instruction on respectful communication, professional boundaries, and ensuring dignity and safety for all individuals in custody.

These gender-specific training mandates are clearly set forth in GDC SOP 208.06, page 20, Sections 1(b-d), and include additional specialized training for staff assigned to Sexual Abuse Response Teams (SART) and those who work closely with vulnerable or high-risk populations.

**Provision (c):**

The Auditor reviewed training records for 25 of the 29 staff selected for sampling and confirmed that each had received PREA training within the past 12 months. Although the federal standard requires refresher training at least once every two years, the facility exceeds this minimum by providing continuous, annual updates.

In addition to scheduled training sessions, the facility delivers ongoing education through daily shift briefings, staff development discussions, visual reminders posted throughout the facility, and distribution of printed materials focused on PREA compliance and best practices.

Every staff member interviewed stated that they had participated in recent PREA training and exhibited strong familiarity with its content. Their accurate recall and confident articulation of PREA principles reflected a facility culture that emphasizes and reinforces PREA awareness year-round.

**Provision (d):**

The Auditor found that the facility employs a consistent and reliable process for documenting staff training participation. Attendance is captured through physical sign-in sheets or digital tracking systems, and all training is accompanied by signed acknowledgment forms attesting to staff understanding and commitment to upholding PREA standards.

Each training file reviewed contained these acknowledgment forms, which were neatly organized and securely maintained. The facility's systematic approach to recordkeeping supports transparency, accountability, and effective monitoring of training compliance.

**CONCLUSION**

After a thorough review of policy documentation, training records, and firsthand interviews with staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31 – Employee Training.

The facility has developed and implemented a comprehensive, well-organized training program that equips staff with the knowledge, tools, and awareness required to prevent and respond to incidents of sexual abuse and harassment. Training is tailored, gender-responsive, and reinforced regularly, fostering a workplace culture

	<p>that prioritizes safety, professionalism, and the protection of human dignity.</p> <p>Staff demonstrated a solid understanding of their roles and responsibilities under PREA, and the facility's commitment to continuous education is evident in both its formal curriculum and day-to-day practices. This robust training infrastructure plays a critical role in ensuring a safe, respectful, and responsive correctional environment.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for assessing compliance with PREA Standard §115.32 – Volunteer and Contractor Training, the Auditor conducted a detailed and methodical review of all relevant documentation submitted by the facility. This included an evaluation of the Pre-Audit Questionnaire (PAQ) and accompanying materials that reflect the facility's practices and policies regarding the training of individuals who provide services within the institution but are not employees.</p> <ul style="list-style-type: none"> <li>• Key documents reviewed as part of this process included the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy outlines the expectations for PREA compliance across all GDC facilities and clearly defines training requirements for both volunteers and contractors.</li> <li>• The Auditor also examined the facility's PREA training curriculum specifically developed for volunteers and contractors. This curriculum is tailored to ensure that non-employee personnel understand their responsibilities in preventing, detecting, and responding to incidents of sexual abuse or harassment. In addition, the Auditor reviewed signed acknowledgment forms verifying that these individuals had received, reviewed, and understood the training content. The presence of these completed forms, maintained in personnel or contractor files, confirmed that the facility systematically tracks and documents compliance with PREA training requirements.</li> </ul> <p><b>INTERVIEWS</b></p> <p><b>Volunteer Interview:</b></p> <p>The Auditor conducted a one-on-one interview with a facility volunteer, who confirmed that PREA training was provided prior to any engagement with individuals in custody. The volunteer described the training as relevant and specific to their role within the facility. When asked to explain how they would respond to witnessing or receiving a report of sexual abuse or harassment, the volunteer confidently outlined</p>

the proper protocol. Their responses demonstrated an understanding of PREA's purpose, the facility's zero-tolerance policy, and the appropriate steps for reporting allegations or concerns.

**Contractor Interview:**

Similarly, a contractor working within the facility was interviewed and affirmed that they had completed PREA training before being granted access to areas where they would be in proximity to incarcerated individuals. The contractor emphasized that the training was appropriately geared toward their specific duties and clearly communicated their obligations under the PREA standards. When asked targeted questions about their understanding of reporting protocols and their responsibility to prevent and respond to sexual misconduct, the contractor answered accurately and without hesitation.

**PROVISIONS**

**Provision (a):**

The facility indicated in its PAQ that all volunteers and contractors who may have contact with individuals in custody receive training on their responsibilities related to the prevention, detection, and response to sexual abuse and harassment. This was confirmed during the audit process. A total of four individuals—both contractors and volunteers—were identified as having completed this training.

The Auditor verified these training records through interviews and review of supporting documentation. Each record included a signed acknowledgment form confirming the completion of annual training and affirming comprehension of the materials presented. This practice aligns with the requirements of GDC SOP 208.06, page 20, Section 2(a), which mandates that all volunteers and contractors receive PREA-related training and a copy of the agency's zero-tolerance policy. As per the policy, Attachment 19, the Staff PREA Brochure, may also be used to supplement the training process.

**Provision (b):**

The PAQ further states that the scope and depth of PREA training provided to volunteers and contractors is based on the specific services they offer and the degree of contact they are expected to have with individuals in custody. However, regardless of the role, all non-employee personnel are required to be informed of the Department's zero-tolerance policy and the procedures for reporting sexual abuse and harassment.

The Auditor's interviews confirmed the accuracy of this report. Both the volunteer and the contractor indicated they had been clearly informed of the zero-tolerance policy during their orientation and training. They also described how to report incidents or concerns in a timely and effective manner. Their responses illustrated that the training content was appropriately customized and fully understood, supporting compliance with GDC SOP 208.06, page 20, Section 2(b), which requires that all non-employee personnel be aware of and understand the Department's zero-tolerance

	<p>stance.</p> <p><b>Provision (c):</b></p> <p>According to the PAQ, the facility maintains records verifying that each volunteer and contractor has completed the required PREA training and understands their responsibilities. This claim was substantiated by the Auditor through the review of signed PREA Education Acknowledgment Statements located in each individual's file. These documents confirm that the training was both delivered and understood.</p> <p>GDC SOP 208.06, page 21, Section 2(c), requires that participation in PREA training be formally documented—either via physical signature or electronic verification. The policy mandates the use of Attachment 1 – PREA Education Acknowledgment Statement as the standard tool for recording participant understanding. It also encourages non-employee personnel to seek clarification from staff if any portion of the training is unclear. The Auditor found consistent documentation of these procedures across all reviewed records, indicating strong adherence to this policy directive.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive evaluation of training records, facility policy, and personal interviews with both a volunteer and a contractor, the Auditor concludes that the facility is fully compliant with PREA Standard §115.32 – Volunteer and Contractor Training.</p> <p>The facility has demonstrated that it has implemented appropriate mechanisms to ensure all non-employee personnel with potential inmate contact are properly trained on their PREA-related responsibilities. The training is role-specific, effectively communicated, and consistently documented. Importantly, both the volunteer and contractor interviewed were able to articulate a clear understanding of the facility's zero-tolerance policy and the procedures for reporting concerns related to sexual abuse or harassment. These findings reflect a proactive, well-structured approach to fostering a safe and respectful environment for all individuals within the facility.</p>
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115.33	Inmate education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for the on-site audit, the auditor conducted an extensive and methodical review of documentation submitted by the facility, focusing specifically on compliance with PREA Standard §115.33 – Inmate Education. The review aimed to determine the effectiveness and thoroughness of the facility's efforts to inform incarcerated individuals about their rights, the agency's zero-tolerance policy for</p>

sexual abuse and harassment, and the available reporting mechanisms.

The documentation package included the following key materials:

- The completed Pre-Audit Questionnaire (PAQ) along with relevant attachments
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022
- Instructional video titled Discussing the Prison Rape Elimination Act, produced by GDC and dated February 23, 2023
- LanguageLine Insight Video Interpreting User Guide
- The GDC-produced PREA Inmate Information Guide Brochure (undated)
- The GDC Offender Handbook (undated)
- “Reporting is the First Step” informational posters
- Posters identifying contact information for outside confidential support agencies
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- Intake documentation verifying the delivery of PREA education upon arrival
- Inmate-signed acknowledgment forms confirming receipt of PREA education
- A tracking spreadsheet recording the dates of both initial and comprehensive PREA education

## **OBSERVATIONS**

While touring the facility, the auditor observed numerous PREA-related informational materials posted in clear and accessible locations. Posters reinforcing the agency’s zero-tolerance policy and outlining the steps for reporting sexual abuse or harassment were prominently displayed in inmate housing units, near telephones, and throughout common areas. These materials were presented in both English and Spanish to ensure linguistic accessibility.

The facility had taken meaningful steps to accommodate individuals with sensory, cognitive, or learning challenges. Educational videos included American Sign Language (ASL) interpretation and closed captioning, and Braille materials were available upon request. The PREA video, Discussing the Prison Rape Elimination Act, was accessible in both English and Spanish and was clearly integrated into the educational curriculum for all new arrivals.

## **INTERVIEWS**

### **Intake Staff**

Staff assigned to the intake process consistently affirmed that all new arrivals receive immediate education on the facility’s zero-tolerance stance and available reporting mechanisms. This introductory education includes written materials, verbal explanations, and a video presentation. Staff emphasized that the initial education session takes place during the intake process and is followed by a more comprehensive orientation session within 15 days of arrival.

Topics covered during the extended education session include:

- The right to be free from sexual abuse, harassment, and retaliation
- A detailed overview of reporting procedures, including anonymous and third-party options
- The facility's investigative responsibilities
- Access to support services for survivors of abuse
- Notification that supervision may be provided by staff of any gender

Staff also explained that inmates transferring from facilities with differing PREA protocols receive the education again upon arrival. Documentation, including signed acknowledgment forms, is retained in each individual's file and is verified prior to final housing assignment.

### **Randomly Selected Inmates**

Interviews conducted with a random selection of incarcerated individuals supported the accounts provided by staff. Each of the interviewees recalled receiving PREA-related information during intake, viewing the orientation video, and receiving additional instruction within the first few weeks of arrival. The individuals demonstrated awareness of the facility's zero-tolerance policy and were able to explain how to report incidents of sexual abuse or harassment.

## **PROVISIONS**

### **Provision (a): Intake Education Within 24 Hours**

The PAQ indicated that all 295 individuals admitted during the previous 12 months received initial PREA education during the intake process. This assertion was substantiated through interviews with intake staff and review of documented records. Staff explained that this preliminary session introduces essential safety concepts until more comprehensive training is provided. A review of education records for a sample of 50 individuals revealed 100% compliance with the requirement to deliver intake education within 24 hours of arrival.

### **Relevant Policy:**

GDC SOP 208.06, Section 3 (page 21), mandates that all individuals receive written and verbal PREA education, available in English or Spanish, upon entry to the facility. Documentation of this education must be signed and retained in the individual's file.

### **Provision (b): Comprehensive Education Within 30 Days**

According to the PAQ, 276 individuals admitted during the past year and housed for longer than 30 days received the full PREA orientation within the required timeframe. This was verified through documentation review and staff interviews. The comprehensive session, which includes a trauma-informed 15-minute video produced by Arks Media, addresses:

- The agency's zero-tolerance policy
- Definitions and examples of sexual abuse and harassment
- Risk reduction strategies
- Reporting procedures (anonymous and third-party included)

- Investigation protocols
- Support services for victims
- Notification that housing units may be supervised by staff of any gender

**Relevant Policy:**

Per GDC SOP 208.06, Sections 3.a.i-ix (pages 21-22), this orientation must be completed within 15 days of admission, and participation must be documented with a signature and filed appropriately.

**Additional Resources**

Educational posters titled “Reporting is the First Step” were seen throughout the facility. These posters list the four primary reporting options:

- Telephone: Internal PREA hotline (\*7732)
- **Mail:** PREA Coordinator and Victim Services addresses
- **Email:** Facility-authorized reporting addresses
- **Third-Party Reporting:** Friends or family members can report on behalf of the individual

The GDC PREA hotline permits anonymous calls without restriction, and staff noted there were no complaints regarding the brief voicemail time limit. The Offender Handbook (pages 45-47) and the PREA Inmate Brochure also provide detailed information on rights, reporting processes, and available support services.

**Provision (c): Education Prior to Housing Assignment**

Interviews with intake staff confirmed that each individual receives initial PREA education before being assigned to housing, ensuring they are aware of their rights and the facility’s protective policies. The PAQ states this orientation is completed within 72 hours of arrival, which was validated through interviews and document review.

**Provision (d): Accessible Education for All Populations**

The facility provides inclusive and equitable PREA education to all individuals, regardless of language proficiency, disability, or literacy level. Methods include:

**Limited English Proficiency (LEP):** Materials in Spanish and access to LanguageLine interpreters for other languages

Hearing Impaired: Captioned videos, ASL interpretation, and Video Remote Interpreting (VRI) services

**Visually Impaired:** Audio recordings, staff-read materials, and Braille versions upon request

**Cognitive Disabilities:** Simplified verbal presentations with comprehension checks

**Low Literacy:** Use of audio-visual content and one-on-one staff assistance

These accommodations ensure that the facility delivers meaningful and understandable education to all individuals in its custody.

**Provision (e): Documentation of Education**

	<p>As confirmed in the PAQ and verified during the audit, all PREA education is documented in each individual's institutional file. The auditor reviewed education records for a sample of 50 individuals, all of which included signed acknowledgment forms confirming receipt of both initial and comprehensive PREA education within the mandated timeframes.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06 (page 22, Section 3.b) requires that proof of participation in PREA training be documented and stored in the institutional file.</p> <p><b>Provision (f): Ongoing Visibility of PREA Education</b> PREA educational materials were found to be permanently and clearly posted in all housing units, common areas, and near telephones. These include posters outlining the agency's zero-tolerance policy, reporting options, and supportive services. In addition to visual materials, handbooks and brochures further reinforce this information.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of facility documentation, policies, educational materials, staff and inmate interviews, and direct on-site observations, the auditor finds the facility to be in full compliance with PREA Standard §115.33 – Inmate Education.</p> <p>The facility has implemented a robust, well-documented, and inclusive educational program that ensures all individuals are informed of their rights, the agency's zero-tolerance stance, and how to report sexual abuse or harassment safely and confidentially. Education is provided in a timely manner, with thoughtful accommodations for diverse needs, reinforcing the institution's commitment to maintaining a safe and respectful environment for everyone in its custody.</p>
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115.34	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility's compliance with the requirements set forth in PREA Standard §115.34—Specialized Training for Investigators—the Auditor conducted a comprehensive review of agency and facility-level documentation. This standard mandates that individuals tasked with investigating allegations of sexual abuse or sexual harassment in confinement settings receive specialized training tailored to the unique dynamics of such environments.</p> <p>The following documents were thoroughly reviewed as part of this assessment:</p>



- The facility's completed Pre-Audit Questionnaire (PAQ), including all related attachments submitted in advance of the on-site audit;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- Detailed training curricula and lesson plans outlining the scope, learning objectives, and instructional methods used in the delivery of specialized training to investigators;
- Sign-in sheets and attendance rosters verifying the participation of investigative personnel in the training sessions required;
- Certificates of completion and personnel file notations documenting each staff member's successful fulfillment of the specialized training requirement.

Together, these materials confirmed that investigative staff received instruction designed to ensure investigations are trauma-informed, procedurally sound, and aligned with the evidentiary standards and protections applicable in correctional settings.

## **INTERVIEWS**

### **Investigators**

The Auditor conducted interviews with investigators assigned to respond to and investigate allegations of sexual abuse and harassment within the facility. Each individual affirmed their completion of the required specialized training and provided detailed descriptions of its content. Key training topics cited during these discussions included:

- Administration of Miranda and Garrity warnings in accordance with legal standards;
- Application of trauma-informed techniques during victim interviews;
- Procedures for the collection, preservation, and chain of custody of physical and testimonial evidence;
- Distinctions between the evidentiary thresholds needed to support administrative findings versus criminal charges.

Interviewed personnel demonstrated a strong understanding of these topics and explained how they routinely apply the training in their investigative work. Their responses reflected both competence and confidence, suggesting that the training received has been translated effectively into practice.

## **PROVISIONS**

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

According to the PAQ and consistent with GDC SOP 208.06, all personnel responsible

for conducting investigations into sexual abuse or harassment are required to complete specialized training. This requirement applies to both internal staff and external professionals assigned investigative responsibilities. Interviews confirmed that all assigned investigators have completed the training and are fully aware of its application within the facility's operational context.

Relevant policy guidance appears in SOP 208.06, Section 4, paragraphs a-c (page 23), which outlines the following expectations:

- (a) Investigative staff must complete specialized training specific to sexual abuse investigations in confinement settings;
- (b) Training must address topics such as trauma-informed interviewing, Miranda and Garrity warnings, evidentiary procedures, and standards of proof;
- (c) The agency is responsible for retaining documentation verifying that all investigators have completed the training.

**Provision (b):**

The content of the training program, as confirmed by interview responses and curriculum review, aligns fully with the requirements outlined in agency policy. Investigators described receiving instruction in each of the required content areas and provided examples of how their training has influenced their approach to gathering information, interacting with survivors, and formulating findings.

**Provision (c):**

The facility maintains thorough records to demonstrate that all investigative staff have completed the mandated specialized training. The Auditor reviewed a range of documentation, including:

**Investigator training logs;**

Certificates of training completion;

Personnel file entries referencing specialized training status.

These records were consistent and up to date. Interview responses independently corroborated the documentation, with staff members affirming both their training history and their continued readiness to investigate PREA-related allegations.

**Provision (d):**

This provision was deemed not applicable to this audit in accordance with the PREA Audit Instrument. As such, it was not assessed during the compliance review.

**CONCLUSION**

Based on an exhaustive review of agency policy, training documentation, and investigative staff interviews, the Auditor finds the facility to be in full compliance with the requirements of PREA Standard §115.34 – Specialized Training: Investigations. The facility and the Georgia Department of Corrections have demonstrated a clear and sustained commitment to ensuring that investigators are well-prepared to conduct thorough, trauma-informed investigations that meet PREA standards and safeguard the rights of all individuals in custody.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with the Prison Rape Elimination Act (PREA) Standard §115.35, which pertains to specialized training for medical and mental health care practitioners, the Auditor undertook a thorough examination of all relevant documents. The review included:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and its accompanying documentation</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, revised June 23, 2022</li> <li>• Training curricula, lesson plans, and related instructional materials specifically designed for health services professionals</li> <li>• Attendance records and training documentation pertaining to the facility’s medical staff</li> </ul> <p>These materials provided insight into the facility’s approach to ensuring that health care professionals are equipped with the knowledge and skills needed to identify indicators of sexual abuse and sexual harassment, respond effectively in accordance with PREA requirements, and fulfill all associated reporting obligations. The reviewed documentation reflected the agency’s broader commitment to aligning its training efforts with PREA’s mandates, particularly those related to trauma-informed, victim-centered care in a correctional setting.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>During the on-site audit, the Facility Head was interviewed to clarify the facility’s expectations and practices concerning medical staff training. The administrator confirmed that all medical personnel assigned to the facility are required to complete both the general PREA training mandated for all employees and a specialized curriculum tailored to health care providers. The Facility Head affirmed that the on-site nurse had successfully completed all required training components, including the specialized content focusing on the unique responsibilities of medical staff in responding to sexual abuse and harassment.</p> <p><b>Medical Practitioner</b></p> <p>The facility currently employs a single licensed nurse who serves as the primary on-site medical provider. In a one-on-one interview, the nurse reported having completed the general PREA training during orientation and attending annual refresher training sessions. Additionally, the nurse stated that specialized training relevant to the</p>

medical response to sexual abuse was completed, covering topics such as recognizing physical and behavioral signs of abuse, understanding reporting protocols, providing appropriate medical care to survivors, and adhering to documentation and evidence preservation procedures. The nurse articulated these responsibilities with confidence and demonstrated a comprehensive understanding of their role in PREA-related incidents.

### **Mental Health Services**

At the time of the audit, the facility did not have an assigned mental health care provider on-site. Therefore, no interviews were conducted with mental health professionals. In situations where mental health services are necessary, the facility coordinates referrals and services through external providers under the GDC umbrella.

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

The PREA Compliance Manager (PCM) reinforced the information shared by other staff and confirmed that all medical personnel are required to complete both general and specialized PREA training, consistent with §115.31 and §115.35. The PCM noted that training records are maintained for each medical employee, and these are reviewed on a recurring basis to ensure compliance with agency requirements. The PCM also emphasized that the facility works to keep its training practices current with GDC policies and PREA standards.

## **PROVISIONS**

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

According to the PAQ and interviews conducted during the site visit, the agency mandates that all medical and mental health professionals who work regularly within its institutions complete specialized PREA training. This requirement was affirmed by both the Facility Head and the PREA Compliance Manager, and corroborated by the on-site nurse. The facility provided training outlines and content summaries for review; however, the Auditor noted that full documentation—such as individual training certificates or complete training logs—was not consistently available for all medical staff as initially requested.

### **Relevant Policy:**

GDC SOP 208.06 (Section V, p. 23) explicitly requires that all medical and mental health professionals, whether directly employed or contracted, complete specialized PREA training annually. This training must be documented and retained in each staff member's training file. The SOP also mandates participation in GDC's annual in-service training sessions focused on reinforcing knowledge and skills related to the prevention, detection, and response to sexual abuse and sexual harassment.

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

This provision is not applicable to the facility. According to both facility policy and GDC SOP 208.06, on-site medical staff are not authorized to conduct forensic medical examinations. Such exams are referred to qualified external medical professionals

	<p>who have received appropriate forensic training.</p> <p><b>Provision (c):</b> The PAQ indicates that the agency maintains documentation verifying that all medical personnel have received the required specialized training. This was partially supported during the audit. While the on-site nurse was able to verbally confirm completion of both general and specialized training and demonstrated proficiency in PREA-related responsibilities, the facility was unable to produce complete written verification for all components of the training.</p> <p><b>Provision (d):</b> The PAQ also reports that medical staff are included in general PREA training provided to employees, contractors, and volunteers. This information was validated through interviews with the nurse and the PREA Compliance Manager. The nurse confirmed participation in orientation and refresher courses that are standard for all facility staff, and the PCM reported that attendance for such training is routinely tracked and documented.</p> <p><b>CONCLUSION</b> Following a comprehensive review of relevant policy documents, training materials, and interviews with facility staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.35, which requires specialized training for medical and mental health care providers. While the Auditor noted the absence of certain documentation—such as complete training certificates, the available evidence supports the finding that the on-site medical provider has completed both the required general and specialized PREA training. The nurse displayed a strong command of the facility’s procedures for responding to sexual abuse and harassment, consistent with PREA standards. Moreover, policy requirements and staff interviews reflect the facility’s commitment to ensuring health care professionals are appropriately trained to respond effectively and sensitively to incidents of sexual abuse and sexual harassment.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Completely rewrite in narrative form, expand, make it look and sound new and fresh without changing meaning or headings, make gender neutral</p> <p><b>DOCUMENT REVIEW</b> In evaluating the facility’s compliance with PREA Standard §115.41—Screening for Risk of Victimization and Abusiveness—the Auditor conducted an in-depth review of</p>

the following materials:

- The completed Pre-Audit Questionnaire (PAQ) and all supporting documents
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated June 23, 2022
- Attachment 2 of SOP 208.06, revised June 23, 2022, which contains the official risk screening instrument
- Inmate Initial Risk Assessment Records
- Inmate 30-Day Risk Reassessment Records

The documentation provided clear evidence of the facility's structured and consistent approach to assessing inmates' risk levels related to sexual victimization and abusiveness. The screening tools and related procedures were aligned with the standards outlined in PREA and reflected a commitment to using risk information for individualized, protective decision-making.

## **INTERVIEWS**

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

The PREA Coordinator explained that screening information is made available only to staff with a legitimate need to know—this includes medical professionals, mental health providers, classification officers, and the PREA Compliance Manager (PCM). Access is strictly controlled and used solely for treatment, security, and management decisions, such as housing placement and program or job assignments. The PC also affirmed that the GDC does not detain individuals solely for civil immigration purposes.

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

During the interview, the PCM emphasized that the primary goal of risk screening is to enhance inmate safety. The assessment helps identify individuals at elevated risk of being victimized or perpetrating abuse, enabling staff to make housing and supervision decisions that minimize risk and enhance protection. The PCM also confirmed that all screenings are completed using the official GDC instrument and within the timeframes required by policy.

### **Risk Screening Staff**

Staff responsible for conducting the screenings reported that the initial risk assessment is completed within 24 hours of an inmate's arrival. A follow-up reassessment occurs within 30 days, with additional screenings administered in response to specific triggers—such as a PREA allegation, the inmate's return to the facility after absence, or receipt of new safety-related information. Transgender individuals receive additional assessments within 24 hours, again within 30 days, and at least every six months thereafter. Staff confirmed that inmates are never penalized for refusing to answer screening questions. Instead, they attempt to re-engage the individual in a respectful, trauma-informed manner.

### **Random Inmate**

Inmates interviewed randomly during the audit verified that they had completed a risk screening shortly after arrival, with a follow-up within several weeks. They recalled being asked questions about their safety concerns, prior victimization, gender identity, sexual orientation, and whether this was their first incarceration. Their responses confirmed that the screening process was implemented consistently and in alignment with PREA requirements.

## **PROVISIONS**

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

The PAQ confirms that the facility follows a policy requiring all inmates to be screened upon intake and following any transfer for risk of sexual victimization or abusiveness. This policy is clearly outlined in GDC SOP 208.06, Section D.1 (p. 23), which mandates that all incarcerated individuals must be screened upon arrival at a facility and again when transferred.

Interview data supported this claim, with 100% of randomly selected inmates reporting that they had been assessed within 24 hours of arrival and reassessed within the following few weeks. All inmates interviewed remembered being asked about their sexual orientation, gender identity, prior experiences with sexual victimization, and their incarceration history.

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

The facility's PAQ response and staff interviews confirmed that screenings are conducted within 24 hours of arrival. While the PAQ referenced a 72-hour window for completion, facility staff and documentation clarified that the practice aligns with the 24-hour requirement outlined in SOP 208.06 (pp. 23–24, Section D.2). The instrument used is Attachment 2, the PREA Sexual Victim/Sexual Aggressor Classification Screening Tool, administered through SCRIBE.

The Auditor's review showed that 100% of the 295 individuals who remained at the facility for more than 30 days during the past year were assessed within the first 24 hours and again within 30 days, meeting the required benchmarks.

### **Provision (c):**

The PAQ indicates that an objective, standardized screening instrument is used. The Auditor reviewed Attachment 2 (Revised 06-23-2022) of SOP 208.06 and verified that it meets the minimum criteria outlined in the Standard. The instrument uses a scoring system based on the responses to specific questions. The first eight items evaluate risk for victimization, while questions nine through fourteen assess the potential for aggressiveness.

### **Provision (d):**

The risk screening tool includes all required elements, including questions about sexual orientation, gender identity, prior sexual victimization, and physical vulnerabilities. While the tool does not explicitly ask about civil immigration status, the PC confirmed that the GDC does not detain individuals solely for immigration reasons, making this omission moot.

The Auditor noted that question 4 uses the term "mental illness." As a best practice recommendation, the Auditor suggested replacing the term with "mental disability" to better reflect the broader range of cognitive and psychological conditions. The Auditor encouraged the facility to begin the formal revision process and, in the meantime, manually correct the terminology before reproduction.

**Provision (e):**

The PAQ and staff interviews confirmed that the initial screening process considers past sexually abusive behavior, convictions for violent offenses, and history of institutional violence. These elements are embedded in the screening instrument, ensuring that staff are able to assess and act on known risk factors.

**Provision (f):**

The policy requires a follow-up risk reassessment within 30 days of intake. The PAQ confirmed that this practice is being followed, with 100% of inmates staying longer than 30 days having been reassessed within the designated timeframe. Staff interviews confirmed the reassessment protocol, which also applies when new or relevant information becomes available.

**Provision (g):**

In addition to the standard 30-day reassessment, staff initiate additional screenings when triggered by specific events—such as a referral, inmate request, allegation of sexual abuse, or other relevant updates to an inmate’s situation. This approach ensures risk information remains current and actionable. SOP 208.06 (p. 24, Section D.2(c)) codifies these requirements, which were confirmed during staff interviews.

**Provision (h):**

The facility does not penalize inmates for refusing to answer questions during risk assessments. Staff stated that while they encourage inmates to respond in full and attempt to explain the importance of the process, they respect any decision not to participate and revisit questions at a later time if appropriate. SOP 208.06 (p. 24, Section D, para. 23) affirms that participation is voluntary and non-coercive.

**Provision (i):**

Access to sensitive risk screening information is limited to staff with a demonstrated need to know, including classification, mental health, medical, and PREA staff. Interviews with the PC and screening staff confirmed that this information is used solely for treatment, housing, programming, and supervision purposes. SOP 208.06 explicitly outlines this requirement, ensuring compliance with data privacy and ethical standards.

**CONCLUSION**

Based on a thorough review of policies, risk assessment instruments, institutional records, and extensive interviews with facility personnel and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.41. The intake and reassessment processes are timely, objective, and consistently applied. The risk assessment tool meets all required criteria, and its results are used responsibly to protect vulnerable individuals and manage those identified as potential aggressors.



	<p><b>NOTE:</b></p> <p>As mentioned, the terminology used in question 4 of the assessment instrument—specifically “mental illness”—should be updated to reflect more inclusive and precise language such as “mental disability.” Although the tool is currently a formal policy attachment, the Auditor recommends initiating the proper administrative process to revise the language officially. Until such revisions are made, the facility is encouraged to manually edit the master copy prior to duplication to ensure respectful and accurate terminology is in use.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA compliance audit, the Auditor conducted an in-depth review of materials submitted by the facility to assess adherence to Standard §115.42 – Use of Screening Information. This included a detailed examination of the completed Pre-Audit Questionnaire (PAQ) and all related attachments. The review also encompassed key Georgia Department of Corrections (GDC) policies, including:</p> <ul style="list-style-type: none"> <li>• SOP 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• SOP 220.09 – Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019</li> <li>• PREA Standard 115.13 – Facility PREA Staffing Plan, effective July 1, 2023</li> </ul> <p>These documents provided critical insight into how the facility applies screening information to classification, housing, and programming decisions to protect individuals at risk of sexual victimization.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC):</b></p> <p>During the onsite audit, the PREA Coordinator explained that initial documentation of a person’s gender is based on their legal designation—typically the sex assigned at birth—as outlined in GDC policy. However, this is only the starting point. Each case undergoes an individualized assessment to determine the most appropriate and safe housing and programming placements, especially for those who identify as transgender or intersex.</p> <p>The Coordinator emphasized that the facility gives significant weight to the individual’s own perceptions of safety. These concerns are considered in all</p>

classification decisions and revisited regularly—at a minimum every six months or following any incident or report of sexual abuse. Reassessment interviews allow individuals to share updates regarding potential threats or enemies, which directly inform continued housing and program assignments.

**PREA Risk Screening Staff:**

Staff responsible for completing PREA risk screenings described a structured process that includes the use of a validated screening tool and a face-to-face interview with each person entering the facility. These interviews help staff gain a well-rounded understanding of the individual’s history, risk factors, and vulnerabilities. The information obtained is used to guide appropriate placement in housing, work details, and programmatic activities in a manner that promotes safety and minimizes risk.

**PREA Compliance Manager (PCM):**

The PCM reported that GDC has no legal obligations—such as a consent decree or court order—that require the creation of separate housing specifically for individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI). As a result, LGBTI individuals are integrated into general population housing unless there are clearly identified safety concerns that warrant alternate placement.

The PCM reiterated that all housing and program decisions are informed by the results of the risk screening process and the individual’s own safety concerns. This is particularly important for transgender and intersex individuals, who may require additional consideration to ensure they are not housed with those who pose a heightened threat of predatory behavior.

**Transgender Inmates**

During the on-site audit, the Auditor conducted confidential interviews with individuals who identify as transgender to assess the facility’s practices regarding housing placement and privacy accommodations. Those interviewed consistently expressed satisfaction with their current showering arrangements. They reported being afforded the opportunity to shower separately, which they felt supported their personal safety and dignity.

Interviewed individuals also confirmed that they were housed within the general population and had never been assigned to a unit designated exclusively for transgender individuals. This practice aligns with agency policy, which prohibits segregating individuals based solely on gender identity or sexual orientation unless mandated by a legal directive or justified by an individualized safety concern.

To validate the information shared during interviews, the Auditor conducted a review of the facility’s inmate housing roster. The documentation confirmed that all incarcerated individuals who identify as transgender were indeed housed within general population units, further demonstrating the facility’s adherence to PREA requirements and its commitment to individualized, non-discriminatory placement decisions.

## **PROVISIONS**

### **Provision (a): Use of Screening Information**

The facility reported in the PAQ that screening data is used to make informed, individualized decisions about housing, work, education, and program placements. These practices are designed to prevent placing vulnerable individuals in proximity to those identified as likely to engage in sexually abusive behavior.

The Auditor verified through interviews and a review of classification records that screening results are consistently integrated into decision-making processes.

#### **Relevant Policy:**

SOP 208.06, Section 4 (page 24), directs Wardens and Superintendents to identify and designate appropriate housing for individuals determined to be at risk of sexual victimization. These placements must be documented in Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

### **Provision (b): Individualized Determinations for Safety**

Facility staff confirmed that decisions about housing and programming—particularly for transgender and intersex individuals—are made on a case-by-case basis. These assessments take into account an individual's health, safety, and classification considerations.

#### **Relevant Policy:**

SOP 208.06, Section 5 (pages 24–25), outlines the requirement for individualized placement determinations. These must prioritize the safety and wellbeing of the person while also considering institutional security and operational factors. These expectations are reinforced by SOP 220.09.

### **Provision (c): Case-by-Case Housing Decisions**

According to the PAQ and supporting interviews, housing and program placement decisions for transgender and intersex individuals are never made solely on the basis of gender identity or anatomy. Instead, individualized assessments guide these decisions, taking into account the person's specific needs and the safety of the institution.

#### **Relevant Policy:**

SOP 220.09, Sections IV.8 and IV.9, provide detailed procedures for the intake, classification, and management of transgender and intersex individuals. This includes:

- Diagnostic interviews assessing physical and mental health, history, educational level, work skills, substance use, and PREA risk factors
- Completion of a Personal Data Sheet and Classification Profile with individualized placement recommendations

- Submission of referrals to the Statewide Classification Committee (SCC)
- Entry of individual status into the SCRIBE system and inclusion on the Transgender and Intersex Offender List (TIOL)
- Explicit policy prohibiting housing assignments based solely on gender identity

**Provision (d): Reassessment of Placements**

Staff and records confirmed that housing and program assignments for transgender and intersex individuals are reviewed at least every six months. Reassessment also occurs in response to any new information or incidents that could impact safety.

**Relevant Policy:**

SOP 208.06 mandates that reassessments be conducted biannually to ensure ongoing appropriateness of placements, with particular attention to any new safety concerns.

**Provision (e): Inmate's Safety Views Considered**

The facility reported, and staff confirmed that the safety concerns expressed by transgender and intersex individuals are carefully reviewed and strongly influence placement and classification decisions.

**Relevant Policy:**

SOP 220.09 requires staff to actively solicit and seriously consider the views of individuals regarding their safety when making housing and programming decisions.

**Provision (f): Showering Accommodations**

Though no transgender or intersex individuals were present at the time of the audit, staff affirmed that the facility is prepared to offer separate showering opportunities when requested. Staff interviews supported the idea that accommodations would be made to ensure privacy and safety.

**Relevant Policy:**

SOP 220.09 states that transgender and intersex individuals must be given the opportunity to shower separately from others to maintain dignity and reduce the risk of victimization.

**Provision (g): Prohibition of Segregated Housing Based on Identity**

The Auditor confirmed, through the PAQ and interviews, that the facility does not assign individuals to segregated housing solely on the basis of gender identity or sexual orientation. Unless required by legal order, such placements are not permitted. Staff further indicated that when privacy-related needs arise, accommodations such as designated shower times or private facilities are provided.

In past instances, transgender individuals reported feeling safe and respected due to the privacy accommodations and individualized attention given to their needs.

	<p><b>Relevant Policy:</b> SOP 220.09 clearly prohibits the use of specialized housing based solely on LGBTI identity, except when legally mandated for protective reasons.</p> <p><b>CONCLUSION</b> Based on a detailed review of relevant policies, classification protocols, screening practices, and interviews with staff, the Auditor concludes that the facility meets full compliance with PREA Standard §115.42 – Use of Screening Information. The facility effectively applies screening results to guide critical housing, work, and programmatic decisions and demonstrates a clear commitment to maintaining the safety and dignity of all individuals—especially those who are most vulnerable. The use of individualized assessments, regular reassessments, and privacy accommodations highlights a proactive and thoughtful approach to ensuring a safe correctional environment.</p>
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115.43	Protective Custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor conducted a comprehensive review of all relevant documentation provided by the facility. This included the completed Pre-Audit Questionnaire (PAQ) and all supplemental materials submitted in preparation for the on-site assessment. Special attention was given to Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. This policy serves as the foundational guidance for the facility's response to sexual abuse prevention, including the use of protective custody when deemed necessary.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee</b> In a one-on-one interview, the Facility Head confirmed that any decision to assign a person in custody to segregated housing—regardless of the reason—is fully documented and subject to a formal review at least every 30 days to determine whether continued placement remains necessary. These practices align with GDC policy and PREA standards designed to ensure transparency and limit the use of restrictive housing.</p> <p><b>Staff Assigned to Segregated Housing Units</b></p>

Staff members responsible for the supervision and management of segregated housing units reported that, during the past year, they had not encountered any cases in which an individual was placed involuntarily in segregation due to concerns of sexual victimization or in response to fear of retaliation following a PREA-related incident. These statements were shared during both structured interviews and informal conversations conducted throughout the on-site audit.

#### **Inmates in Segregated Housing**

At the time of the audit, no individuals were being housed in segregation due to allegations of sexual abuse or because they were identified as being at risk for sexual victimization. All individuals assigned to the segregated housing unit were there for administrative reasons or due to disciplinary sanctions resulting from behavioral infractions.

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

The PREA Compliance Manager confirmed that, within the past 12 months, the facility has not placed any individuals in protective custody or involuntary segregated housing based on their status as a sexual abuse victim or their assessed risk for victimization. This statement was consistent with the information provided in the PAQ and echoed by other staff interviews.

#### **PROVISIONS**

##### **Provision (a): Prohibition on Involuntary Segregation Without Assessment**

GDC policy, as outlined in SOP 208.06, prohibits the use of involuntary segregated housing for individuals identified as being at high risk for sexual victimization unless it has been determined that no other housing option can safely separate the individual from potential abusers. According to the PAQ and confirmed in interviews with both the PCM and the Facility Head, there have been no instances within the past year where such placements occurred. Therefore, no interviews with individuals subject to this provision were applicable.

##### **Relevant Policy:**

Section D, paragraph 8 (a-d) of SOP 208.06 mandates that:

- Inmates assigned to segregation must be afforded services in line with SOP 209.06, Administrative Segregation.
- Placement in segregated housing should be temporary and limited to no more than 30 days, unless an alternative housing solution cannot be identified.
- Any restrictions on access to programming, work, education, or privileges must be thoroughly documented, including rationale and duration.
- Ongoing placement must be reassessed every 30 days, with findings recorded in the SCRIBE case management system.

##### **Provision (b): Access to Programs and Services**

Though no individuals have been placed in protective segregation for PREA-related reasons within the review period, the Facility Head stated that, if such a placement

were required, the facility would take all reasonable steps to ensure continued access to education, programming, privileges, and work opportunities. This practice is consistent with the expectations outlined in GDC policy and affirmed in the PAQ.

**Relevant Policy:**

SOP 208.06 requires documentation of any restrictions imposed on individuals in protective segregation. The documentation must include:

- The type of opportunity or privilege restricted
- The duration of the restriction
- The reason for the restriction

No such placements occurred in the past 12 months, and as such, there were no applicable interviews under this provision.

**Provision (c): Time Limit on Protective Segregation**

According to both the PAQ and interviews with the PCM, there have been no situations in which an individual identified as being at risk for sexual victimization remained in segregated housing beyond 30 days while awaiting alternate housing arrangements. This indicates strong adherence to policy requirements related to time limitations on restrictive housing for protective purposes.

**Relevant Policy:**

SOP 208.06 explicitly limits protective segregation to 30 days, unless the facility has documented that no alternative placement options exist. All such placements and their reviews must be logged in SCRIBE.

**Provision (d): Ongoing Review of Segregation Placements**

Staff members and facility leadership confirmed that no individuals have been involuntarily segregated due to PREA-related concerns within the past year. As a result, there were no cases requiring weekly or monthly review of placement under this provision.

**Relevant Policy:**

GDC SOP 208.06 requires that when protective segregation is used to mitigate the risk of sexual abuse, the necessity of continued placement must be reviewed weekly, with documented justification maintained for the duration of the placement.

**Provision (e): Regular Review of Continued Need for Segregation**

The PAQ and PCM verified that no protective custody placements were made in the past 12 months. Consequently, the requirement for 30-day reviews under this provision did not apply during the audit review period.

**Relevant Policy:**

SOP 208.06, Section D.8.d, mandates that any individual placed in protective segregation must receive a formal review at least every 30 days to evaluate whether

	<p>continued segregation remains warranted or if a less restrictive option is feasible.</p> <p><b>CONCLUSION</b></p> <p>Following an in-depth review of agency policy, facility documentation, and interviews with facility leadership, staff, and the PREA Compliance Manager, the Auditor finds that the facility is in full compliance with PREA Standard §115.43 – Protective Custody. There were no instances in the past 12 months in which an individual was placed in involuntary segregated housing as a result of being at risk for sexual victimization or as a response to a PREA-related incident. The facility has demonstrated strong adherence to the protective housing protocols outlined in GDC SOP 208.06, including documentation requirements, access to services, and review procedures. Policies are in place to guide any necessary future use of protective segregation in a manner that upholds the safety, rights, and dignity of all individuals in custody</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and a wide array of supporting documents submitted by the facility. Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) – Sexually Abusive Behavior Prevention and Intervention Program, which took effect on June 23, 2022. This policy outlines the agency’s approach to ensuring inmates and staff have access to multiple, confidential avenues for reporting sexual abuse, sexual harassment, staff misconduct, or retaliation.</p> <p>Additional materials examined included the facility’s PREA education resources for both staff and individuals in custody. These included the Offender PREA Brochure, available in English and Spanish, which outlines inmates' rights and the reporting processes, and the Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, which provides employees with detailed guidance on identifying, responding to, and reporting any form of sexual abuse or harassment in a correctional setting.</p> <p><b>OBSERVATIONS</b></p> <p>During the on-site audit, the Auditor conducted an extensive walkthrough of the facility. PREA informational posters were clearly visible throughout the environment,</p>



displayed in both English and Spanish. These materials were found in housing units, intake holding areas, dayrooms, hallways, and the dining facility, ensuring wide accessibility to all individuals in custody. The facility also showcased PREA-themed wall art designed to promote awareness and reinforce the message that safety and reporting are priorities.

The Auditor tested inmate phones in various housing units. Each phone was fully operational, readily accessible, and programmed to allow direct and confidential calls to the PREA hotline, a critical external reporting method.

## **INTERVIEWS**

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

The PREA Compliance Manager explained that individuals in custody are informed of several methods for reporting sexual abuse, sexual harassment, or related staff misconduct. These options include internal methods such as speaking with staff, submitting a grievance, or placing a confidential call to the facility's PREA hotline. The PCM also emphasized that inmates have access to external reporting options, such as the State Board of Pardons and Paroles and the Office of Victim Services—entities that are independent of the Georgia Department of Corrections and offer additional layers of confidentiality and accountability.

### **Random Staff**

Interviews with staff confirmed that employees are well-versed in their duties related to receiving and reporting allegations of sexual abuse or harassment. Staff members consistently stated that they are trained to accept reports made verbally, in writing, anonymously, or through third parties. They also confirmed their understanding that all verbal reports must be immediately documented in writing and forwarded for investigation. Employees reported that they too have access to confidential avenues for reporting incidents and are encouraged to use the chain of command or contact a supervisor or PREA Compliance Manager if needed.

### **Random Inmates**

Inmates interviewed during the audit demonstrated a clear understanding of their right to report sexual abuse or harassment and the multiple methods available to them. These included notifying staff directly, submitting a grievance, making a phone call to the PREA hotline, or asking a third party—such as a family member—to report on their behalf. Inmates affirmed that they were aware reports could be made confidentially and that retaliation for making a report was not tolerated by the facility.

## **PROVISIONS**

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

Based on documentation provided in the PAQ and confirmed during interviews, the facility offers multiple internal channels for inmates to confidentially report sexual abuse, sexual harassment, staff misconduct, or retaliation. These channels include verbal, written, anonymous, and third-party reporting.

**Relevant Policy:**

GDC SOP 208.06 (p. 26, Section E.1.a-b) specifies that reports may be made using any of these formats and are required to be documented and investigated in a timely manner. Additionally, the facility maintains a dedicated Sexual Abuse Hotline (PREA Hotline), which inmates may call without entering a PIN. This hotline is monitored by the Office of Professional Standards under the direction of the Department's PREA Coordinator or designee.

**Provision (b):**

The facility also provides individuals in custody with at least one method for reporting incidents to a public or private agency that is external to—and operationally independent from, the GDC.

**Relevant Policy:**

GDC SOP 208.06 (p. 27, Section E.2.a.i-iii) lists the following contact points:

- **The Ombudsman's Office**  
P.O. Box 1529, Forsyth, GA 31029  
Phone: 478-992-5358
- **The Department's PREA Coordinator** via email at  
PREA.report@gdc.ga.gov
- **The State Board of Pardons and Paroles**, Office of Victim Services  
2 Martin Luther King Jr. Drive SE, Atlanta, GA 30334

Of these, the Office of Victim Services functions as an external and independent reporting entity. The facility also noted that it does not detain individuals solely for civil immigration purposes, rendering immigration-specific provisions inapplicable.

**Provision (c):**

Staff interviews confirmed that all employees are trained and required to accept reports of sexual abuse or harassment made through any method—verbal, written, anonymous, or third-party. Verbal reports must be immediately documented in writing.

**Relevant Policy:**

GDC SOP 208.06 (p. 27, Section E.2.b) outlines the expectation that all reports must be accepted, with a specific directive for staff to document verbal reports promptly.

**Provision (d):**

Staff are also provided a confidential means for reporting incidents involving sexual abuse or harassment of inmates. The PCM affirmed this process during interviews, stating that staff may report verbally, in writing, via email or phone, and through supervisory channels.

**Relevant Policy:**

GDC SOP 208.06 (p. 27, Section E.2.c) mandates that staff report all knowledge, suspicion, or information related to sexual abuse or harassment immediately to a supervisor or a designated Sexual Assault Response Team (SART) member.

	<p>The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders reinforces these expectations. This resource educates staff on the importance of recognizing inappropriate conduct, maintaining professional boundaries, and reporting all incidents through appropriate channels, supporting a safe and respectful facility environment.</p> <p><b>CONCLUSION</b></p> <p>Following a thorough review of agency policies, documentation, facility observations, and interviews with staff and inmates, the Auditor finds the facility to be in full compliance with the requirements of PREA Standard §115.51. The facility has implemented and maintained multiple avenues—both internal and external—for inmates and staff to report allegations of sexual abuse or harassment confidentially. Reports are taken seriously, appropriately documented, and promptly investigated, reflecting the facility’s ongoing commitment to ensuring a safe, respectful, and accountable environment for all individuals in its care</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>In preparation for assessing compliance with the PREA standard concerning the exhaustion of administrative remedies, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted by the facility. This included an in-depth examination of the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), with particular focus on Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently updated and effective as of June 23, 2022.</p> <p>This foundational policy governs all operational procedures related to the prevention, detection, response, and investigation of incidents involving sexual abuse and sexual harassment across all GDC-operated facilities. The SOP outlines the agency's position that allegations of this nature are to be addressed through formal investigative protocols and not the conventional inmate grievance process. This distinction underscores the department’s commitment to ensuring timely and appropriate responses to such serious allegations.</p> <p><b>INTERVIEWS</b></p> <p><b>Random Staff</b></p> <p>During the on-site audit, the Auditor conducted confidential interviews with a randomly selected cross-section of staff from various facility departments. These staff</p>

members uniformly conveyed that grievances alleging sexual abuse or sexual harassment are not processed through the facility's standard grievance procedures. Instead, when such allegations are received—regardless of the method of submission—they are immediately identified, removed from the grievance system, and classified as formal reports. These reports are then routed directly to the appropriate investigative personnel or Sexual Assault Response Team (SART) for prompt action. Staff consistently articulated their understanding of this protocol and affirmed that PREA-related complaints are not subject to typical grievance timelines, steps, or appeal requirements.

### **Random Inmates**

Inmates who participated in both formal and informal interviews during the audit demonstrated a clear understanding of the facility's approach to handling allegations of sexual abuse and sexual harassment. Each individual interviewed expressed knowledge that these types of complaints are exempt from the traditional administrative grievance process. They understood that if an allegation is made using a grievance form, it is promptly reclassified and processed as an official PREA report—triggering immediate attention from appropriate staff members responsible for addressing such allegations. Several inmates shared confidence in this process, stating that it contributes to a safer environment and encourages them to report concerns without fear of delay or procedural barriers.

### **PROVISIONS**

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

The agency's practice, as stated in the PAQ and affirmed during staff interviews, is to exclude all allegations involving sexual abuse or sexual harassment from the standard administrative grievance process. Rather than being subject to typical grievance procedures or timelines, these allegations are treated with heightened priority and managed in accordance with investigative protocols outlined in the PREA SOP.

#### **Relevant Policy Citation:**

GDC SOP 208.06, p. 27, Section E.3, clearly outlines that allegations of sexual abuse and sexual harassment are not grievable issues. The policy mandates that such allegations must be reported using the dedicated PREA reporting mechanisms, which include both internal and external confidential avenues. In cases where a grievance includes an allegation of this nature, the submission is immediately extracted from the normal grievance process and converted into a formal report, initiating the PREA response process.

#### **Provisions (b) through (g)**

Not Applicable

As the facility does not process allegations of sexual abuse or sexual harassment through its standard grievance procedures, the remainder of the provisions under this standard—specifically those addressing timeframes for filing grievances, emergency grievance protocols, appeals, and restrictions on inmate discipline for improper use of the grievance system—do not apply. This is consistent with the facility's policy and

	<p>was confirmed during both staff and inmate interviews.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of the relevant policies, procedures, documentation, and interviews with facility staff and incarcerated individuals, the Auditor determines that the facility is in full compliance with the requirements of this standard. The facility has implemented a clear and effective process to ensure that allegations of sexual abuse and sexual harassment are handled outside of the standard grievance system and instead addressed as formal reports requiring immediate and appropriate investigative response. This practice aligns with both the PREA standards and the agency's own written policies, thereby ensuring that victims of sexual abuse or harassment have timely access to reporting avenues without procedural delays or administrative barriers.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the process to verify compliance with the PREA standard regarding access to outside confidential support services, the Auditor conducted a thorough and detailed review of the documentation submitted by the facility. This analysis included a comprehensive array of materials essential to evaluating the agency's efforts to ensure that individuals in custody have access to emotional support and advocacy following incidents of sexual abuse or sexual harassment.</p> <p>The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all associated attachments. Central to the review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with the most recent revision dated June 23, 2022. The Auditor also examined a current, signed Memorandum of Understanding (MOU) between the facility and The Lily Pad SANE Center, a certified sexual assault service provider, which outlines the center's role in delivering confidential emotional support to individuals housed at the facility.</p> <p>Additional materials included an undated PREA informational brochure distributed to individuals upon intake, as well as PREA-related educational materials such as posters titled "Reporting is the First Step" and other awareness postings throughout the facility. These postings prominently displayed hotline numbers and instructions for contacting support services. The Auditor also reviewed the GDC Male Inmate Handbook, last updated on September 25, 2017, along with the Inmate Intake Packet,</p>

both of which include PREA-related information and orientation content for newly admitted individuals.

## **OBSERVATIONS**

During the on-site audit, the Auditor observed that PREA awareness and support materials were clearly visible and strategically posted throughout the facility. Posters and informational signage were located near telephones in housing units and communal areas, ensuring that individuals had direct access to the information needed to reach out for help.

Each posting included contact information for three hotline options: two internal PREA reporting lines managed by the GDC and one toll-free, direct line to The Lily Pad SANE Center. This external line connects callers to a trained victim advocate unaffiliated with the facility, offering confidential, independent support.

The Auditor inspected several inmate telephones across different housing units to confirm their functionality. All tested phones were operational. A test call was placed to The Lily Pad SANE Center's toll-free number, and the Auditor was able to connect with an advocate who responded promptly and professionally. The advocate confirmed the call was confidential, did not require identifying information, and provided detailed information about available services and support options.

## **INTERVIEWS**

### **Inmates**

Randomly selected individuals interviewed by the Auditor reported a clear understanding of how to access confidential support from The Lily Pad SANE Center. Interviewees consistently stated that they had received both written and verbal information on how to reach the organization during orientation or through visible postings. Each individual knew the toll-free number and the mailing address of the advocacy center, and confirmed their understanding that calls are free and confidential.

Several individuals could articulate the purpose of the center, the nature of the support provided, and the limitations on confidentiality—such as mandatory reporting in cases involving self-harm, threats to others, or disclosures of abuse involving minors or vulnerable adults.

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

The PREA Compliance Manager affirmed that the facility maintains a current MOU with The Lily Pad SANE Center and ensures all new admissions are provided with information on how to access their services. The PCM emphasized that this information is shared through both printed orientation materials and visual postings throughout the facility, and confirmed that advocacy services include 24/7 access to a toll-free hotline and confidential written correspondence options.

### **Facility Staff**

Interviews and informal conversations with intermediate- and higher-level staff

members revealed that routine checks are conducted to verify the functionality of inmate telephones. Staff were well-informed about the importance of maintaining communication access and expressed understanding of the facility's obligations to ensure individuals can contact external support providers without undue barriers.

## **PROVISIONS**

### **Provision (a): Inmate Access to External Support**

The Auditor confirmed, through documentation, observation, and interviews, that the facility provides confidential, meaningful access to an outside agency for emotional support in the event of sexual abuse. Services are delivered through The Lily Pad SANE Center, a certified sexual assault service provider with which the facility maintains a current MOU.

Support services available include:

- Emotional support for individuals who have experienced sexual abuse or harassment;
- Accompaniment during forensic medical exams;
- Access to a toll-free, 24/7 crisis hotline: 229-435-0074;
- Confidential written correspondence via P.O. Box 70938, Albany, GA 31708;
- In-person crisis counseling in a private, secure setting at the facility.
- Forensic examinations conducted by SANE personnel

Posters and informational materials throughout the facility reinforce individuals' rights to:

- Contact external rape crisis centers anonymously and without cost;
- Communicate confidentially with trained advocates;
- Seek emotional support for either past or current experiences of sexual victimization.

### **Relevant Policy Reference:**

GDC SOP 208.06, Section B(e), assigns responsibility to the PREA Compliance Manager—under the direction of the Warden or Superintendent—to establish MOUs with appropriate rape crisis centers. In the absence of such agreements, the agency must document good-faith efforts and ensure facility staff are trained to fulfill the support role. Attachment 12 of the SOP requires completion of the PREA Victim Advocate Request Form following every report of sexual abuse or harassment.

### **Provision (b): Notification of Monitoring and Reporting Limits**

Documentation and interviews confirmed that individuals are informed of the limits of confidentiality prior to engaging with external advocates. The Lily Pad SANE Center, as a mandated reporting agency, is legally obligated to report any threats of self-harm, harm to others, or abuse involving minors or dependent adults.

Interviewees consistently demonstrated understanding of these mandatory reporting exceptions and expressed confidence in the overall confidentiality of the services

	<p>provided.</p> <p><b>Relevant Policy Reference:</b> GDC SOP 208.06, Section B(f), requires all community-based advocates to undergo the same security clearance and training processes as other facility volunteers. Advocates may be present during forensic exams or interviews, providing emotional support without interfering in investigative procedures.</p> <p><b>Provision (c): Agreements with Community Providers</b> The facility's formal partnership with The Lily Pad SANE Center is clearly outlined in a current MOU, which specifies the provision of emotional support, accompaniment services, and access to trained Sexual Assault Victim Advocates (SAVAs). The Auditor reviewed documentation reflecting ongoing efforts to maintain and renew this partnership, demonstrating the agency's sustained commitment to ensuring access to trauma-informed, community-based advocacy services.</p> <p>Incarcerated individuals interviewed were familiar with the role of outside advocates and the confidentiality policies that govern such interactions. Information about this support was clearly communicated through orientation sessions and reinforced by visible signage and educational materials throughout the facility.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of documentation, visual inspection of facility postings and telecommunication systems, and interviews with staff and incarcerated individuals, the Auditor finds that the facility fully meets the requirements of this PREA standard. The institution has demonstrated a strong commitment to ensuring that individuals have safe, confidential access to victim advocacy services provided by an independent, certified agency. The established partnership with The Lily Pad SANE Center is active, effective, and well-integrated into the facility's overall approach to preventing and responding to sexual abuse and harassment in custody.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor conducted a thorough examination of documentation relevant to third-party reporting as required under the PREA standards. The materials reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) along with supporting documentation provided in advance of the onsite visit. Of particular importance was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which</p>



became effective on June 23, 2022. This SOP outlines the agency's policies and procedures for preventing, detecting, and responding to incidents of sexual abuse and harassment within its correctional facilities.

Additionally, the Auditor reviewed the GDC PREA Offender Brochure, an undated resource distributed to individuals in custody. This brochure outlines their rights under PREA and includes detailed information about the multiple avenues available for reporting sexual abuse or harassment—including by third parties. The Auditor also examined the Georgia Department of Corrections' official website, specifically the PREA section, which can be accessed at <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>. This webpage serves as a public-facing platform providing essential information about reporting procedures, victim services, and agency policies related to PREA compliance.

## **INTERVIEWS**

### **Random Inmates**

During private, confidential interviews with randomly selected inmates, every individual interviewed demonstrated a clear understanding of the facility's third-party reporting protocols. Inmates consistently expressed awareness that friends, family members, attorneys, advocates, or other individuals outside the facility could file reports of sexual abuse or harassment on their behalf. They indicated they would not hesitate to use this option if they were unable or unwilling to report directly. This high level of awareness reflects the facility's efforts to communicate third-party reporting options through brochures, visual postings, orientation materials, and electronic media available to both inmates and the public.

## **PROVISIONS**

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

The facility reported in its PAQ—and interviews with inmates confirmed—that it has established and maintains accessible mechanisms that allow third parties to report allegations of sexual abuse and sexual harassment on behalf of an inmate. These mechanisms are actively supported by GDC policy and clearly outlined in both the GDC PREA Offender Brochure and on the agency's website.

Specifically, GDC SOP 208.06, pages 26–27, Section E.2.a.i–iii, identifies several authorized third-party reporting channels:

- **By Mail** – Reports may be submitted in writing to the GDC Ombudsman's Office at P.O. Box 1529, Forsyth, Georgia 31029. The office may also be reached by telephone at 478-992-5358.
- **By Email** – Individuals can submit reports electronically via email to the agency's PREA Coordinator at [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov).
- **Through the State Board of Pardons and Paroles** – Reports may also be directed to the Office of Victim Services, located at 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334.

	<p>These reporting options are communicated through a variety of means, including printed materials made available throughout the facility, prominently displayed wall postings, and digital resources on the official GDC website. Inmates are made aware of these options during intake orientation, through educational sessions, and ongoing informational campaigns.</p> <p>Each inmate interviewed during the audit—representing 100% of the random sample—affirmed knowledge of these third-party reporting procedures. Their responses underscore the effectiveness of the facility’s communication efforts and reinforce the agency’s commitment to transparency, access, and accountability in accordance with the PREA standards.</p> <p><b>CONCLUSION</b></p> <p>Following an in-depth review of facility policy, public-facing resources, and interviews with incarcerated individuals, the Auditor finds that the facility is in full compliance with the PREA standard related to third-party reporting. The institution has implemented comprehensive and accessible systems that empower third parties to report incidents of sexual abuse or harassment. Inmates are well-informed about these options and expressed confidence in the facility’s commitment to taking such reports seriously. These findings reflect a proactive approach to inmate safety, victim advocacy, and PREA compliance.</p>
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115.61	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA compliance audit, the Auditor conducted a detailed review of documents related to staff and agency responsibilities for reporting sexual abuse and sexual harassment. The primary focus was on verifying that the facility’s policies and practices align with the requirements set forth by the Prison Rape Elimination Act.</p> <p>Key documents examined during this process included:</p> <ul style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ), along with all supplemental materials submitted to support compliance.</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022.</li> </ul> <p><b>INTERVIEWS</b></p>

**PREA Coordinator (PC)**

The PREA Coordinator emphasized during the interview that the facility fully adheres to its obligation to report all allegations of sexual abuse and sexual harassment, without exception. This includes allegations submitted anonymously or by third parties. The PC stated that every report is immediately routed to the designated facility investigator to ensure a timely and coordinated response. Their remarks reflected both a procedural understanding and a commitment to ensuring all reports receive prompt attention.

**Medical Staff**

Medical personnel interviewed by the Auditor demonstrated a strong grasp of their professional responsibilities under PREA and applicable reporting laws. Staff clearly described the immediate steps they would take if a patient disclosed sexual abuse, including notifying the appropriate facility leadership and ensuring that the disclosure is reported in accordance with policy. They confirmed that patients are always informed, prior to the provision of care, about the limits of confidentiality in these matters—specifically, that certain information must be shared in accordance with legal mandates.

**Facility Head or Designee**

The Facility Head provided confident and informed responses regarding agency expectations for reporting sexual abuse and harassment. They confirmed that all staff are required to report any known or suspected incident immediately, regardless of where the event occurred within the agency's jurisdiction. The Facility Head also reiterated that staff must report retaliation or any form of staff negligence that may contribute to incidents of sexual misconduct. Their statements underscored the facility's zero-tolerance policy and commitment to safety and accountability.

**Random Staff**

Interviews with a cross-section of randomly selected staff reflected a high level of training and awareness concerning mandatory reporting requirements. Staff consistently stated that upon learning of an allegation, they would report it without delay to a supervisor or the facility's PREA Compliance Manager (PCM). Staff also recognized the importance of safeguarding confidentiality, noting they would only share relevant information with individuals directly involved in the response process—such as healthcare personnel, investigators, or facility leadership. Every staff member interviewed affirmed their understanding that reports must be forwarded to the PCM to ensure proper routing and follow-up.

**PROVISIONS****Provision (a): Mandatory Staff Reporting**

The facility's PAQ confirmed that staff are required to immediately report any knowledge, suspicion, or disclosure of sexual abuse or sexual harassment, including any acts of retaliation or negligence connected to such incidents. The Facility Head's interview affirmed this expectation, stating clearly that this obligation applies to all employees at all times.

**Relevant Policy:**

GDC SOP 208.06, Section E.2.c (page 27), mandates that staff must promptly report any allegation or suspicion of sexual misconduct to their immediate supervisor or to a member of the Sexual Assault Response Team (SART). This section also requires staff to report any observed or known retaliation, or failure of staff to perform required duties that could contribute to the occurrence of sexual abuse or harassment.

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

The PAQ indicated, and staff interviews confirmed, that facility personnel are instructed not to share information regarding sexual abuse reports beyond what is necessary to facilitate appropriate treatment, investigation, and management. Staff consistently demonstrated awareness of this requirement and conveyed their commitment to upholding the privacy of those involved.

**Relevant Policy:**

According to SOP 208.06 (page 24, Section 3, NOTE), staff may disclose information related to sexual abuse only to individuals with a documented need to know, and only for purposes of medical treatment, security, management, or investigative action.

**Provision (c): Practitioner Duty to Inform and Limits of Confidentiality**

The PAQ and interviews with medical and mental health professionals confirmed that all practitioners are required to advise individuals at the beginning of treatment or counseling sessions about their obligation to report any allegations of sexual abuse, and the associated limits of confidentiality. Staff confirmed they follow this protocol consistently and understand its importance in building trust while complying with legal requirements.

**Relevant Policy:**

Under SOP 208.06, practitioners must inform individuals—unless state law prohibits such disclosures—that certain information will be reported, and confidentiality cannot be guaranteed in instances involving sexual abuse allegations.

**Provision (d): Special Reporting Requirements for Vulnerable Populations**

The PAQ and interviews revealed that if an alleged victim is under 18 years of age or is considered a vulnerable adult, the agency is legally required to notify the appropriate child or adult protective services agency. The Facility Head confirmed that the facility complies with these mandated reporting obligations and initiates contact with the appropriate outside authority when necessary.

**Relevant Policy:**

SOP 208.06 clarifies that while adult inmates may withhold consent for reporting prior victimization that occurred outside the facility, the agency is obligated to report such incidents to external authorities if the individual is a minor or a vulnerable adult, as defined by state law.

	<p><b>Provision (e): Routing of Allegations to Investigative Personnel</b></p> <p>The PREA Coordinator confirmed that all allegations—whether submitted anonymously, in writing, verbally, or through third parties—are immediately forwarded to the facility’s designated investigator for review and appropriate follow-up. This practice ensures that every report receives attention and action from trained personnel.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 directs staff to promptly report all allegations, suspicions, or knowledge of sexual abuse, harassment, retaliation, or misconduct by other staff members to the appropriate authorities, ensuring that all reports are escalated to trained investigative personnel in a timely manner.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive analysis of facility documentation, interviews with staff across various roles, and review of applicable GDC policies, the Auditor finds the facility to be in full compliance with PREA standards related to staff and agency reporting responsibilities. The facility demonstrates a strong and consistent commitment to ensuring that all allegations of sexual abuse and harassment are taken seriously, reported promptly, and handled confidentially by qualified personnel. These practices reflect a well-established culture of accountability and reinforce the agency’s dedication to upholding the safety and rights of all individuals in custody.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor conducted an in-depth examination of the Pre-Audit Questionnaire (PAQ) along with all supplemental materials submitted by the facility to determine compliance with the Prison Rape Elimination Act (PREA) standards concerning the agency’s duty to protect individuals from sexual abuse. Central to this review were documents issued by the Georgia Department of Corrections (GDC), including:</p> <p>Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022. This SOP outlines the overarching expectations for prevention, detection, and response to sexual abuse and sexual harassment within GDC facilities. Attachment 7 of SOP 208.06, known as the PREA Local Procedure Directive and Coordinated Response Plan, which provides detailed, facility-level guidance on how to handle allegations of sexual abuse, including the roles and responsibilities of various departments and staff during response and investigation phases.</p>

These documents reflect a structured and comprehensive approach to ensuring immediate action is taken whenever an individual in custody is identified as being at risk of sexual abuse.

## **INTERVIEWS**

### **Facility Head or Designee**

During an in-person interview conducted onsite, the Facility Head articulated the agency's unequivocal commitment to the immediate protection of anyone believed to be at substantial risk of sexual abuse. The Facility Head explained that protective actions are taken without delay upon receiving such information. These actions may include relocating the individual to a safer housing area or transferring them to another facility if circumstances warrant. Additionally, in cases where a potential perpetrator is identified, that individual is typically placed in segregated housing to ensure no further contact with the alleged victim occurs and to preserve the integrity of any ensuing investigation.

### **Random Staff**

Conversations with randomly selected staff members reinforced this commitment to immediate and decisive protective action. Staff consistently described the appropriate steps they would take if an incarcerated person reported or showed signs of being at risk of sexual abuse. According to interview responses, staff would first ensure physical separation between the potential victim and the suspected perpetrator. They would then promptly notify their direct supervisor and take all necessary precautions to preserve any evidence, whether physical or testimonial. Every staff member interviewed was able to clearly articulate that the safety and protection of individuals in custody is the highest priority when managing such incidents.

## **PROVISIONS**

### **Provision (a): Immediate Protection from Imminent Risk**

The facility's responses in the PAQ affirm that the agency has a clearly established practice of acting immediately when it becomes aware that an incarcerated person faces a substantial risk of imminent sexual abuse. Within the past 12-month reporting period, the facility reported no such cases—indicating either successful preventative measures or a low incidence of such risk-level scenarios.

This operational readiness was confirmed through formal interviews with the Facility Head and supporting interviews with randomly selected staff members. Both groups demonstrated a clear understanding of the agency's obligation to act swiftly and comprehensively when presented with any information suggesting imminent harm. Their responses also reflected a shared understanding of institutional roles and reporting protocols designed to support this objective.

### **Relevant Policy**

	<p>The agency’s approach to protection duties is guided by GDC Standard Operating Procedure 208.06 and specifically Attachment 7, the PREA Local Procedure Directive and Coordinated Response Plan. This plan establishes the framework for coordinated, timely, and effective action across multiple facility departments in response to threats of sexual abuse.</p> <p>The policy details the required actions of:</p> <ul style="list-style-type: none"> <li>• First responders, who are responsible for ensuring immediate safety and initiating the chain of reporting;</li> <li>• Medical and mental health staff, who provide care while supporting evidence preservation;</li> <li>• Facility investigators, who initiate timely and thorough investigations; and</li> <li>• Administrative leadership, who oversee and coordinate protective measures and ensure compliance with reporting mandates.</li> </ul> <p>Together, these protocols form a robust institutional response that prioritizes individual safety while preserving investigative integrity.</p> <p><b>CONCLUSION</b></p> <p>Based on the Auditor’s thorough evaluation of official policy documents, supporting evidence provided in the PAQ, and multiple staff interviews conducted onsite, it is the Auditor’s conclusion that the facility meets all expectations outlined under the PREA standard relating to agency protection duties. The facility demonstrates a proactive and well-coordinated approach to ensuring the immediate safety of any individual identified as being at risk of sexual abuse. Staff at all levels displayed both competence and commitment in their understanding of their roles and responsibilities, confirming that the institution is fully compliant with the applicable standard.</p>
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115.63	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all related documentation submitted by the facility in advance of the on-site audit. A primary focus of this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. This policy provides the foundational guidance for how the facility manages reports of sexual abuse and harassment, including protocols for receiving and reporting allegations that involve other confinement facilities.</p>

## **INTERVIEWS**

### **Agency Head Designee**

During the on-site interview, the Agency Head's designee affirmed that all allegations of sexual abuse, sexual harassment, or staff sexual misconduct—regardless of where the incident reportedly occurred—are taken seriously and are thoroughly investigated in accordance with both GDC policy and the PREA standards. This includes allegations that originate from another GDC facility or from a non-GDC correctional setting. The designee emphasized the agency's zero-tolerance stance and commitment to full compliance across all locations.

### **Facility Head**

In a separate interview, the Facility Head confirmed that any report received regarding sexual abuse or harassment that occurred at another facility is immediately reported to the appropriate authority at that facility. The Facility Head also stated that if an individual in custody at the facility discloses an incident that took place while housed elsewhere, that report is promptly forwarded to the Warden or Superintendent of the facility where the abuse allegedly occurred. Such notifications are always made within a 72-hour timeframe, consistent with agency policy.

## **PROVISIONS**

### **Provision (a): Reporting Allegations of Abuse from Other Facilities**

The PAQ indicates that when the facility receives an allegation that an individual was sexually abused at another correctional institution, the Facility Head ensures timely notification to the appropriate official at the institution where the incident is alleged to have taken place. Over the previous 12 months, the facility did not receive any such allegations. This practice was confirmed through the Facility Head's interview, which affirmed adherence to GDC's interagency reporting protocols.

### **Relevant Policy:**

GDC SOP 208.06, dated June 23, 2022, section 2(a), outlines that when a report is received alleging sexual abuse that occurred at another facility operated by the Department, the current facility's Warden, Superintendent, or designee must notify the leadership of the facility where the abuse reportedly occurred. In cases involving staff misconduct, notifications are directed to both the Regional Special Agent in Charge (SAC) and the Department's PREA Coordinator. If the incident involves a facility not operated by GDC, the appropriate external agency must be notified, along with the GDC PREA Coordinator.

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

According to the PAQ, and as reinforced during the Facility Head's interview, the facility follows a clear requirement to notify the appropriate party within 72 hours of receiving an allegation involving another facility. This prompt notification is designed to ensure a timely investigation and protect individuals from further harm.



	<p><b>Relevant Policy:</b> Section 2(b) of SOP 208.06 mandates that any such notification must be made as soon as possible, but no later than 72 hours after the initial report is received by the facility.</p> <p><b>Provision (c): Documentation of Notification</b> Although the facility did not receive any inter-facility allegations in the past year, the PAQ confirms that when such notifications are made, they are formally documented as required. This expectation was reaffirmed in the Facility Head’s interview.</p> <p><b>Relevant Policy:</b> SOP 208.06, section 2(c), requires that every notification to another agency or facility regarding a sexual abuse allegation be documented. The facility must maintain appropriate records to demonstrate compliance with both the 72-hour requirement and the communication of the allegation to the relevant party.</p> <p><b>Provision (d): Investigation of Allegations Received from Other Facilities</b> The PAQ confirms that the facility adheres to the policy that requires the receiving facility or agency to ensure that any allegation of sexual abuse or harassment is promptly and thoroughly investigated, consistent with PREA standards—even if the incident occurred at another institution. No such allegations were received by the facility in the last 12 months. The Facility Head confirmed this in their interview and described the steps that would be taken should such a report be received in the future.</p> <p><b>Relevant Policy:</b> Per SOP 208.06, section 2(d), the facility or department office receiving a report of sexual abuse is responsible for initiating or ensuring an investigation is conducted, unless an investigation has already been completed by another competent authority.</p> <p><b>CONCLUSION</b> Following an extensive review of institutional policies, the Pre-Audit Questionnaire, and information gathered through in-depth interviews with key facility staff, the Auditor finds the facility to be in full compliance with all provisions of this standard. The facility has demonstrated a clear understanding of its obligations when receiving allegations of sexual abuse originating from other facilities. Written procedures are in place to ensure timely notification, proper documentation, and appropriate follow-up. Moreover, interviews confirmed that facility leadership is well-versed in these requirements and prepared to act swiftly and in alignment with established policies and PREA mandates.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENT REVIEW**

The Auditor conducted a detailed analysis of the Pre-Audit Questionnaire (PAQ) and all supplemental materials provided by the facility to assess compliance with PREA Standard §115.64 – Staff First Responder Duties. As part of this review, the Auditor examined the Georgia Department of Corrections (GDC) Standard Operating Procedures, with specific attention to:

Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently updated and effective as of June 23, 2022.

This foundational policy outlines the agency’s expectations regarding first responder responsibilities, coordinated institutional responses, and procedures designed to preserve safety, dignity, and evidence integrity in the event of a sexual abuse allegation.

### **INTERVIEWS**

#### **Security Staff - First Responders**

Security staff members designated as first responders consistently demonstrated a strong understanding of their obligations under PREA. Through interviews, they articulated a step-by-step response protocol that begins with separating the alleged victim from the accused to ensure immediate safety. Staff confirmed they are trained annually and periodically refreshed on procedures that include securing potential evidence, notifying supervisory personnel, and maintaining scene integrity.

#### **Non-Security First Responders**

Interviews with non-custodial personnel—such as education, medical, and support staff—revealed a similar level of preparedness. Non-security staff clearly described their role in initiating the appropriate response should they receive a report of sexual abuse. Actions include promptly contacting security staff, instructing the alleged victim to refrain from activities that could compromise evidence (e.g., bathing, brushing teeth, changing clothing), and safeguarding the area until relieved by trained security personnel. Interviewees also demonstrated an understanding of confidentiality protocols and their duty to limit information sharing to only those with a direct need to know.

#### **Facility Staff**

All facility staff interviewed accurately and consistently outlined the required actions when confronted with a report of sexual abuse. These actions include ensuring the safety of the alleged victim, eliminating contact with the alleged perpetrator, preserving evidence, securing the scene, facilitating access to medical care, and following proper reporting chains. Staff demonstrated confidence in their ability to carry out these duties and indicated they had received comprehensive training on the

facility's coordinated response plan.

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

In interviews, individuals who had reported incidents of sexual abuse at the facility provided valuable insight into the institution's responsiveness. Without exception, they reported the following:

- Facility staff responded promptly and appropriately.
- They were offered a medical evaluation immediately.
- Victim advocate services were offered without delay.
- No costs were associated with the medical care received.
- None were asked or required to submit to a polygraph test.
- Each person was informed in writing of the outcome of the investigation.

### **PROVISIONS**

#### **Provision (a): Duties of First Responders**

Documentation provided in the PAQ confirmed that in the previous 12 months, there was one allegation of sexual abuse. The incident involved an allegation of staff-on-inmate sexual abuse. The facility conducted an administrative investigation, which concluded that the allegation was unfounded, and the case was officially closed. The alleged victim was notified of the outcome. Retaliation monitoring was deemed unnecessary due to the swift resolution and closure of the case prior to the initial status check.

The Auditor confirmed through interviews that all first responders—security and non-security alike—are trained and capable of enacting immediate protective and investigative procedures in accordance with GDC policies. Staff were able to describe appropriate interventions and responses without hesitation, affirming the effectiveness of the facility's ongoing PREA training program.

#### **Provision (b): Non-Security Staff Responsibilities**

While the facility reported that there were no cases in the past 12 months in which a non-security staff member served as the first responder to a sexual abuse allegation, non-security personnel nonetheless demonstrated readiness and a clear understanding of their responsibilities. The facility's training curriculum, reviewed by the Auditor, clearly defines the term "first responder" as the individual—regardless of role—who first becomes aware of an allegation.

Training materials emphasized that all first responders must take immediate action to protect individuals involved, preserve evidence, and engage security staff without delay. The curriculum includes scenario-based learning and periodic refreshers to reinforce proper response behavior.

### **RELEVANT POLICY REFERENCES**

	<p>GDC SOP 208.06, p. 28, §3: Requires each institution to establish a detailed and site-specific PREA Coordinated Response Plan (Attachment 7), outlining responsibilities for first responders, medical and mental health providers, investigators, and administrators.</p> <p>GDC SOP 208.06, p. 27, §F.1: Outlines security staff's responsibilities, including:</p> <ul style="list-style-type: none"> <li>• Separation of involved individuals.</li> <li>• Securing the crime scene and preserving evidence.</li> <li>• Immediate notification to supervisors.</li> <li>• Instructions to the alleged victim and perpetrator not to perform activities that could compromise evidence (e.g., showering, brushing teeth).</li> <li>• Completion of an Incident Report (Form CN 6601) and notification to the GDC PREA Unit within two business days via official channels (Attachment 10).</li> <li>• Maintenance of confidentiality throughout the process.</li> </ul> <p><b>CONCLUSION</b></p> <p>After reviewing relevant policies, training documents, incident reports, and conducting interviews with security and non-security staff, as well as individuals who had reported abuse, the Auditor concludes that the facility is in full compliance with PREA Standard §115.64. The institution has implemented effective training and response systems that equip staff at every level to act immediately, appropriately, and in alignment with policy when faced with allegations of sexual abuse. The coordinated response plan is clearly understood and applied in practice, ensuring the safety of all individuals in the facility.</p>
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<b>115.65 Coordinated response</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the in-depth audit process, the Auditor conducted a meticulous evaluation of the Pre-Audit Questionnaire (PAQ) and all supplemental materials submitted by the facility. This analysis focused specifically on the institutional systems established to ensure a well-coordinated and effective response to allegations of sexual abuse, consistent with the requirements of the Prison Rape Elimination Act (PREA).</p> <p>Among the key documents reviewed were:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior</li> </ul>

Prevention and Intervention Program, effective June 23, 2022. This policy outlines the agency's comprehensive strategy for preventing, detecting, responding to, and investigating incidents of sexual abuse and harassment in correctional settings.

- Attachment 7 to SOP 208.06, the facility's PREA Local Procedure Directive and Coordinated Response Plan, also revised on June 23, 2022. This document defines site-specific, interdisciplinary approach to handling sexual abuse allegations, ensuring streamlined collaboration among all departments involved.

The reviewed materials reflect a structured, policy-based approach to PREA compliance and demonstrate the facility's commitment to a coordinated, timely, and victim-centered response. The documentation supports a well-established framework that clearly defines responsibilities and ensures all staff are trained and equipped to respond effectively to incidents of sexual abuse.

## **INTERVIEWS**

### **Facility Head or Designee**

In the on-site interview, the Facility Head provided a clear overview of the implementation and integration of the Coordinated Response Plan into daily facility operations. They described the plan as an essential tool that enables a unified, rapid, and comprehensive response whenever an allegation of sexual abuse arises.

The Facility Head reported that staff across all levels are regularly trained on the response plan and associated PREA protocols. Training methods include:

- Annual PREA in-service sessions for all employees,
- Monthly staff briefings within individual departments, and
- Targeted instruction during onboarding and through ongoing professional development.

Staff are expected not only to be aware of the plan but to demonstrate proficiency in applying it under pressure. The Facility Head emphasized the plan's role in reinforcing institutional culture, promoting safety, and upholding the rights and well-being of all individuals in custody.

## **PROVISIONS**

### **Provision (a): Written Coordinated Institutional Plan**

The facility has developed a written Coordinated Response Plan that guides a unified, multi-disciplinary response to all allegations of sexual abuse. Verified through both document review and staff interviews, the plan outlines specific roles and responsibilities for all parties involved, including custody staff, health services, mental health providers, investigative staff, and facility leadership.

Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, was reviewed and found to be clearly written, operationally relevant, and accessible to all

staff. Highlights of the plan include:

- A step-by-step 15-point action plan beginning with initial disclosure and extending through post-incident care and investigative procedures.
- Defined responsibilities for each role involved in the response, ensuring collaboration and eliminating confusion during critical incidents.
- Procedures for risk screening, housing placement for vulnerable individuals, and identifying those at elevated risk for perpetrating abuse.
- While the plan is concise and direct, adding scenario-based examples or case study modules could further enhance staff understanding during training sessions.
- However, in its current form, it provides adequate guidance to support a compliant and survivor-focused institutional response.

### **Relevant Policy**

GDC SOP 208.06, Page 28, Section 3

This section requires each GDC-operated facility to maintain a written Coordinated Response Plan that defines how various personnel—first responders, medical and mental health professionals, investigators, and administrators—work together in response to incidents of sexual abuse. The plan must include up-to-date contact information for all key responders and be readily accessible.

#### **Coordinated Response Plan**

This two-page document functions as the facility's operational roadmap in the event of a sexual abuse allegation. It includes guidance on:

- Immediate notification procedures,
- Evidence preservation,
- Ensuring victim safety,
- Coordinating medical care, and
- Documenting case progress and outcomes.

Additionally, the plan incorporates PREA-compliant risk screening protocols and housing placement procedures for at-risk populations. Staff are informed of their roles in the response effort and are expected to act quickly and effectively.

### **CONCLUSION**

Based on the review of the PAQ, GDC policies, the Coordinated Response Plan, and interviews conducted during the site visit, the Auditor concludes that the facility is in full compliance with PREA Standard §115.65 concerning the development and implementation of a coordinated institutional response to sexual abuse.

The facility has not only established a formal written response plan that aligns with agency policy, but also demonstrates that staff are trained, capable, and ready to

	<p>implement it in practice. The institution’s coordinated approach reflects a culture of accountability and a proactive stance on sexual safety, reinforcing its commitment to trauma-informed, victim-centered care.</p> <p>This level of preparedness and coordination is a strong indicator of institutional commitment to the core principles of the Prison Rape Elimination Act: prevention, detection, and a rapid, effective response to all allegations of sexual abuse.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the overall compliance assessment, the Auditor conducted an in-depth examination of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted by the facility. This comprehensive review aimed to evaluate the institutional procedures in place to ensure a coordinated, effective, and timely response to allegations of sexual abuse, as required by the Prison Rape Elimination Act (PREA).</p> <p>The following core documents were reviewed:</p> <ul style="list-style-type: none"> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy outlines the agency’s strategies for preventing, detecting, responding to, and investigating incidents of sexual abuse and harassment within all GDC-operated facilities.</li> <li>• Attachment 7 to SOP 208.06, which contains the facility-specific PREA Local Procedure Directive and Coordinated Response Plan. Revised on June 23, 2022, this document defines the facility’s approach to ensuring interdepartmental coordination and responsiveness in addressing PREA incidents.</li> </ul> <p>The review of these documents confirmed that the facility has formalized a coordinated and policy-compliant response plan tailored to its operational environment. The materials reflect an emphasis on cross-departmental collaboration, staff accountability, and procedural clarity in handling allegations of sexual abuse or harassment.</p> <p><b>INTERVIEWS</b></p>

## **Facility Head or Designee**

During the on-site interview, the Facility Head verified that the Coordinated Response Plan is active, accessible, and integrated into the daily operations of the institution. The plan clearly articulates the roles and responsibilities of first responders, medical and mental health providers, investigative staff, and facility leadership in responding to incidents of sexual abuse.

The Facility Head emphasized that all staff—regardless of role—receive regular and consistent training on the contents and expectations of the response plan. Training is delivered through a combination of:

- Annual PREA in-service training sessions,
- Monthly departmental briefings, and
- Routine, job-specific instruction that includes both onboarding for new staff and refresher training for current team members.

It was made clear that staff are not only expected to be familiar with the plan but also able to demonstrate competency and confidence in carrying out their duties under real-world conditions. The Facility Head described the plan as a cornerstone of the institution's broader culture of safety and accountability.

## **PROVISIONS**

### **Provision (a): Written Coordinated Institutional Plan**

Based on the PAQ and corroborating interview information, the facility has implemented a written Coordinated Response Plan to ensure a multidisciplinary, unified approach to managing reports of sexual abuse. This plan aligns with PREA Standard §115.65(a) and delineates specific actions to be taken by key staff, including:

- First responders,
- Medical and mental health practitioners,
- Investigative team members, and
- Facility administrators.

The Auditor conducted a detailed review of the plan outlined in Attachment 7. While the plan is succinct—consisting of a two-page document—it outlines essential procedures for ensuring a prompt and organized response to allegations. The content includes:

- A 15-step response protocol that spans from initial report to medical care, investigation, and follow-up support,
- Clearly assigned responsibilities for each unit or department involved in the response,



- Notification requirements and evidence preservation protocols,
- Strategies for identifying and monitoring individuals at increased risk of victimization or with histories of predatory behavior,
- Guidelines for housing placements based on risk assessments, and
- Updated contact information for all personnel with responsibilities under the plan.

Although the plan functions effectively as a quick-reference guide, the Auditor noted that it could be enhanced by incorporating example scenarios or expanded narrative guidance to further support training and preparedness. Nevertheless, the document as written satisfies the basic requirements of the standard and promotes consistency in staff actions.

### **Relevant Policy**

GDC SOP 208.06, Section 3 (Page 28):

This section mandates that all GDC-operated institutions maintain a current written Coordinated Response Plan. It must detail the collaborative roles of first responders, health care professionals, investigative personnel, and facility leadership. The plan is required to include accurate and updated contact information for all key participants. Attachment 7 – Coordinated Response Plan, Revised June 23, 2022:

This facility-specific document operationalizes the policy’s requirements by outlining clear steps for interdepartmental communication and action during a PREA-related incident. It emphasizes notification, evidence handling, victim care, and investigative follow-through. The plan reflects a structured and practical approach that supports real-time implementation.

### **CONCLUSION**

After a comprehensive review of the Pre-Audit Questionnaire, relevant agency policies, the facility’s Coordinated Response Plan, and direct interview feedback, the Auditor concludes that the facility is fully compliant with the PREA standard related to coordinated institutional response (Standard §115.65).

The presence of a written, site-specific response plan—coupled with regular staff training, clearly defined protocols, and strong administrative oversight—demonstrates the facility’s commitment to a proactive, survivor-centered response framework. The plan supports the timely and appropriate management of incidents and upholds the core principles of safety, accountability, and trauma-informed care.

This level of organizational preparedness underscores the institution’s dedication to PREA’s goals and to the protection and dignity of all individuals in custody.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process to evaluate compliance with the PREA standard regarding protection from retaliation (§115.67), the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all related documentation submitted by the facility. The review focused on policies and practices designed to safeguard individuals—whether incarcerated persons or staff—who report or participate in the investigation of sexual abuse or sexual harassment.</p> <p>Key documents reviewed included the following:</p> <ul style="list-style-type: none"><li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently revised and effective as of June 23, 2022.</li><li>• Attachment 8 to SOP 208.06, which outlines the facility’s Retaliation Monitoring Checklist used to track and document ongoing protection efforts.</li><li>• A memorandum dated February 11, 2025, issued by the Deputy Warden, designating a facility Lieutenant as the official Retaliation Monitor, formally assigning responsibility for overseeing retaliation monitoring and response.</li></ul> <p><b>INTERVIEWS</b></p> <p><b>Agency Head or Designee</b></p> <p>In interviews with agency leadership, the Auditor confirmed that formal retaliation monitoring procedures are in place and initiated immediately upon the receipt of a report of sexual abuse or harassment. According to the Agency Head, the monitoring process begins on the same day an allegation is made and continues for a minimum of 90 days. The agency reserves the discretion to cease monitoring earlier if the claim is determined to be unfounded and no further concern is expressed by the involved individual(s). The Agency Head also emphasized that protection measures extend to any person—whether an alleged victim or a cooperating witness—who voices concern about possible retaliation.</p> <p><b>Facility Head or Designee</b></p> <p>The Facility Head expanded on the ways the facility implements safeguards for both incarcerated individuals and staff. For residents, this includes monitoring for changes in housing assignments, job placements, and any unusual increase in disciplinary actions. For staff, retaliation protection involves watching for sudden changes in job duties, involuntary transfers, or negative performance evaluations. These efforts are actively overseen by the assigned Retaliation Monitor, who is expected to intervene immediately if signs of retaliation emerge.</p>

### **Retaliation Monitor**

The designated Retaliation Monitor reinforced the facility's commitment to providing a safe environment where individuals can report sexual misconduct without fear of retribution. The Monitor reported that monitoring extends beyond the alleged victim to include any person involved in the reporting or investigation process who raises concerns about retaliation. Monitoring is conducted in person on a monthly basis and is documented using Attachment 8, the Retaliation Monitoring Checklist. The Monitor confirmed that no instances of retaliation have occurred at the facility within the past 12 months.

### **Segregated housing due to risk of sexual victimization**

At the time of the onsite audit, the facility reported that no individuals were being housed in segregation as a result of having been identified as being at risk of sexual victimization or as a result of reporting sexual abuse.

### **Inmates who reported sexual abuse**

During interviews with individuals who had previously reported sexual abuse, the following key points were consistently expressed:

- Facility staff were immediate and supportive in their response following the report.
- Individuals were promptly referred for a forensic medical examination.
- All medical care related to the incident was provided at no cost to the individual.
- No individuals reported being asked to take a polygraph test related to the investigation.
- All interviewed parties stated that they were formally notified in writing of the outcome of the investigation.

### **PROVISIONS**

#### **Provision (a): Policy to Protect Against Retaliation**

The facility has a clearly articulated and agency-wide written policy ensuring that no individual—whether a reporting party or a cooperating witness—faces retaliation for their involvement in the reporting or investigative process. This policy is embedded in GDC SOP 208.06, with responsibility for implementation assigned to a designated staff member. As affirmed by a memorandum from the Deputy Warden, the facility Lieutenant serves as the official Retaliation Monitor. The standard monitoring period is 90 days, although it may be extended based on specific concerns or circumstances.

#### **Relevant Policy Details:**

SOP 208.06, Page 28, Section 4(a): Declares that retaliation is strictly prohibited and subject to disciplinary action.

Section 4(b): Requires facilities to implement safeguards such as housing and work reassignments, removal of alleged perpetrators, and the provision of emotional support services to mitigate the risk of retaliation.

Section 4(c): Requires the Retaliation Monitor to assess whether any changes in treatment suggest retaliatory behavior and to respond immediately.

**Provision (b): Protective Measures**

Protective strategies confirmed through the PAQ and staff interviews include reassignment of work or housing, separating the alleged perpetrator from the reporter, and offering supportive services to individuals expressing concerns about retaliation. These strategies were described as routine and effective by both the Facility Head and Retaliation Monitor.

**Provision (c): Monitoring Practices**

The facility's monitoring practices require staff to closely observe and evaluate any changes in the treatment of staff or residents who have reported or participated in an investigation. The Retaliation Monitor ensures continuous oversight for at least 90 days and longer if necessary. Documentation and oversight requirements are clearly laid out in SOP 208.06, Section 4(c).

**Provision (d): Periodic Status Checks**

Ongoing status checks are a critical component of retaliation prevention efforts. Per GDC SOP 208.06, Section 4(c)(i-iii), these checks involve:

- Reviewing inmate disciplinary history, program participation, and housing placements.
- Reviewing staff performance evaluations and any shifts in job assignments.
- Completing and maintaining documentation using Attachment 8: Retaliation Monitoring Checklist.
- Monitoring is extended when warranted by circumstances, but will cease if the underlying claim is proven unfounded and no concern remains.

**Provision (e): Protection for Other Cooperators**

The Auditor confirmed that the facility extends retaliation protections to any individual—not only victims—who cooperates with an investigation and expresses concern about potential retaliation. This includes witnesses, reporting parties, or any participant in the investigatory process. These protections are clearly required under SOP 208.06, Section 4(b-c).

**Provision (f): Not Audited**

In accordance with the PREA Auditor Handbook, Provision (f) is not subject to audit and is therefore not addressed in this review.

**CONCLUSION**

	<p>Following a detailed review of policy documentation, PAQ responses, and interviews with both staff and incarcerated individuals, the Auditor concludes that the facility demonstrates full compliance with the PREA standard regarding protection from retaliation. The agency has a structured, proactive approach in place that includes clear policies, designated oversight personnel, formal documentation tools, and responsive action strategies. These practices reflect a strong institutional commitment to ensuring that individuals can participate in the PREA process without fear of harm or reprisal.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA audit process, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility. Particular focus was given to the protocols governing the use of segregated housing as a protective measure for individuals following an allegation of sexual abuse. The goal of this review was to assess the facility's compliance with PREA standards and its commitment to preserving safety while avoiding the unnecessary use of isolation.</p> <p>A cornerstone of this assessment was the examination of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This foundational policy outlines the agency's expectations for handling sexual abuse allegations and includes specific guidance on the limited and carefully monitored use of segregated housing for protective purposes.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee</b></p> <p>During an interview with the Facility Head, the Auditor received confirmation that the use of involuntary segregated housing in response to sexual abuse allegations is not a routine or default practice. The Facility Head emphasized that such placements are only considered when no reasonable alternative exists to ensure the individual's immediate safety. Every effort is made to pursue less restrictive housing strategies, such as transferring individuals to alternate general population units or reassigning them to areas with enhanced supervision.</p> <p>When segregated housing is determined to be the only viable option, the facility implements a structured review process. These reviews occur at 30-day intervals to</p>

evaluate the continued need for separation and to explore whether reintegration into less restrictive housing is now feasible. The Facility Head also noted that individuals placed in such housing retain access to programming, education, and work assignments to the extent possible, in accordance with facility security protocols. These efforts are designed to mitigate the potentially harmful effects of isolation while preserving safety.

#### **Staff Responsible for Segregated Housing Supervision**

Staff assigned to oversee segregated housing reinforced the facility's approach of using protective custody only as a last resort. Interviewed staff described a system that prioritizes individualized safety planning, with documented assessments conducted prior to any segregation placement. Staff confirmed that they are trained to exhaust all alternative housing strategies and that regular reviews are built into the facility's operational practices to assess the ongoing need for segregated housing. Detailed documentation is maintained to track each placement and review decision.

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

At the time of the on-site audit, no individuals were housed in involuntary segregation due to being at risk of sexual victimization or because of having reported sexual abuse. This finding supports the facility's assertion that it consistently seeks to avoid such placements, further reinforcing compliance with PREA standards.

### **PROVISIONS**

#### **Provision (a): Restrictions on Involuntary Segregation**

Based on information provided in the PAQ and corroborated through interviews with facility leadership and staff, the agency has adopted and implemented a written policy that strictly limits the use of involuntary segregated housing following an allegation of sexual abuse. The policy prohibits such placements unless a determination is made that no other housing alternative can ensure the individual's safety.

The facility reported no use of involuntary segregation in the past 12 months for either of the following situations:

- As an initial protective measure for 1 to 24 hours following a risk assessment; or
- As an extended placement exceeding 30 days while seeking alternative arrangements.

The Facility Head confirmed these practices and reiterated that if segregation is used, mandatory 30-day reviews are conducted in accordance with policy.

#### **Relevant Policy**

	<p>The governing directive for these procedures is outlined in GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, with the relevant requirements contained in Section 8 (a-d) on page 25. The provisions include the following:</p> <ul style="list-style-type: none"> <li>• <b>Subsection (a):</b> Individuals identified as being at high risk of sexual victimization—or those who allege such abuse—shall not be placed in involuntary segregated housing solely for protection unless no feasible alternative is available. In such cases, the decision must be fully documented in SCRIBE case notes, including the specific reasons that alternative placements could not be utilized.</li> <li>• <b>Subsection (b):</b> Any such segregated placement must be temporary, not to exceed 30 days, and should serve only as an interim measure while staff identify a more appropriate long-term housing solution.</li> <li>• <b>Subsection (c):</b> If access to education, work programs, privileges, or other rehabilitative services is restricted during the period of segregation, the nature and duration of these restrictions must be clearly documented, along with the rationale for their necessity.</li> <li>• <b>Subsection (d):</b> A formal review of the segregated housing placement must occur every 30 days to determine whether ongoing separation is required, or if conditions have changed such that less restrictive housing options can be pursued.</li> </ul> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of the facility’s documentation, relevant policies, and staff interviews, the Auditor finds that the facility is in full compliance with the PREA standard regarding the use of segregated housing following sexual abuse allegations.</p> <p>The facility has demonstrated a clear and consistent practice of limiting the use of involuntary segregation to only those situations where no viable alternative exists. When such placements do occur, they are carefully monitored, regularly reviewed, and documented in accordance with policy. Additionally, efforts are made to preserve access to programming, education, and other essential services for individuals placed in protective custody.</p> <p>These practices reflect a strong institutional commitment to ensuring both safety and dignity for all individuals in custody and align fully with the PREA goal of reducing the use of isolation while maintaining a trauma-informed response to sexual abuse.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

As part of the compliance review process, the Auditor conducted an in-depth examination of the Pre-Audit Questionnaire (PAQ) along with the full set of supporting documentation provided by the facility. Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled "Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program," which was most recently updated on June 23, 2022. This policy establishes the foundation for the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment within its correctional facilities.

## **INTERVIEWS**

### **Investigative Staff**

The Auditor conducted interviews with designated investigative personnel to assess the practical application of the agency's policies and procedures. Investigators provided a detailed overview of their responsibilities and processes, highlighting the following key points:

- Investigations are initiated promptly upon receipt of an allegation, regardless of how it is reported—whether directly, in writing, anonymously, via third party, or through the facility's hotline.
- All investigators assigned to PREA-related matters have completed the agency's required specialized training. The Auditor confirmed this by reviewing training records and certificates.
- Investigations follow a consistent and structured methodology. This typically begins with an interview of the alleged victim, followed by any witnesses, with the alleged perpetrator interviewed last. While the steps may vary slightly depending on whether the allegation involves harassment or assault, the investigative framework remains consistent.
- In cases involving sexual abuse, victims may be escorted to a Sexual Assault Forensic Exam (SAFE) or Sexual Assault Nurse Examiner (SANE) site. When appropriate, the investigator meets the victim at the exam site to ensure continuity in evidence collection. The SAFE/SANE team collects forensic evidence, while investigators gather additional physical evidence related to the incident.
- All investigators have received training in handling and securing physical evidence, as confirmed by documentation reviewed by the Auditor.
- If a criminal act appears to have occurred, compelled interviews are only conducted after consultation with the assigned prosecutor. Investigators are guided by the Office of
- Professional Standards (OPS)-Criminal Division to ensure Miranda rights are administered where appropriate.
- The credibility of all parties is evaluated based solely on factual findings. Investigators emphasized that every person involved—whether incarcerated or employed—is treated impartially. No polygraph examinations are used in



any PREA-related investigation.

- Administrative investigations are thorough and objective, with a focus on determining whether staff conduct or negligence contributed to the incident. All investigative activities and findings are documented in a comprehensive final report.
- Cases with indicators of criminal conduct are immediately referred to the OPS-Criminal Division for continued investigation.
- Investigations are carried through to completion, regardless of changes in custody or employment status of those involved. The agency does not terminate investigations based on the departure of the alleged victim or alleged perpetrator.

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

The PREA Coordinator verified that all administrative and criminal investigation files are maintained for at least five years after the individual in question is no longer incarcerated or employed by the agency. Many of these records are preserved permanently within the agency's SCRIBE case management system.

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

The PCM reiterated the agency's policy of continuing investigations regardless of whether the accused or the reporting party is released or separated from the agency. Every case is pursued until resolution and appropriately documented.

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

The designee of the Facility Head reported that there were no substantiated criminal PREA allegations referred for prosecution during the past twelve-month period.

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

Interviews with individuals who had reported sexual abuse revealed the following consistent feedback:

- Facility staff responded appropriately and promptly to the report.
- A medical evaluation was provided immediately following the report.
- The individuals were offered the opportunity to receive advocacy services.
- No one was required to pay for medical or mental health treatment related to the incident.
- No individuals were asked or required to undergo polygraph testing.
- All were informed in writing of the outcomes of the investigations pertaining to their allegations.

#### **PROVISIONS**

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

Agency policy mandates that all allegations of sexual abuse, sexual harassment, or threats thereof be promptly, thoroughly, and objectively investigated. This includes reports made anonymously or by third parties. This practice was confirmed through

both documentation and staff interviews.

**Provision (b):**

Only staff members who have received specialized PREA investigation training are authorized to conduct investigations. Investigators interviewed confirmed their training, and the Auditor verified this through training records.

**Provision (c):**

Investigators are trained and equipped to collect and preserve all relevant evidence, including physical, circumstantial, testimonial, and electronic evidence. They interview all relevant parties and review prior allegations or complaints involving the accused when applicable.

**Provision (d):**

Compelled interviews of staff are conducted only after coordination with the prosecutor's office if criminal prosecution is a possibility. This practice helps preserve the integrity of any potential criminal proceedings.

**Provision (e):**

Credibility assessments are made on a case-by-case basis and are not influenced by a person's status as an employee or an incarcerated individual. Polygraph testing is not utilized in any PREA investigations.

**Provision (f):**

Administrative investigations seek to determine whether staff actions or omissions contributed to the incident. Investigative reports include detailed documentation of all evidence, interviews, findings, and recommendations.

**Provision (g):**

Criminal investigations result in comprehensive written reports, which include a full accounting of evidence, findings, and supporting materials. Any case determined to be criminal in nature is referred to the OPS-Criminal Division.

**Provision (h):**

According to both the PAQ and interviews with the Facility Head's designee, there were no substantiated criminal allegations related to PREA in the past 12 months.

**Provision (i):**

Investigative records are retained for a minimum of five years beyond the period of incarceration or employment of the accused individual. This retention period may be extended in accordance with legal requirements or pending litigation.

**Provision (j):**

Investigations are never terminated solely due to the departure of the alleged abuser or victim from the agency. The PREA Compliance Manager confirmed that all investigations are completed regardless of status changes.

**Provision (k):**

This provision was determined to be not applicable to the scope of this audit.

	<p><b>Provision (I):</b></p> <p>While the agency maintains a policy to cooperate with outside investigative entities, all PREA-related investigations—both administrative and criminal—are handled internally. Investigative staff confirmed that external law enforcement agencies have not been engaged for these matters during the review period.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of agency policy, investigative procedures, training documentation, interview responses, and supporting evidence, the Auditor finds that the agency meets all requirements of PREA Standard §115.71 concerning criminal and administrative investigations. The agency has demonstrated a clear commitment to conducting prompt, thorough, and objective investigations and to maintaining accountability regardless of the circumstances surrounding the incident. The internal investigative process appears robust, and the facility is fully compliant with this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for the on-site portion of the PREA audit, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and the accompanying supporting documentation submitted by the agency. Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which was most recently revised and implemented on June 23, 2022. This policy outlines the agency’s framework for addressing allegations of sexual abuse and sexual harassment, including investigative protocols and evidentiary standards to be applied during administrative reviews.</p> <p><b>INTERVIEW</b></p> <p><b>Investigative Staff</b></p> <p>The Auditor conducted interviews with staff responsible for conducting administrative investigations into allegations of sexual abuse and sexual harassment. During these discussions, investigative personnel clearly articulated that their approach involves collecting and analyzing all available forms of evidence. This includes physical evidence from the alleged victim, the individual accused, and the location of the alleged incident, as well as testimonial evidence gathered through interviews with everyone involved or who may have witnessed the event. Staff emphasized that all investigations follow established procedures designed to be thorough, objective, and impartial.</p>

	<p>Crucially, investigative staff affirmed that they use the “preponderance of the evidence” standard when determining whether an allegation is substantiated. This means a finding is based on whether it is more likely than not that the reported incident occurred. Staff explicitly stated that no higher evidentiary threshold—such as “clear and convincing evidence” or “beyond a reasonable doubt”—is used in administrative investigations involving PREA allegations.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a):</b></p> <p>In accordance with the information documented in the PAQ, the agency confirms that the evidentiary threshold applied to administrative investigations of alleged sexual abuse or sexual harassment is limited to a preponderance of the evidence. This assertion was consistently echoed by investigative staff during interviews, who explained that a case is considered substantiated if the facts suggest it is more likely than not that the misconduct occurred. This standard promotes fairness while ensuring that substantiations are based on credible and sufficient evidence rather than speculation or unsupported claims.</p> <p><b>Relevant Policy:</b></p> <p>The agency’s commitment to using the preponderance of the evidence standard is codified in GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Specifically, Section G(5) on page 30 of the policy outlines that administrative investigations into allegations of sexual abuse and harassment must be resolved using the preponderance of the evidence as the evidentiary standard. This aligns with the federal PREA regulations and demonstrates the agency’s compliance with national best practices.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of the agency’s documentation and direct conversations with investigative staff, the Auditor concludes that the facility is in full compliance with the requirements outlined in this provision of the PREA standards. The evidence confirms that the facility’s investigative process is aligned with the expected evidentiary threshold and that all staff understand and consistently apply the standard of preponderance of the evidence. The facility has demonstrated a clear and well-documented commitment to conducting fair, thorough, and policy-compliant investigations. Therefore, the facility meets all components of this PREA standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

As part of the PREA compliance assessment, the Auditor conducted a comprehensive review of documentation provided by the facility, including the Pre-Audit Questionnaire (PAQ) and all supporting materials relevant to this standard. Central among the reviewed documents was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

The Auditor also reviewed Attachment 3 of this policy, the GDC PREA Disposition Offender Notification Form, which is used to document the facility's compliance with notification requirements following the conclusion of a PREA investigation. A PREA Investigation Chart was also examined to support documentation of any reported incidents and their resolution.

## **INTERVIEWS**

### **Investigative Staff**

During interviews with investigative staff, it was explained that the final step in the investigation process occurs after all facts have been gathered and a determination has been made. Investigators are responsible for preparing a thorough report outlining the evidence and rationale for the finding. Once finalized, the investigative report is submitted to the facility. The facility, in turn, is responsible for notifying the involved individual of the outcome. In instances where the investigation is conducted by the Criminal Investigations Division (OPS), notification of the outcome is the responsibility of that division in collaboration with the facility head.

### **Facility Head or Designee**

During interviews, the Facility Head verified that when an incarcerated individual alleges sexual abuse by a staff member and the allegation is substantiated, the facility will notify the individual whenever:

- The staff member is no longer assigned to the same housing unit,
- The staff member is no longer employed at the facility,
- The Department learns that the staff member has been arrested for a charge related to the abuse, or
- The Department learns of a conviction related to the incident.

The Facility Head confirmed that all allegations made against staff within the past 12 months were unfounded. Additionally, in cases of substantiated inmate-on-inmate sexual abuse, the victim is notified when the aggressor is charged, indicted, or convicted in connection with the incident.

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

Individuals who had previously reported sexual abuse shared the following during interviews:

- Staff were responsive and took their reports seriously.
- They were referred for immediate medical evaluation.

- A victim advocate was offered to support them.
- They were not financially responsible for any medical care associated with the incident.
- No one reported being asked to submit to a polygraph examination.
- They received written notification of the outcome of the investigation.

## **PROVISIONS**

### **Provision (a)**

The agency affirmed in the PAQ, and the Facility Head confirmed during interviews, that its policy mandates verbal or written notification to any incarcerated person who reports sexual abuse, informing them whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the completion of the investigation.

The facility documented one criminal or administrative investigation related to sexual abuse within the past 12 months.

### **Relevant Policy:**

GDC SOP 208.06 (effective 6/23/2022), Section G, Subsection 17, page 33, clearly outlines that following the conclusion of an administrative investigation, the Warden or Superintendent must ensure that the involved individual is informed of the final determination using one of the following outcomes: Substantiated, Unsubstantiated, Unfounded, Unsubstantiated—Forwarded to OPS, Substantiated—Forwarded to OPS, or Not PREA. This notification is to be carried out by a member of the local Sexual Assault Response Team (SART) or an appointed designee and must be documented using Attachment 3, PREA Disposition Offender Notification Form. If the case is forwarded to OPS, the offender will also be notified of the final outcome of that investigation once completed. The agency's obligation to provide notification ends once the individual is released from custody.

### **Provision (b)**

The PAQ and staff interviews confirmed that there were no cases in the past 12 months where allegations of sexual abuse were investigated by an external law enforcement agency. Therefore, no notifications related to outside investigations were required.

### **Provision (c)**

According to the PAQ and confirmed by the Facility Head, following an incarcerated individual's allegation of sexual abuse by a staff member, and unless the allegation is determined to be unfounded or unsubstantiated, the facility must notify the individual when:

- The staff member is removed from their housing unit,
- The staff member leaves employment with the facility,
- The staff member is arrested for charges related to the incident, or
- The staff member is convicted for charges related to the incident.

	<p>The facility reported one allegation of staff-on-incarcerated individual sexual abuse within the past 12 months. This allegation was subject to an administrative investigation and determined to be unfounded. Documentation confirmed that the individual who made the allegation was notified of the investigative outcome. Because the claim was determined to be unfounded early in the process, retaliation monitoring was deemed unnecessary and not initiated.</p> <p><b>Provision (d)</b></p> <p>As outlined in the policy and confirmed by the Facility Head Designee, when there is a substantiated case of inmate-on-inmate sexual abuse, the victim is notified when the perpetrator is indicted or convicted on charges related to the incident.</p> <p><b>Provision (e)</b></p> <p>There was one PREA-related allegation reported in the past 12 months. The individual who made the report was provided with written notification of the investigation's results in compliance with agency policy.</p> <p><b>Relevant Policy:</b></p> <p>GDC SOP 208.06 (effective 6/23/2022) stipulates that the requirement to notify individuals of investigation results is nullified if the individual is released from the Department's custody prior to completion of the notification process.</p> <p><b>Provision (f)</b></p> <p>Auditors are not required to evaluate compliance with this provision.</p> <p><b>CONCLUSION</b></p> <p>Based on the comprehensive document review, interviews with facility staff, and review of policy implementation, the Auditor finds the facility to be in full compliance with PREA Standard §115.73 – Reporting to Inmates. The agency has clearly established protocols for notifying individuals of the results of sexual abuse investigations and consistently applies those procedures. Notifications are appropriately documented, and staff demonstrate an informed understanding of their responsibilities under the standard. All requirements of this provision have been met.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted a detailed and methodical review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility in preparation for the PREA audit. Among the critical documents reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently updated on June 23,</p>

2022. This policy serves as the agency's guiding framework for preventing, detecting, and responding to sexual abuse and sexual harassment within its correctional facilities.

## **INTERVIEWS**

### **Facility Head or Designee**

During the on-site visit, the Auditor interviewed the Facility Head or their designee to assess the agency's practices surrounding staff accountability in cases of sexual abuse or sexual harassment. The interview confirmed that all employees are expected to adhere strictly to the agency's PREA-related policies, and failure to do so may result in disciplinary action up to and including termination of employment.

The designee also provided insight into staff conduct over the preceding 12 months, noting that:

There were no incidents where staff were found to have violated policies related to sexual abuse, harassment, or misconduct.

No staff members were terminated or resigned in lieu of termination due to violations of these policies.

In accordance with agency protocol, termination is the default disciplinary action when an employee is found to have engaged in sexual abuse.

## **PROVISIONS**

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

The PAQ indicates that the agency holds staff accountable through formal disciplinary sanctions, including termination, for any violation of the sexual abuse or sexual harassment policies. This assertion was substantiated during the interview with the Facility Head or designee, who reiterated that corrective action is consistently applied when a policy breach is confirmed.

### **Relevant Policy:**

As outlined in GDC SOP 208.06 (effective 6/23/2022), Section H.1.a (page 33), any employee found to have engaged in sexual abuse of an incarcerated individual will be permanently prohibited from working within any correctional setting. The policy establishes termination as the presumptive disciplinary sanction and further requires that such cases be referred for criminal prosecution, when applicable.

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

According to the PAQ and interview confirmation, the facility experienced no staff violations of the agency's sexual abuse or harassment policies during the past calendar year. As a result, no staff were disciplined, terminated, or resigned under threat of termination due to such violations.

### **Relevant Policy:**

The same section of GDC SOP 208.06 (H.1.a, page 33) reinforces that termination is the expected outcome when staff are found to have engaged in sexual abuse, ensuring consistency with the PREA standard's intent.



	<p>Provision (c):</p> <p>The PAQ reflects that when staff are found to have violated agency policies related to sexual abuse or sexual harassment—excluding actual incidents of sexual abuse—the facility’s disciplinary decisions are guided by the nature and severity of the infraction, the individual’s prior disciplinary record, and the consistency of sanctions issued to similarly situated employees. The facility reported no such violations during the past 12 months, and this was confirmed during the interview process.</p> <p><b>Relevant Policy:</b></p> <p>GDC SOP 208.06, Section H.1.b (page 33), affirms that sanctions for policy violations involving sexual harassment must be proportionate to the seriousness of the offense and consistent with prior disciplinary practices for similar conduct.</p> <p><b>Provision (d):</b></p> <p>The agency’s PAQ response confirms that any staff member who is terminated for sexual abuse or harassment, or who resigns in lieu of termination due to such allegations, is reported to relevant law enforcement authorities unless the behavior is clearly not criminal. In addition, appropriate notifications are made to the licensing or certification bodies responsible for correctional personnel. The facility reported that no such cases occurred during the past year, which was affirmed during the Facility Head interview.</p> <p><b>Relevant Policy:</b></p> <p>As per GDC SOP 208.06, Section H.1.c (page 34), it is mandatory for the facility to report all separations resulting from violations of sexual abuse or harassment policies to the appropriate external authorities, including the Georgia Peace Officer Standards and Training Council (POST), when applicable.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of facility records, policy documents, and staff interviews, the Auditor concludes that the facility demonstrates full compliance with all aspects of this PREA standard. The agency’s policies clearly articulate and enforce disciplinary expectations for staff, including mandatory termination in substantiated cases of sexual abuse, and the facility’s practices reflect consistent application of these policies. The documentation and interview findings confirm that staff are held accountable, and reporting obligations to outside agencies are understood and implemented when required. As such, the facility meets or exceeds each provision of this standard.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

The Auditor conducted a comprehensive review of documentation submitted in advance of the on-site audit to assess the facility's compliance with the requirements of PREA Standard §115.77 – Corrective Action for Contractors and Volunteers. The reviewed materials included:

The facility's completed Pre-Audit Questionnaire (PAQ) and all relevant attachments; Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

This documentation provided clear guidance on how incidents involving contractors or volunteers are addressed, including mandatory reporting requirements, disciplinary action, and restrictions on future contact with incarcerated individuals.

## **INTERVIEWS**

### **Facility Head or Designee**

In the course of the on-site interviews, the Auditor met with the Facility Head or their designee to further evaluate the facility's application of PREA-related policies, particularly those concerning the involvement of contractors and volunteers in incidents of sexual abuse or sexual harassment. During the interview, the Facility Head confirmed the following for the twelve-month period preceding the audit:

There were no incidents in which a contractor or volunteer was reported to a law enforcement agency or professional licensing authority for engaging in sexual abuse of a person in custody.

No contractor or volunteer had been the subject of a referral for any allegation of sexual abuse or misconduct.

These statements aligned with the information documented in the PAQ and further supported the conclusion that no incidents requiring such action had occurred during the reporting period.

## **PROVISIONS**

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

The Auditor verified that agency policy, as reported in the PAQ and outlined in GDC SOP 208.06 (p. 34, Section H.2), mandates specific actions when a contractor or volunteer is found to have engaged in sexual abuse. These include:

- Immediate termination of all contact between the individual and any incarcerated persons;
- Prompt referral to appropriate law enforcement authorities unless the behavior is clearly determined to be non-criminal;
- Referral to relevant licensing or certifying bodies, as applicable.

	<p>In addition, the policy requires the facility to take appropriate remedial steps and evaluate whether to prohibit further access to incarcerated individuals in any situation where a contractor or volunteer violates agency sexual abuse or harassment policies, even if the behavior does not constitute criminal conduct.</p> <p>The facility confirmed that no contractors or volunteers had been found to have engaged in sexual abuse during the past year. This was substantiated through both documentation and the Facility Head interview.</p> <p><b>Relevant Policy Excerpt</b> – GDC SOP 208.06 (Page 34, Section H.2):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from further contact with incarcerated individuals; Such individuals shall be reported to appropriate law enforcement and licensing entities unless the behavior is clearly not criminal; In all other cases involving violations of agency sexual abuse or harassment policy, appropriate remedial measures shall be taken, and continued access to individuals in custody must be reassessed.</p> <p><b>Provision (b):</b></p> <p>The Auditor also confirmed that the facility has systems in place to enforce corrective action in situations where a contractor or volunteer violates the agency’s policies on sexual abuse or sexual harassment—even in instances that do not involve criminal behavior. According to the PAQ and as verified by the Facility Head:</p> <p>The agency considers and implements corrective measures, including potential restrictions on future facility access, when any policy violations by volunteers or contractors are identified;</p> <p>There have been no such incidents requiring remedial or corrective action during the most recent twelve-month period. This information was corroborated during the interview with the Facility Head and is consistent with the requirements of the standard.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of policy documents, the facility’s PAQ, and interviews conducted during the audit, the Auditor concludes that the facility and agency fully comply with the requirements of PREA Standard §115.77. The facility has clearly established and effectively implemented policies that ensure contractors and volunteers are held accountable for any sexual abuse or harassment. These include mandatory reporting procedures, prohibitions on future contact when warranted, and the application of remedial actions even in non-criminal cases. There were no incidents reported in the past year requiring the use of these provisions, which was confirmed through multiple sources.</p>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

As part of the comprehensive compliance review, the Auditor conducted an in-depth analysis of materials submitted in advance of the on-site audit. This included a detailed evaluation of the Pre-Audit Questionnaire (PAQ) and its supporting documentation. Of particular significance was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

**INTERVIEWS**

**Facility Head**

During the interview, the Facility Head or designee provided clear and direct responses affirming the agency's strong commitment to a zero-tolerance policy for all forms of sexual abuse and harassment. The following key points were confirmed:

- GDC enforces a zero-tolerance policy for sexual activity between individuals in custody.
- There were no substantiated administrative findings of inmate-on-inmate sexual abuse within the past 12 months.
- There were also no criminal convictions for inmate-on-inmate sexual abuse during the same period.
- In cases involving alleged sexual contact between incarcerated individuals and staff, disciplinary action is only imposed on the inmate if the staff member is determined not to have consented.
- Incarcerated individuals who report sexual abuse in good faith—based on a reasonable belief that misconduct occurred—are not subject to disciplinary action, even if the report is later unsubstantiated.

**Medical and Mental Health Staff**

Healthcare personnel confirmed that the facility provides access to a variety of clinical services designed to reduce the risk of sexually abusive behavior. These services include counseling, therapy, and behavioral interventions. When appropriate, participation in these rehabilitative services may be required as a condition for accessing institutional privileges or programming.

**PROVISIONS**

**Provision (a)**

The PAQ states, and facility interviews confirm, that disciplinary sanctions for inmate-on-inmate sexual abuse are imposed only following:

- An administrative finding that sexual abuse occurred through a formal disciplinary process; or
- A criminal adjudication confirming guilt.

The Facility Head confirmed that there were no such administrative or criminal findings within the most recent one-year period.

**Relevant Policy:**

SOP 208.06, Section H.3.a-b (Page 34) establishes that:

All consensual sexual activity between incarcerated individuals is prohibited by policy, even though non-coercive conduct is not classified as sexual abuse.

All sexual contact between inmates is presumed to be non-consensual unless evidence proves otherwise.

Disciplinary actions resulting from substantiated sexual abuse or harassment may only be imposed following a formal due process proceeding, in accordance with SOP 209.01, Offender Discipline.

**Provision (b)**

When determining disciplinary sanctions, the facility evaluates:

- The nature and circumstances of the violation;
- The individual's disciplinary history; and
- Sanctions imposed in comparable cases to ensure consistency.

**Relevant Policy:**

SOP 208.06, Section H.3.c (Page 35) requires that sanctions be proportionate to the seriousness of the offense, take into account the individual's prior history, and align with penalties given in similar cases.

**Provision (c)**

Facility policy and interviews confirm that the disciplinary process includes a review of whether a diagnosed mental health condition or intellectual/developmental disability contributed to the behavior in question.

**Relevant Policy:**

SOP 208.06, Section H.3.d (Page 35) outlines that the presence of a mental illness or developmental disability must be considered in disciplinary determinations. SOP 508.18, Mental Health Discipline Procedures, provides further guidance on this review process.

**Provision (d)**

According to both the PAQ and interviews with staff, the facility offers behavioral interventions—including therapy and counseling—intended to address the underlying causes of sexually abusive behavior. In some cases, participation in such services may be required to access privileges or rehabilitative programming.

**Relevant Policy:**

SOP 208.06, Section H.3.e (Page 35) mandates that if interventions are available, the facility must assess whether mandatory participation should be a condition for receiving privileges or program access.

**Provision (e)**

The agency's policy permits disciplinary action against individuals in custody for engaging in sexual contact with staff only if it is determined that the staff member did not consent.

**Relevant Policy:**

SOP 208.06, Section H.3.f (Page 35) explicitly states that disciplinary sanctions may be imposed only when it is found that the staff member was not a willing participant in the act.

**Provision (f)**

The facility maintains protections for individuals who report sexual abuse in good faith. Even if an investigation fails to substantiate the allegation, those who make such reports are not subject to disciplinary measures for false reporting.

**Relevant Policy:**

SOP 208.06, Section H.3.g (Page 35) affirms that individuals who make reports based on a reasonable belief and in good faith are not punished—even when the investigation does not result in a substantiated finding.

**Provision (g)**

While consensual sexual activity between incarcerated individuals is not considered sexual abuse unless coercion is involved, it remains a disciplinary violation under agency policy.

**Relevant Policy:**

SOP 208.06, Section H.3.a (Page 34) outlines that all sexual contact between inmates is presumed to be non-consensual unless an investigation finds otherwise. Even when proven to be consensual, such behavior violates institutional rules and is subject to disciplinary action, though it is not classified as abuse unless coercion is involved.

**CONCLUSION**

Based on a comprehensive review of policies, procedures, and interview responses from both facility administrators and clinical staff, the Auditor finds the facility to be in full compliance with PREA Standard §115.78. The disciplinary practices in place are consistent with federal requirements and demonstrate a trauma-informed, individualized approach. The facility ensures that sanctions are fairly administered following due process, appropriately considers mental health and cognitive factors in its disciplinary decisions, and maintains safeguards to protect individuals who report abuse in good faith. These practices collectively support the agency's strong commitment to safety, accountability, and the humane treatment of individuals in custody.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA audit process, the Auditor conducted an in-depth review of documentation to determine the facility's compliance with relevant standards. The following key materials were analyzed:</p> <ul style="list-style-type: none"> <li>• The facility's completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted for Auditor review;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• GDC Standard Operating Procedure VH82-0001, Informed Consent, effective April 1, 2002.</li> </ul> <p>This document review helped establish the foundation for evaluating the agency's approach to medical and mental health responses related to prior victimization or abusiveness disclosed during intake screenings.</p> <p><b>INTERVIEWS</b></p> <p><b>Risk Screening Personnel</b></p> <p>Staff responsible for administering PREA intake screenings reported that all medical and mental health data are maintained within a dedicated, secure, and confidential electronic health record system. This system is distinct from the general offender records database and is accessible solely to qualified healthcare professionals. Access by classification or administrative personnel is strictly limited and only permitted when necessary for legitimate correctional objectives in accordance with confidentiality protocols.</p> <p><b>Medical Staff</b></p> <p>Healthcare team members confirmed that when individuals disclose a history of sexual victimization that occurred outside of a correctional setting, informed consent is obtained before any information is shared with non-medical staff, unless the individual is under 18 years old. Medical staff also explained that any individual identified during screening as a potential victim or aggressor is referred to mental health professionals for evaluation within 14 days of arrival. This referral process ensures timely support and risk management.</p> <p><b>Inmates Reporting Prior Victimization</b></p> <p>At the time of the on-site audit, facility records reflected one inmate who no disclosed of prior sexual victimization made by inmate within the past 12 months. As a result, there was one inmate available for interview who fell within this category.</p>

## **PROVISIONS**

### **Provision (a)**

According to the PAQ, when an individual discloses a history of sexual victimization during the intake process, they are promptly offered a follow-up assessment with a qualified medical or mental health provider. These assessments are scheduled and conducted within 14 calendar days of the disclosure. This procedure was corroborated by screening personnel and aligns with agency policy. Documentation of each encounter is retained in the individual's medical record, ensuring a comprehensive clinical response.

### **Relevant Policy:**

GDC SOP 208.06, Section D.7 (page 25), mandates that individuals who disclose prior sexual victimization, report being victims or aggressors in PREA-related incidents, or exhibit indicators of vulnerability or risk must be referred for follow-up with medical and/or mental health staff within 14 days. Staff are required to complete and submit Attachment 14, the PREA Counseling Referral Form, to initiate services.

### **Provision (b)**

The PAQ also indicates that any individual identified as having a history of sexually abusive behavior is referred for a mental health evaluation within 14 days of that identification. Staff confirmed that evaluations are thoroughly documented in the individual's medical file. At the time of the audit, the facility did not have any individuals currently identified as having such a history, so no interviews from this population were conducted.

### **Relevant Policy:**

Consistent with GDC SOP 208.06, Section D.7 (page 25), any person flagged during intake as having a history of sexual abusiveness or who becomes the subject of a sexual abuse or harassment allegation must be referred for a timely follow-up with mental health personnel. The referral must be initiated through completion of Attachment 14 to document the response and ensure accountability.

### **Provision (c)**

This provision is not applicable to the facility being audited. The requirement specifically pertains to jail environments, and the audited facility operates as a county-level state correctional institution, not a jail.

### **Provision (d)**

Both the PAQ and interview responses confirmed that any information disclosed during the intake process regarding past sexual victimization or abusive behavior is used solely to inform decisions related to housing assignments, work details, bed placement, program participation, educational services, and treatment referrals. Information is handled with strict confidentiality and used only as permitted under applicable legal and regulatory guidelines.

### **Provision (e)**

Policies and practices at the facility require that informed consent be obtained before any information related to prior sexual victimization that occurred in the community is



	<p>shared with anyone outside of the healthcare team, unless the person is under 18 years of age. This practice was affirmed through interviews with medical personnel and reflects a clear commitment to protecting privacy, respecting dignity, and adhering to ethical standards.</p> <p><b>Relevant Policy:</b> GDC SOP VH82-0001, Informed Consent, Section VI.A.1-4 (page 3), outlines the procedures governing consent:</p> <p>Upon arrival, individuals are provided with a general informed consent form authorizing noninvasive procedures such as physical examinations and routine laboratory testing throughout their incarceration. Forms are available in both English (P82-0001.01) and Spanish (P82-0001.02).</p> <p>For individuals who are unable to read, write, or understand English or Spanish, or who have visual, hearing, or cognitive impairments, staff are required to ensure the information is conveyed in an understandable format.</p> <p>Once signed, the consent form is securely filed in the individual's health record under the appropriate consent section.</p> <p>Subsequent examinations or treatments may proceed under implied consent, provided the procedure is clearly explained to the individual prior to being performed.</p> <p><b>CONCLUSION</b></p> <p>Based on the comprehensive document review, policy analysis, and interviews with relevant intake and medical personnel, the Auditor concludes that the facility is fully compliant with the PREA standards concerning medical and mental health follow-up for individuals disclosing sexual victimization or abusiveness. The facility has developed and implemented a thorough and well-documented process that ensures timely, confidential referrals and safeguards the dignity and privacy of every individual. The use of informed consent protocols and the professional delivery of services reflect the agency's commitment to both clinical best practices and the humane treatment of those in custody.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with the Prison Rape Elimination Act (PREA) Standard §115.82, which governs the provision of emergency medical and mental health services to individuals who disclose sexual abuse, the Auditor undertook an in-depth review of facility documents. This included:</p> <p>The completed Pre-Audit Questionnaire (PAQ) and accompanying documentation</p>

<p>submitted by the facility.</p> <p>The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. GDC SOP 208.06 outlines the agency’s responsibilities for delivering timely, appropriate medical and mental health care to individuals reporting sexual abuse, in line with federal PREA requirements.</p> <p><b>INTERVIEWS</b></p> <p><b>Medical Staff</b></p> <p>Licensed healthcare staff described a clearly defined, immediate medical response protocol that is initiated whenever an individual reports having been sexually abused. Emergency treatment begins without delay, guided by professional clinical judgment and aligned with best medical practices. Staff confirmed that emergent injuries are assessed and treated promptly and comprehensively.</p> <p>Further, healthcare personnel verified that, when medically indicated, survivors are provided access to emergency contraception and prophylaxis for sexually transmitted infections (STIs). All services are administered in accordance with accepted clinical standards, and patients are given clear information about follow-up care and health management.</p> <p>When a report of sexual abuse is made, a physician conducts an initial medical assessment to determine the appropriate course of action. If necessary, the individual may be transferred to an outside medical facility for a forensic examination or specialized treatment. If activation of the Sexual Assault Response Team (SART) is warranted, nursing staff begin the protocol while the attending physician issues orders based on the team’s assessment and recommendations.</p> <p><b>Mental Health Staff</b></p> <p>Mental health services at the facility are delivered through contracted external providers. As there were no mental health professionals on-site during the audit, no interviews were conducted under this section. However, facility staff described the process for contacting off-site providers when mental health intervention is clinically necessary.</p> <p><b>First Responders (Security and Non-Security Personnel)</b></p> <p>Security staff who serve as first responders reported that their immediate priorities upon receiving a disclosure of sexual abuse include protecting the individual from further harm, safeguarding potential evidence, and notifying medical staff without delay. They described clear steps for isolating the alleged perpetrator (if known), securing the area, and initiating internal response protocols.</p> <p>Non-security personnel who might act as first responders (e.g., education, food service, or administrative staff) similarly articulated their role in protecting the individual and quickly contacting the appropriate authorities. They noted that they remain with the individual until trained security or medical staff arrive.</p> <p><b>Inmates who Individuals Who Reported Sexual Abuse</b></p>
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At the time of the on-site audit, there was one inmate who currently housed at the facility who had reported sexual abuse. Therefore, was one interview were conducted in this category under this standard.

## **PROVISIONS**

### **Provision (a)**

As stated in the PAQ and confirmed during staff interviews, individuals who report sexual abuse are afforded immediate access to emergency medical services and crisis intervention. Medical professionals emphasized that care is never delayed and is always guided by clinical need.

Due to the absence of recent sexual abuse reports, no direct medical records or treatment files were available for audit review. However, medical staff affirmed that any future incidents would be thoroughly documented, including actions taken, timing of the medical response, administration of emergency treatments, and steps taken by staff in the absence of healthcare professionals.

### **Relevant Policy:**

GDC SOP 208.06, Section I (p. 36), affirms the agency's responsibility to provide emergency medical and mental health care in accordance with PREA standards. The policy also references SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault) as governing documents that support this provision.

### **Provision (b)**

The PAQ indicates that, when qualified medical practitioners are not immediately available, first responders are trained to initiate preliminary protective actions and notify healthcare staff without delay.

Interviews with correctional officers confirmed that they are trained to protect the reporting individual, separate the accused (if identified), preserve evidence, and ensure that medical staff are contacted at once. Officers demonstrated clear understanding of their roles and responsibilities in these circumstances.

### **Relevant Policy:**

GDC SOP 208.06, Section I (p. 36), reiterates that in situations where medical personnel are not on-site, it is the duty of first responders to act promptly to protect the survivor and facilitate immediate access to care. The policy reaffirms adherence to SOP 507.04.85 and SOP 507.04.91.

### **Provision (c)**

As confirmed through documentation and interviews with medical staff, individuals who have experienced sexual abuse are promptly offered clinically appropriate treatment, including emergency contraception and prophylaxis for STIs. These services are provided in a manner consistent with nationally recognized standards of care.

Medical personnel also reported that educational information about health

	<p>consequences and treatment options is shared with the individual as part of the initial response.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06, Section I (p. 36), mandates that emergency contraception and STI prophylaxis be offered in accordance with medical recommendations and industry best practices.</p> <p><b>Provision (d)</b> The PAQ and facility staff confirmed that medical and mental health services associated with incidents of sexual abuse are delivered at no cost to the individual. Access to services is not contingent on the person's willingness to cooperate with an investigation or identify the perpetrator.</p> <p>While no survivor interviews or records were available during the audit, educational materials and policy documentation reviewed during the audit support this commitment to barrier-free access.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06, Section B(c) (p. 16), explicitly states that all medical and mental health care related to sexual abuse incidents must be provided free of charge, regardless of the individual's cooperation with investigators or ability to name the alleged abuser.</p> <p><b>CONCLUSION</b> Following a thorough review of facility policies, the Pre-Audit Questionnaire, and interviews with medical staff and first responders, the Auditor finds that the facility has established clear procedures that align with PREA Standard §115.82. The facility demonstrates a strong commitment to ensuring that all individuals who report sexual abuse receive prompt, confidential, and medically appropriate care at no cost. While no cases were present for review during this audit cycle, the readiness of staff and the clarity of operational procedures reflect a high degree of compliance. The Auditor concludes that the facility meets all required elements of this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b> To assess the facility's compliance with the provisions outlined in PREA Standard §115.83, the Auditor conducted a thorough review of relevant documentation submitted by the agency. This included the Pre-Audit Questionnaire (PAQ) and a range of supporting materials designed to demonstrate the facility's practices regarding the provision of medical and mental health care to individuals who report sexual abuse or</p>

are identified as having engaged in sexually abusive behavior.

Central to the review were two key policies issued by the Georgia Department of Corrections (GDC):

- Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
- Standard Operating Procedure (SOP) 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018.

Together, these policies provide clear direction on the agency's expectations for trauma-informed, prompt, and appropriate treatment of individuals affected by sexual abuse or implicated in incidents of sexually abusive conduct.

## **INTERVIEWS**

### **Medical Staff**

During the on-site audit, medical staff provided detailed accounts of their role in responding to incidents of sexual abuse. They affirmed that care begins immediately upon notification of a reported assault. All evaluations and treatments are guided by best practices in clinical care and are administered by licensed professionals.

Medical staff emphasized that all services provided to survivors of sexual abuse are confidential and delivered at no cost to the individual. Services are comparable to those available in the community and include access to emergency contraception and STI prophylaxis, when appropriate. Staff also confirmed that follow-up testing for sexually transmitted infections is offered, and that referrals for additional care are made—especially when an individual is being transferred, reassigned, or released.

Importantly, staff clarified that all care is offered irrespective of whether the survivor cooperates with the investigation or can identify the alleged perpetrator. The medical team approaches each case with sensitivity, prioritizing the individual's dignity and psychological well-being throughout the process.

### **Inmates Who Reported Abuse**

Inmates who had reported incidents of sexual abuse conveyed confidence in the responsiveness of facility staff. They reported the following experiences:

- They were promptly offered medical care following disclosure.
- They were given access to a victim advocate.
- They were not charged for any medical services associated with the incident.
- None were subjected to polygraph testing.
- They received written notification of the outcome of the investigation.
- Their accounts strongly aligned with staff interviews and documented policies, reflecting the facility's adherence to trauma-informed, victim-centered practices.

## **PROVISIONS**

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

Documentation and interviews confirmed that individuals who experience sexual abuse are provided with timely medical evaluations and necessary treatment. These services are administered regardless of whether the individual participates in the facility's investigatory process. The scope of care includes STI testing, crisis counseling, prophylactic medications, and referrals for forensic exams when clinically appropriate. These practices were confirmed in interviews with both medical personnel and administrative staff.

### **Relevant Policy:**

SOP 508.22, pages 3–4, outlines the agency's requirement for timely and professional response to disclosures of sexual abuse. A mental health evaluation must be completed within one business day—or sooner in urgent cases—and is strictly clinical, not investigative in nature.

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

Interviews and documentation confirmed that continuity of care is maintained for survivors through individualized treatment plans and coordination with outside providers. This includes preparing referrals when an individual is being transferred or released from custody, ensuring ongoing support and access to necessary services.

### **Relevant Policy:**

SOP 208.06 mandates that facilities provide referrals and follow-up care to inmates transferring to another institution or being released, thus promoting uninterrupted access to necessary medical or mental health services.

### **Provision (c):**

The facility delivers medical services to victims of sexual abuse that meet or exceed community standards of care. Medical staff described protocols that reflect current healthcare standards, such as evidence-based treatment options, access to emergency care, and respectful, confidential delivery of services.

### **Relevant Policy:**

SOP 208.06 affirms that inmate victims must receive care that aligns with services available in the community, ensuring equity in quality and access.

### **Provisions (d) and (e):**

These subsections address the provision of pregnancy testing and related medical services for individuals who may become pregnant. As this facility exclusively houses male individuals, these provisions are not applicable.

### **Provision (f):**

Sexually transmitted infection (STI) testing is a standard element of post-assault care and is offered to all individuals who report sexual abuse, as confirmed in both staff interviews and policy review.

### **Relevant Policy:**

	<p>SOP 208.06 directs medical personnel to offer STI testing when clinically appropriate to all victims of sexual abuse.</p> <p><b>Provision (g):</b> All medical and mental health services related to an incident of sexual abuse are provided without financial cost to the survivor. This includes care offered regardless of cooperation with the investigation or identification of the alleged abuser.</p> <p><b>Relevant Policy:</b> SOP 208.06 (p. 16, Section B, item c) states explicitly that no costs will be passed on to the individual receiving care, and services cannot be withheld due to nonparticipation in the investigation.</p> <p><b>Provision (h):</b> When an individual is identified as the perpetrator in an incident of inmate-on-inmate sexual abuse, the facility initiates a mental health evaluation within 60 days. Interviews with clinical staff confirmed these evaluations are conducted and that treatment is offered when clinically indicated.</p> <p><b>Relevant Policy:</b> SOP 208.06 (p. 25, Section D, item 7) and Attachment 14 (PREA Counseling Referral Form) require a follow-up evaluation within 14 days of identification as a perpetrator, with appropriate treatment services offered as warranted by clinical judgment.</p> <p><b>CONCLUSION</b> Following an in-depth review of relevant policies, facility documentation, and interviews with medical staff and impacted individuals, the Auditor finds that the facility meets the requirements of PREA Standard §115.83. The facility demonstrates a clear and consistent commitment to providing trauma-informed, comprehensive, and confidential care to individuals who report sexual abuse or are identified as abusers. Services are responsive, clinically appropriate, and equitable, aligning with professional standards of care and PREA mandates. All applicable provisions of this standard have been met.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b> As part of the assessment process for compliance with PREA Standard §115.86, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the facility. Among the materials examined were the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Of particular</p>

relevance was Attachment 9 of SOP 208.06, the Sexual Abuse Incident Review (SAIR) Checklist, which outlines the structured framework for conducting and documenting post-investigation incident reviews. This review helped evaluate the extent to which the facility ensures accountability, transparency, and continuous improvement following reports of sexual abuse.

## **INTERVIEWS**

In an interview with the Facility Head, the Auditor confirmed that the facility's Incident Review Team (IRT) is composed of upper-level administrators and department heads, supporting a collaborative, multidisciplinary approach. The Facility Head or designee explained that team members represent leadership from various departments—including security, investigations, and medical and mental health services—ensuring a well-rounded and informed review process. The Facility Head also emphasized that all recommendations generated during the SAIR process are thoughtfully considered, with decisions tracked to determine whether the recommendations are implemented or documented with a written justification if not.

The PREA Compliance Manager (PCM) confirmed that Sexual Abuse Incident Reviews are scheduled within thirty (30) calendar days following the conclusion of any investigation that results in a substantiated or unsubstantiated finding. Once the review is complete, the SAIR report is submitted to both the PCM and the Facility Head. This ensures that both operational and compliance leadership are fully informed and engaged in implementing corrective actions or procedural enhancements when necessary.

Interviews with members of the Incident Review Team revealed that the team consistently uses the SAIR Checklist to document findings, address each of the required criteria under the standard, and submit conclusions for review by facility leadership. The team includes not only senior-level administrators but also contributions from front-line supervisors and licensed clinical professionals, ensuring that physical, psychological, operational, and security dimensions of each case are thoroughly assessed.

## **PROVISIONS**

### **Provision (a)**

According to the facility's PAQ and verified through interviews, the facility reported that two sexual abuse investigations, within the past twelve months (excluding those found to be unfounded), resulted in formal incident reviews. The Auditor examined four investigative case files. In each case where an allegation was either substantiated or unsubstantiated, a timely Sexual Abuse Incident Review was conducted within the 30-day requirement following the closure of the investigation.

### **Relevant Policy:**

GDC SOP 208.06, Section J(1), page 36, requires that a Sexual Abuse Incident Review Team (SAIRT) conduct a review within thirty calendar days of the conclusion of each substantiated or unsubstantiated sexual abuse allegation. This review must assess institutional responses and identify opportunities for improvement. Reviews for unfounded allegations or those determined to be sexual harassment are not required



under this provision.

**Provision (b)**

The PAQ affirmed that the SAIR process is consistently initiated within thirty days of an eligible investigation's closure. Interviews with staff and review of case files confirmed this assertion. All applicable cases demonstrated timely completion of the review process.

**Relevant Policy:**

SOP 208.06 directs that the SAIR Checklist must be utilized to ensure consistency and thoroughness across all reviews. This standardized tool guides staff through the evaluation of operational responses, staff actions, and facility conditions.

**Provision (c)**

The Auditor confirmed, through both documentation and interviews, that the IRT includes a diverse range of facility personnel, including executive-level leadership, security supervisors, investigative personnel, and licensed medical or mental health staff. This cross-functional team supports a well-rounded review of all incidents.

**Relevant Policy:**

SOP 208.06 explicitly states that the Warden shall consult with personnel across key departments—including investigative and clinical services—when conducting incident reviews. This inclusion supports comprehensive and informed decision-making.

**Provision (d)**

The PAQ and staff interviews confirmed that all SAIR findings are consolidated into formal written reports. These reports include determinations and any recommendations made by the team. Final reports are submitted to both the Facility Head and the PCM to ensure oversight, accountability, and follow-up.

**Relevant Policy:**

SOP 208.06 outlines that a SAIR must be conducted and documented using the approved checklist. These documented reviews are intended to capture conclusions, facility performance assessments, and action steps for leadership consideration.

**Provision (e)**

The Auditor confirmed, through interviews and documentation, that the facility takes action on recommendations made during the SAIR process. If a recommendation is not adopted, a written explanation is provided and documented in the file. This ensures that incident reviews result in meaningful changes or justified decisions and reflect the facility's commitment to continuous operational improvement.

**Relevant Policy:**

SOP 208.06 requires that the facility either implement recommendations made during the SAIR process or provide a written rationale for declining to do so. This promotes transparency and ensures that incident reviews contribute to safer and more accountable facility operations.

**CONCLUSION**

Based on an extensive review of facility documentation, interviews with facility

	<p>leadership and team members, and an examination of investigative case files, the Auditor finds that the facility fully complies with the requirements of PREA Standard §115.86 concerning Sexual Abuse Incident Reviews. The facility consistently meets timelines, utilizes a well-documented and multidisciplinary review process, implements or justifies recommendations, and demonstrates a sustained commitment to improving institutional practices in response to sexual abuse allegations.</p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance verification process for PREA Standard §115.87 – Data Collection, the Auditor conducted a comprehensive review of the facility’s Pre-Audit Questionnaire (PAQ) and all associated supporting materials. Primary among the documents examined was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Additionally, the Auditor reviewed the most recent submission of the 2021 Survey of Sexual Victimization (SSV2), which was forwarded to the U.S. Department of Justice in accordance with federal requirements.</p> <p><b>INTERVIEWS</b></p> <p>To gain further insight into the agency’s compliance with data collection mandates, the Auditor interviewed both the agency’s PREA Coordinator and the facility’s PREA Compliance Manager (PCM). The PREA Coordinator confirmed that the GDC compiles and submits all relevant sexual abuse data from the previous calendar year to the U.S. Department of Justice by the federally mandated deadline of June 30. This process is systematic, drawing from a broad range of incident-based documents, including but not limited to investigative case files, incident reports, and Sexual Abuse Incident Review (SAIR) documentation.</p> <p>The Coordinator emphasized that the data collection process applies uniformly across all GDC-operated institutions and extends to privately contracted facilities that house state inmates. The PCM reinforced this information, explaining that the facility follows GDC’s established protocols to ensure that all allegations are properly documented, reviewed, and incorporated into the broader agency analysis. Both staff members highlighted that these efforts support transparency, drive operational improvement, and help maintain a safe environment for all individuals in custody.</p> <p><b>PROVISIONS</b></p>

**Provision (a):**

The PAQ indicated that the agency employs a standardized data collection process using consistent definitions across all facilities under GDC's jurisdiction. This ensures accuracy and uniformity in reporting each allegation of sexual abuse. The PREA Coordinator confirmed this during the interview, underscoring the importance of standardized data across all institutions.

**Relevant Policy:**

According to SOP 208.06, Section J(2)(a), each facility is required to submit monthly PREA data using a standardized electronic spreadsheet developed by the PREA Coordinator's office. This spreadsheet includes essential details about each allegation investigated, the findings, and any outcomes. Facilities must submit these reports no later than the third calendar day of the month following the reporting period, as outlined in the Facility PREA Log User Guide.

Additionally, Section J(2)(b) requires facilities to submit Attachment 9 – the SAIR Checklist – for any completed reviews within the reporting month. These documents are submitted on the same schedule as the monthly allegation reports.

**Provision (b):**

The agency affirms that all incident-based sexual abuse data are aggregated at least annually, a practice verified during the interview with the PREA Coordinator. The Auditor also reviewed the agency's most recent Annual PREA Report, which reflects these aggregation efforts.

**Relevant Policy:**

SOP 208.06, Section J(2)(c), requires GDC to collect and aggregate data from all substantiated, unsubstantiated, and unfounded allegations of sexual abuse. This data is used to identify trends, improve staff performance, evaluate institutional practices, and support broader safety initiatives. The resulting Annual PREA Report is published online and includes year-over-year comparisons and summaries of progress toward sexual abuse prevention and response.

**Provision (c):**

The PAQ confirmed that GDC's data collection instrument captures all information necessary to complete the most recent version of the Survey of Sexual Violence (SSV) distributed by the Department of Justice. The PREA Coordinator verified this during the interview.

**Relevant Policy:**

Per SOP 208.06 (pages 36–37), the agency is responsible for compiling and submitting sexual abuse data to the U.S. Department of Justice, specifically to the Bureau of Justice Statistics. This data reflects allegations from the previous calendar year and must be provided upon DOJ's request.

**Provision (d):**

	<p>The agency reported that it gathers and retains data derived from multiple sources, including but not limited to incident reports, investigative documentation, and Sexual Abuse Incident Reviews. The PREA Coordinator confirmed that this comprehensive approach is applied consistently across facilities.</p> <p><b>Relevant Policy:</b> SOP 208.06, Section J(2)(a), mandates that each facility report all allegations investigated in the prior month, along with the outcomes and associated documents. These data are submitted using the standardized spreadsheet, ensuring consistency and completeness.</p> <p><b>Provision (e):</b></p> <p>The PAQ stated—and the PREA Coordinator confirmed—that GDC collects, reviews, and includes data from all private facilities contracted to house state inmates. These data are treated with the same rigor and included in agency-wide analysis and reporting.</p> <p>Relevant Policy: SOP 208.06 (pages 36-37) requires that the Annual PREA Report include data from all contracted correctional partners. The report is reviewed and approved by the Commissioner and posted publicly on the Department’s website. Information that poses a threat to safety or institutional security may be redacted prior to publication, with an explanation provided for any such redaction.</p> <p><b>Provision (f):</b></p> <p>The PAQ confirmed, and interviews validated, that the agency provides the Department of Justice with requested sexual abuse data from the previous calendar year in accordance with federal requirements. The Auditor reviewed the most recent SSV2 submission to verify this practice.</p> <p><b>CONCLUSION</b></p> <p>Following a detailed assessment of policies, documentation, data submissions, and staff interviews, the Auditor concludes that the Georgia Department of Corrections is in full compliance with PREA Standard §115.87 – Data Collection. The agency demonstrates a consistent and effective process for collecting, aggregating, analyzing, and reporting sexual abuse data. This system ensures not only internal oversight and accountability but also transparency in compliance with federal expectations. The agency’s efforts contribute meaningfully to improving facility operations and enhancing the safety of all individuals in its custody.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENT REVIEW**

In assessing the facility's compliance with PREA Standard §115.88, the Auditor conducted a comprehensive review of relevant documents, including the completed Pre-Audit Questionnaire (PAQ) and supporting materials. These materials included the Georgia Department of Correction's (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. Additionally, the Auditor reviewed the most recent Survey of Sexual Victimization (SSV-2), the latest PREA Annual Data Report, and verified the availability of this information on the official GDC PREA webpage: <http://www.gdc.ga.gov/Division-ExecutiveOperations/PREA>.

### **INTERVIEWS**

During the audit process, interviews were conducted with key personnel to corroborate the agency's practices regarding the review and use of data for corrective action.

#### **Agency Head or Designee**

The Agency Head Designee explained that the agency's annual PREA report includes a comparative analysis of current-year data and corrective actions against data and interventions from prior years. This report is published annually on the agency's website, ensuring public transparency. The designee emphasized that the purpose of the annual report is to assess and document the facility's and agency's efforts to protect inmates and staff from sexual victimization. The report serves as a key tool for identifying problematic trends, supporting corrective actions, and guiding ongoing improvement efforts to maintain a safe and secure environment.

#### **Facility Head**

The Facility Head confirmed that at the facility level, each allegation of sexual abuse is reviewed by the facility's PREA Committee. Relevant information from these reviews is then submitted to the agency's PREA Coordinator for incorporation into the agency-wide annual data review and report.

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

The PREA Coordinator (PC) affirmed that the agency reviews all data collected in accordance with Standard §115.87 and uses this analysis to evaluate the effectiveness of its policies, training, and practices related to sexual abuse prevention, detection, and response. The PC added that the agency prepares a detailed annual report that is published on the GDC website. When redactions are necessary, only personally identifiable information is removed to preserve the privacy and safety of individuals; all other data is published in full.

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

The PREA Compliance Manager (PCM) noted that the majority of the agency's PREA-related information—including annual reports and supporting documentation—is easily accessible to the public via the agency's website.

## **PROVISIONS**

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

The PAQ stated that the agency reviews all data collected under §115.87 to assess and strengthen policies, procedures, and training related to the prevention, detection, and response to sexual abuse. This process includes identifying issues, implementing corrective measures, and compiling an annual report that documents findings and outlines responsive actions taken by both the facility and the broader agency. The PC verified that this process is actively followed.

### **Relevant Policy**

GDC SOP 208.06 specifies that the PREA Coordinator is responsible for reviewing collected data to evaluate the effectiveness of departmental policies and operational procedures. The PC must prepare a report for the Commissioner, identifying problem areas, proposing corrective actions, and including comparative analysis from the previous year's data.

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

According to the PAQ and confirmed by the Agency Head Designee, the agency's annual report contains comparative data from the current and previous years, along with corrective actions taken. This was verified through the review of the most recent annual PREA report, which met the requirements of the standard by analyzing trends over time and assessing the Department's progress in preventing and addressing sexual abuse. The report is publicly posted at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

### **Provision (c):**

The PAQ indicated—and the PC and Agency Head Designee confirmed—that the annual PREA report is made readily accessible to the public through the GDC's official website. The PREA webpage includes current and prior years' reports, reinforcing transparency and public accountability.

### **Provision (d):**

The PAQ noted that any redactions made to the published annual reports are limited to information that, if disclosed, could pose a legitimate threat to the safety or security of the facility. During the interview, the PREA Coordinator further explained that only personally identifiable information is removed prior to publication. All remaining data is included in the annual report in accordance with PREA standards.

## **CONCLUSION**

After reviewing documentation, interviewing key staff, and confirming public access to relevant reports, the Auditor concludes that the Georgia Department of Correction and this facility are in full compliance with PREA Standard §115.88. The agency demonstrates a consistent and effective process for reviewing sexual abuse data, identifying trends, implementing corrective measures, and transparently reporting

	outcomes. These practices reflect a strong commitment to continuous improvement and the promotion of a safe correctional environment.
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the PREA audit process, the Auditor conducted an in-depth examination of the agency's and facility's compliance with the requirements outlined in PREA Standard §115.89 – Data Storage, Publication, and Destruction. This included reviewing the completed Pre-Audit Questionnaire (PAQ), relevant agency policies, publicly posted information, and annual reports.</p> <p>Specifically, the Auditor reviewed the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which was most recently updated on June 23, 2022. The Auditor also evaluated GDC's most recent Annual PREA Report, along with additional aggregated data published on the agency's public PREA webpage: <a href="http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA">http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a>.</p> <p>The posted data included annual summaries of sexual abuse allegations and investigation outcomes across both state-run and contracted private facilities, thereby ensuring transparency and compliance with federal reporting requirements.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC)</b></p> <p>The Auditor conducted an interview with the agency's designated PREA Coordinator, who provided a comprehensive overview of the data management systems and protocols in place. The PC confirmed that all PREA-related data is stored securely and access is restricted to authorized personnel with a legitimate need to know, as determined by their job function. This is achieved through secure Risk Management Systems at the facility level and reinforced by centralized data storage at the agency level.</p> <p>The PREA Coordinator also explained that all sexual abuse-related data collected in accordance with PREA Standard §115.87 is utilized in the preparation of the agency's annual PREA report and the federally required Survey of Sexual Victimization (SSV-2). Additionally, all inmate-specific data is maintained in SCRIBE, the agency's secure and centralized electronic records system, where it is retained indefinitely. Prior to public dissemination, all aggregated data undergoes a careful redaction process to remove any personally identifiable information, ensuring compliance with privacy</p>

requirements and safeguarding the identities of all individuals involved.

**PROVISIONS**

**Provision (a):**

The PAQ confirmed that the agency maintains both incident-specific and aggregated sexual abuse data in a secure manner. This was substantiated by the PREA Coordinator during the interview, who described the layered system of restricted access and secure storage used to protect sensitive information. The data is retained not only for reporting but also for monitoring, evaluation, and continuous improvement of agency practices.

**Provision (b):**

Agency policy requires that aggregated data from facilities under its jurisdiction, including those operated under contract, be made publicly available at least annually. The Auditor verified that the GDC website contains current and archived annual PREA reports in compliance with this requirement. These reports are accessible to the public and reflect the agency’s commitment to transparency and accountability.

**Provision (c):**

The PAQ and the PREA Coordinator both affirmed that prior to publication, the agency removes all personally identifying information from the aggregated data. This practice is implemented consistently to protect the confidentiality and safety of survivors, witnesses, and individuals accused of abuse.

**Provision (d):**

The PAQ stated—and the PC verified—that all data relating to sexual abuse is retained for a minimum of ten years from the date of collection, unless a longer retention period is mandated by other governing laws. The SCRIBE system retains most inmate-related information permanently, ensuring that key documentation remains available for future audits, investigations, and policy assessments.

**Relevant Policy**

The following provisions from GDC SOP 208.06, page 39, outline specific requirements for data retention:

Criminal Investigation Data: Must be retained for the duration of the alleged abuser’s incarceration or employment with the agency, plus an additional five years, or for ten years from the initial report date—whichever period is longer.

Administrative Investigation Data: Is subject to the same retention timeline as criminal investigation data, ensuring consistency across all investigative processes. These retention requirements are designed to preserve critical evidence and documentation for appropriate oversight, follow-up action, and institutional learning.

The Auditor also reviewed previously published annual reports and verified that they are posted as required by the standard, clearly displaying the agency’s ongoing compliance with federal PREA expectations.



	<p><b>CONCLUSION</b></p> <p>Following a comprehensive review of agency policies, public reports, interview responses, and data systems, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.89. The data management protocols reflect best practices in secure storage, timely publication, and responsible retention. Furthermore, the agency has taken appropriate steps to ensure transparency while protecting the privacy and dignity of all individuals referenced in the data. These measures contribute significantly to institutional accountability and support the broader goals of the Prison Rape Elimination Act.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor reviewed documentation related to the frequency and scope of PREA audits conducted by the Georgia Department of Corrections (GDC). The Auditor accessed and examined the agency’s publicly available PREA information via the official GDC website at:  <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p>The website contains comprehensive information about the GDC’s implementation of PREA standards and includes links to published audit reports and annual data summaries concerning allegations and investigations of sexual abuse across its facilities. The available records reflect the agency’s commitment to transparency and compliance with federal regulations.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC)</b></p> <p>During the on-site interview, the agency’s PREA Coordinator explained that this audit falls within the second year of the current three-year PREA audit cycle (2022–2025). The PC confirmed that all facilities under the GDC’s jurisdiction were audited during the previous audit cycle (2019–2022), and that each continues to be scheduled for audits within the current three-year window.</p> <p>The PC further affirmed that the agency maintains full compliance with PREA’s auditing requirements and publishes all audit reports online to ensure public access and accountability.</p> <p><b>Random Inmate</b></p> <p>During confidential interviews with a random sample of inmates, all individuals</p>

(100%) reported they had been informed of their right to confidentially communicate with the Auditor. They confirmed they were given the opportunity to send mail or written correspondence to the Auditor in the same manner as legal mail—without interference, inspection, or censorship by facility staff.

## **PROVISIONS**

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

The Auditor confirmed that the current PREA audit cycle for the GDC spans from 2022 to 2025. A review of the GDC website shows that audit reports are published and accessible to the public. These reports document compliance with PREA standards and include data summaries and findings from each facility audited.

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

The audit under review represents the third year of the GDC's fourth complete audit cycle. The agency's PREA webpage provides access to multiple audit reports and annual data publications, demonstrating adherence to audit frequency and scope requirements.

### **Provisions (c) through (g):**

These provisions were determined to be not applicable to this audit, as they pertain to alternate auditing arrangements or other agency-specific considerations not relevant in this context.

### **Provision (h):**

Throughout the on-site portion of the audit, the Auditor was granted unrestricted access to every area of the facility. Facility and agency staff were available to accompany the Auditor at all times and provided full cooperation, ensuring that every requested location was made accessible without delay or obstruction.

### **Provision (i):**

GDC staff provided all documents, records, and other materials requested by the Auditor promptly and in full. No information was withheld or delayed, and responses to inquiries were complete and professional.

### **Provisions (j) through (l):**

These provisions were deemed not applicable for the purposes of this audit.

### **Provision (m):**

The facility provided a secure and private setting for the Auditor to conduct all staff and inmate interviews. The space ensured confidentiality and allowed for candid and uninterrupted communication with participants.

### **Provision (n):**

All inmates interviewed reported they were afforded the opportunity to correspond confidentially with the Auditor. These communications were treated as privileged, in the same manner as legal correspondence, and were not reviewed or opened by facility personnel.

### **Provision (o):**

	<p>This provision was not applicable in the context of this audit.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of agency documentation, public records, interviews with agency and facility personnel, and feedback from incarcerated individuals, the Auditor concludes that the agency and facility meet all applicable requirements of PREA Standard §115.401 – Frequency and Scope of Audits. The Georgia Department of Corrections has demonstrated a consistent and transparent commitment to fulfilling the audit obligations mandated under the Prison Rape Elimination Act, ensuring compliance across its system of facilities.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>Georgia Department of Corrections publicly accessible website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b>PROVISION</b></p> <p><b>Provision (f)</b></p> <p>The GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: Georgia Department of Corrections publicly accessible website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b>CONCLUSION</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding audit contents and findings.</p>

**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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**115.12 (a) Contracting with other entities for the confinement of inmates**

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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**115.12 (b) Contracting with other entities for the confinement of inmates**

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

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

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	no
<b>115.17 (b) Hiring and promotion decisions</b>		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c) Hiring and promotion decisions</b>		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d) Hiring and promotion decisions</b>		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

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

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

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

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



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

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

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

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

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>