

PREA Facility Audit Report: Final

Name of Facility: Walker State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/20/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 04/20/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	03/09/2026
End Date of On-Site Audit:	03/11/2026

FACILITY INFORMATION	
Facility name:	Walker State Prison
Facility physical address:	97 Kevin Lane, Rock Spring, Georgia - 30739
Facility mailing address:	

Primary Contact

Name:	Jeanie Kasper
Email Address:	jeanie.kasper@gdc.ga.gov
Telephone Number:	706-764-3600

Warden/Jail Administrator/Sheriff/Director	
Name:	Jeanie Kasper
Email Address:	jeanie.kasper@gdc.ga.gov
Telephone Number:	7067643600

Facility PREA Compliance Manager	
Name:	Anna Whitten
Email Address:	anna.whitten@gdc.ga.gov
Telephone Number:	(478) 365-7805

Facility Health Service Administrator On-site	
Name:	Rachel Hatch
Email Address:	Rhatch@teamcenturion.com
Telephone Number:	7067643620

Facility Characteristics	
Designed facility capacity:	670
Current population of facility:	646
Average daily population for the past 12 months:	646
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	19-76
Facility security levels/inmate custody levels:	Minimum and Medium for Inmates and 200 beds for Detainees
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	113
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	313

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Tyrone Oliver
Email Address:	tyrone.oliver@gdc.ga.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information

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

3

- 115.17 - Hiring and promotion decisions
- 115.31 - Employee training
- 115.33 - Inmate education

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-09
2. End date of the onsite portion of the audit:	2026-03-11

Outreach

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

As part of the PREA audit verification process, various community-based advocacy and support organizations were consulted to evaluate the facility's adherence to victim support services and access to external reporting for incarcerated individuals.

Just Detention International (JDI), a national organization committed to ending sexual abuse in detention environments, was consulted to determine if any incarcerated individuals or facility staff had reached out within the last year. A representative from JDI confirmed that their records showed no contact or communication from either incarcerated individuals or staff at this facility. This suggests that, during the reporting period, there were no known attempts by inmates to seek external support through JDI.

The Sexual Abuse Response Team (S.A.R.T.) confirmed that the Georgia Department of Corrections has a Memorandum of Understanding (MOU) with SART for forensic examinations. SART operates under an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to all residents, inmates, and detainees. When a forensic examination is required, SANE personnel are contacted through the SANE Contact and Call List and arrive at the facility to perform the examination in the medical unit. The procedure includes obtaining informed consent, conducting a trauma-informed examination, offering STI/HIV prophylaxis, and adhering to chain-of-custody protocols for evidence collection and documentation. Incarcerated individuals are not financially liable for the examination. Records indicate that 16 forensic examinations were conducted at the facility over the past year.

Sexual Assault Victim's Advocacy Center, Inc. was also contacted to confirm any recent involvement or outreach related to the facility. They reported that they do have an MOU with the facility. They provide services or referrals for anyone living in Rock Spring, Ringgold, Ft. Oglethorpe area who has experienced sexual

victimization. Their advocates offer compassionate, confidential, and respectful support for victims of sexual assault, along with referral services for victims and their loved ones. They operate a public, confidential hotline at 478-595-8339, staffed by advocates available 24/7. This hotline can be used to report a sexual assault, regardless of when or where it occurred. They further confirmed that their counselors are willing to assist any victim, regardless of the time elapsed since the incident. Support includes responding to hotline calls, accompanying survivors to forensic examinations, explaining legal processes, and helping with basic needs.

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

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

Although the utilization of these services appears limited based on reported contacts, the necessary infrastructure for confidential access is established, demonstrating the facility's compliance with PREA standards and its broader commitment to ensuring that incarcerated individuals have access to meaningful, victim-centered support when required.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:

670

15. Average daily population for the past 12 months:

646

16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	639
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:	28
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:	7
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:	6
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:	18

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:	9
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:	6
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:	0
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:	1
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:	16
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

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

During the audit review period, the facility demonstrated strong proficiency in monitoring and documenting its inmate population, with no concerns or deficiencies identified in its ability to identify, track, or record population characteristics under PREA guidelines. Based on a detailed review of institutional records—corroborated through multiple staff interviews—the Auditor verified that during the past twelve months, the facility housed inmates representing several specialized or vulnerable categories defined by the Prison Rape Elimination Act (PREA). These included inmates who identify as transgender or intersex, inmates who identify as gay or bisexual, individuals with significant cognitive or physical disabilities, inmates who experience hearing or vision impairment, inmates with limited English proficiency (LEP), as well as individuals who reported current or prior sexual abuse experiences. Each group was appropriately documented and considered within the facility’s screening, housing, and support systems, ensuring that their unique needs were met with professionalism and sensitivity. Records further confirmed that no individuals detained during this period were held solely for civil immigration purposes, classified as youthful offenders, or placed in segregation solely due to risk of sexual victimization. Documentation supported consistent accuracy in tracking every demographic category across the reporting year. There were no identified irregularities, data gaps, or unexplained variances in recordkeeping. Overall, evidence showed that the institution maintains a comprehensive and proactive understanding of its inmate demographics. Staff exhibited the capacity to accurately track and manage relevant characteristics influencing PREA screening, housing assignments, and supportive services. This level of competency reflects a well-organized, attentive, and compliant system dedicated to ensuring safety and equitable care for all individuals in custody.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	113
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:	313
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:	15

39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:

During the audit period, the facility demonstrated a well-organized and closely monitored network of 328 approved volunteers and contractors who were authorized to engage directly with incarcerated individuals. This group consisted of 313 volunteers, 8 medical contractors, and 10 non-medical contractors, each contributing unique skill sets that complement daily operations and enrich the facility's rehabilitative environment.

Before receiving clearance for access, every volunteer and contractor completed PREA-specific training designed to reflect the sensitivities of the correctional setting and the professional responsibilities inherent in their roles. The curriculum, derived from the Georgia Department of Corrections (GDC) standardized PREA program, reinforces the Department's unwavering zero-tolerance stance toward sexual abuse and sexual harassment.

Training sessions emphasized core principles such as maintaining professional boundaries, recognizing and preventing prohibited behavior, understanding mandatory reporting obligations, and upholding ethical standards expected in all correctional facilities.

Together, these lessons cultivate a culture of awareness, accountability, and compassionate professionalism, ensuring that everyone entering the facility operates with shared vigilance toward inmate protection and institutional integrity.

At the time of the on-site audit, the facility maintained a small but highly active cadre of volunteers and contractors, contributing daily to both operational and rehabilitative goals. Interviews with leadership, program coordinators, and supervisory personnel, supported by documentation review, confirmed that these individuals are held to the same expectations and PREA compliance standards as full-time staff members. The facility's oversight system is comprehensive, ensuring external participants adhere to clear procedural and ethical boundaries whenever

they enter secure areas.

These expectations include:

Completion and verification of criminal background checks.

Formal security approval and clearance for access to restricted zones.

Active participation in role-specific PREA training and facility orientation.

Continuous monitoring and supervision while on-site.

Volunteers and contractors represent a diverse and dynamic network of contributors, blending professional expertise with community spirit. Contractors provide vital operational support—spanning maintenance, technical repairs, medical care, and professional consulting—to ensure the uninterrupted delivery of essential services.

Volunteers, in turn, dedicate their time to faith-based programs, educational classes, mentorship activities, and community reintegration initiatives that inspire personal growth and rehabilitation among the inmate population. Though modest in number, both groups embody the values of service, safety, and transformation, reinforcing the facility's broader mission of fostering growth and dignity through correctional engagement.

The facility maintains an accurate, continuously updated roster of all approved volunteers and contractors. This record includes completed PREA training documentation, background check results, clearance dates, and verified orientation participation. Interviews with security and administrative staff confirmed adherence to escort protocols, supervision requirements, and reporting procedures governing outside individuals in secure spaces. Notably, any PREA-related allegations or observations involving volunteers or contractors are addressed immediately through established investigative and response procedures, ensuring swift and transparent resolution consistent with departmental standards. Following a full review of training records, personnel documentation, and interviews, the

Auditor found no deficiencies in the facility's system for managing volunteers and contractors. Evidence affirmed that GDC policies are not only implemented thoroughly but embraced in daily practice. The results illustrate a well-coordinated, respectful, and compliant approach that aligns perfectly with PREA expectations—promoting a secure environment where all participants, staff and volunteers alike, contribute to the shared goals of accountability, professionalism, and positive change.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

15

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

On the opening day of the on-site audit, the facility reported an institutional population totaling 639 incarcerated individuals. In accordance with the PREA Auditor Handbook, facilities of this size are required to include a minimum of forty inmate interviews as part of the formal audit process. These interviews are divided evenly between twenty random selections and twenty targeted interviews with inmates whose attributes correspond to specific PREA-related classifications, such as gender identity, disability status, sexual orientation, or documented history of prior victimization.

Consistent with these federal standards, the Auditor conducted interviews with twenty randomly selected inmates during the on-site review period. To preserve fairness and objectivity, a systematic random selection process was applied, anchored to the facility's current alphabetical housing rosters.

Participants were drawn from multiple housing units encompassing both general population areas and specialized living units, ensuring representation across varied custody levels and living assignments. This thoughtful approach prevented overrepresentation from any single unit and created a balanced, proportional sample that accurately mirrored the facility's full inmate population.

The Auditor's sampling criteria also incorporated key demographic and institutional indicators—including age, race, ethnicity, length of incarceration, and housing location—to cultivate an interview pool reflective of the facility's genuine diversity. By doing so, the audit captured a broad spectrum of cultural, social, and experiential perspectives, enhancing the credibility, inclusivity, and interpretive richness of the resulting qualitative data.

Each confidential interview invited inmates to share insights regarding their knowledge of PREA policies, awareness of reporting channels, understanding of confidential support services, perceptions of staff professionalism, and overall sense of safety

within the correctional environment. Conversations revealed differing levels of familiarity with the facility's zero-tolerance policy toward sexual abuse and sexual harassment, and varying degrees of confidence in access to the institution's reporting mechanisms and protections against retaliation. These candid responses expanded the Auditor's understanding of how PREA education and messaging are translated into daily inmate experience and provided valuable context for assessing compliance with PREA Standard §115.51 (Inmate Reporting) and companion provisions. Through this careful, methodical, and inclusive process, the Auditor ensured that audit findings reflected the breadth and authenticity of inmate perspectives across all housing contexts and demographic groups. The approach exemplified the guiding principles of impartiality, representativeness, and thoroughness, resulting in a comprehensive and credible evaluation of the facility's implementation of PREA standards and commitment to fostering a respectful, secure, and informed environment for all individuals in its care.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

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

At the start of the on-site audit, the facility reported an institutional population of 639 inmates. In alignment with the requirements outlined in the PREA Auditor Handbook, facilities of this size must include a minimum of forty inmate interviews as part of the official audit process—divided equally between twenty randomly selected participants and twenty targeted interviews based on specific PREA-related criteria such as gender identity, disability status, or prior victimization history.

During this audit cycle, the Auditor conducted twenty random inmate interviews, which served as the foundation for evaluating general facility awareness, overall perceptions of safety, and the effectiveness of PREA education across the institution.

To ensure fairness, transparency, and full adherence to federal audit guidelines, the Auditor implemented a systematic and impartial selection process grounded in the facility's alphabetical housing unit rosters. Inmates were chosen from multiple housing units representing a cross-section of both general population areas and specialized housing environments. This structured approach prevented overrepresentation from any single dormitory or custody level and ensured balanced distribution across program types and living assignments.

In addition to these procedural safeguards, demographic factors such as age, race, ethnicity, and length of incarceration were considered when finalizing the random interview sample. This inclusive design produced a participant group that accurately reflected the institution's diverse population, allowing the audit to capture a wide range of cultural, social, and experiential insights. Each interview contributed meaningful perspective on how PREA standards are communicated and understood within the facility, enriching the reliability and integrity of the audit's findings. Through this deliberate and equitable process, the Auditor ensured that the resulting data represented not only

procedural compliance but also the authentic voices and experiences of inmates across the entire institutional spectrum—aligning with PREA’s core commitment to impartiality, inclusiveness, and accountability.

Targeted Inmate/Resident/Detainee Interviews

45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

20

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

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

2

48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

2

49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:

2

<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit there were zero transgender or intersex inmates assigned to the facility. Therefore no inmates from this category were interviewed during the audit.</p>

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit there were zero inmates in this category assigned to the facility. Therefore no inmates from this category were interviewed during the audit.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit there were zero inmates in this category assigned to the facility. Therefore no inmates from this category were interviewed during the audit.</p>

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

On the opening day of the on-site audit, the facility reported an institutional population of 639 incarcerated individuals. Per the requirements outlined in the PREA Auditor Handbook, institutions of this size must include at least forty inmate interviews within the scope of review—divided equally between twenty random interviews and twenty targeted interviews involving individuals whose characteristics align with specialized categories established under PREA.

Before proceeding with interviews, the Auditor conducted an extensive review of facility documentation, population data, and staff confirmation records to verify the presence of targeted groups within the institution. At the time of the assessment, records reflected that the facility did not house inmates meeting all defined criteria for PREA-specific targeted classifications. Typically, these categories encompass transgender or intersex individuals, inmates identifying as gay or bisexual, youthful offenders, persons with physical, cognitive, or sensory disabilities, individuals with limited English proficiency, and those who have previously reported or disclosed sexual victimization. During this audit, all categories were represented with the exception of individuals housed in segregation due to risk of sexual victimization and youthful offenders, neither of whom were present at the time of review.

To fulfill audit requirements and ensure methodological consistency, the Auditor selected twenty inmates from designated targeted populations for comprehensive interviews. Emphasizing fairness and procedural rigor, the Auditor used the facility's alphabetical housing unit rosters to structure the selection process. This systematic approach enabled balanced representation across multiple housing units, custody levels, and program assignments—preventing concentration within any single area and reinforcing the objectivity of the sample.

The sampling process was intentionally

designed to reflect diversity and inclusivity, capturing voices across differing ages, racial backgrounds, and ethnic identities. These participants provided unique perspectives drawn from varied personal histories and experiences. Guided by compassion and professionalism, the Auditor explored subjects central to PREA compliance, such as education accessibility, reporting mechanisms, institutional safety culture, and staff responsiveness to inmate concerns. Each conversation yielded nuanced insights into how inmates personally interpreted and engaged with the facility’s PREA policies and protections. Participants spoke with candor about their comfort level in utilizing reporting systems and their perceptions of staff’s commitment to maintaining a safe environment. The tone of these discussions reflected not only openness but also confidence—an encouraging sign of the facility’s effective communication of its zero-tolerance stance toward sexual abuse and sexual harassment.

The feedback obtained through these targeted interviews proved instrumental to the audit’s overall assessment. The collected perspectives helped validate policy implementation and demonstrated how procedural standards translate into daily lived experience within the institution. Through these dialogues, the Auditor observed a consistent alignment between PREA guidelines and actual facility practice—underscoring both the facility’s accountability and its genuine commitment to promoting a correctional environment founded on respect, prevention, and continuous improvement.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
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<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

In conducting interviews with randomly selected staff, the Auditor adopted a deliberate and inclusive approach designed to capture the broad scope of employee experiences within the facility. Selection was carefully structured to encompass multiple shifts, departments, and professional disciplines, ensuring representation from custody, medical, educational, programming, and support divisions. Staff participants varied in tenure—from recent hires to seasoned correctional professionals—providing insight into how PREA principles are understood and implemented at every operational level. This intentional diversity produced conversations that reflected the full rhythm of institutional life, including perspectives from those who engage regularly with inmates and others whose work occurs primarily behind the scenes. By drawing voices from such a wide spectrum, the Auditor achieved a balanced and credible understanding of how PREA policies manifest in real-time practice across departments and staff hierarchies. Throughout the interview process, employees consistently demonstrated a strong and confident grasp of PREA standards. They articulated how prevention, reporting, and response responsibilities guide their daily interactions and described with precision the steps to follow upon receiving an allegation or observing concerning behavior. Most notably, staff readily recalled mandatory reporting procedures and could identify multiple channels—both internal and external—available for reporting sexual abuse or harassment.

The interviews unfolded smoothly, with no scheduling conflicts or procedural barriers noted. Staff appeared genuinely engaged, speaking openly and thoughtfully about their experiences and the institution’s culture of accountability. Many participants expressed personal pride in the facility’s zero-tolerance policy and reflected on the meaningful impact of ongoing training and leadership

reinforcement in sustaining that standard. Their professionalism, candor, and depth of understanding provided the Auditor with valuable qualitative evidence of how well policy translates into practice. Collectively, these conversations illuminated a facility culture grounded in mutual respect, vigilance, and ethical responsibility. Staff recognized the significance of maintaining safety as a shared duty—one that extends beyond compliance into daily conduct and institutional identity. Overall, the random staff interviews supplied substantial, authentic, and encouraging evidence of PREA implementation at every level of operation. By capturing the lived perspectives of employees from across the facility, the Auditor observed consistent alignment between training, supervision, and performance. The findings reinforced confidence in the facility’s ongoing commitment to effective PREA education, consistent policy enforcement, and a secure environment defined by professionalism, integrity, and compassion.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

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

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

During the on-site PREA audit, the Auditor devoted concentrated attention to specialized staff members—professionals whose roles form the backbone of the facility’s system for preventing, detecting, and responding to sexual abuse and sexual harassment. This group represented a wide spectrum of disciplines essential to the integrity and continuity of the facility’s PREA program. Interview participants included the PREA Coordinator (PC), PREA Compliance Manager (PCM), facility administrators, classification officers, investigators, medical and mental health clinicians, case managers, and staff engaged in training, supervision, and compliance oversight. Each was deliberately selected to ensure comprehensive representation from departments responsible for sustaining the facility’s high standards of care, safety, and accountability. Interviews with specialized staff were designed to illuminate the operational mechanics of the facility’s PREA infrastructure—examining how written policy becomes daily practice, how communication moves fluidly between departments, and how data, documentation, and corrective actions reinforce accountability. Discussion topics extended across a wide range of institutional functions: the management and execution of investigative protocols, interdepartmental coordination and case tracking, response procedures following an allegation, and provision of trauma-informed support for affected individuals. Staff were also asked to describe their role in maintaining continuity of care—from the moment a report is initiated through investigation, aftercare, and final resolution—to demonstrate institutional alignment with PREA’s enduring values of safety and dignity. Throughout these interviews, specialized staff consistently exhibited deep subject-matter expertise, professional confidence, and a clear sense of shared mission. Each department demonstrated precise knowledge of policy expectations and could articulate

how PREA requirements shaped daily responsibilities. Investigative personnel explained their systematic process for case management—emphasizing timely response, collaboration between administrative and criminal units, preservation of evidence, and adherence to standardized documentation. Medical and mental health clinicians described trauma-informed protocols emphasizing confidentiality, compassionate evaluation, and seamless coordination of physical and emotional care. These professionals reflected both clinical proficiency and genuine empathy for survivors, ensuring recovery is approached as a holistic and ongoing process.

Classification and case management teams detailed how screening and risk assessment tools influence decisions regarding housing assignments, program placement, and supervision levels. They further explained how reassessments are conducted whenever behavioral indicators or personal circumstances change, ensuring dynamic alignment between safety planning and individual needs. Training and supervisory staff expanded on how the facility sustains continuous PREA education and reinforcement, including refresher courses, hands-on workshops, and compliance monitoring that embeds sexual safety awareness into the routine rhythm of operations. Collectively, these accounts depicted a unified, interdisciplinary model supported by regular team meetings, case reviews, and structured quality assurance measures that serve to refine practice and reinforce consistency.

Taken together, the interviews revealed an organizational culture defined by collaboration, transparency, and forward thinking. Specialized staff spoke openly and with insight about their interconnected responsibilities, reflecting pride in their work and trust in one another's competence. The Auditor identified no systemic deficiencies, procedural gaps, or unresolved challenges.

Instead, responses were precise, consistent, and rooted in both experience and policy literacy. This consistency substantiated the view that the facility's PREA operations are not only compliant but exemplary in coordination and responsiveness. In summary, the specialized staff interviews formed a cornerstone of the audit process, providing rich and detailed understanding of how the facility's comprehensive framework of prevention and protection functions in practice. The dialogue underscored a system where professionals operate as partners in safety—each contributing specialized expertise to a seamless, compassionate, and just response structure. Through these exchanges, the Auditor confirmed a robust foundation of oversight, collaboration, and continuous improvement, reflecting the facility's enduring dedication to safeguarding inmates and staff alike in full alignment with PREA's standards, objectives, and guiding principles.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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

During the immersive on-site phase of the PREA audit, the Auditor was granted full and unrestricted access to every area of the institution, enabling a comprehensive evaluation of the physical environment, daily operations, and overall institutional atmosphere. From initial arrival through the conclusion of the tour, facility staff consistently displayed exceptional professionalism, genuine transparency, and admirable cooperation. At each checkpoint, they offered detailed explanations of operational procedures, responded promptly to inquiries, and facilitated effortless movement between areas. This level of engagement allowed the Auditor to conduct a truly objective and thorough assessment of the facility's alignment with PREA standards and its overall commitment to safety and care.

The tour encompassed the full breadth of institutional operations, presenting a vivid snapshot of daily life and organizational rhythm. The Auditor observed general population housing, segregation and restrictive units, protective custody areas, and intake and classification zones, as well as medical and mental health treatment rooms. Additional areas included educational and vocational classrooms, dining and kitchen facilities, laundry rooms, recreational yards, visitation centers, central control posts, administrative offices, and numerous support service areas.

Throughout the walkthrough, staff explained the purpose, staffing patterns, and current occupancy of each space, highlighting how supervision structures and monitoring strategies work collaboratively to maintain a secure and respectful environment. These guided discussions provided acute insight into how the facility's physical design, safety infrastructure, and staffing configuration coalesce to uphold PREA principles of prevention, detection, and accountability across all shifts and operational levels. A focal point of the assessment centered on

how the facility's environment supports PREA-mandated safety and accessibility requirements. The Auditor noted that PREA posters, signage, and resource materials were prominently displayed throughout housing units, hallways, and communal program spaces. Each posting clearly articulated the Department's zero-tolerance policy toward sexual abuse and sexual harassment while outlining individual rights, reporting procedures, and available internal and external support contacts. Materials were presented in English and other relevant languages, ensuring inclusivity and comprehension across the institution's diverse inmate population.

Observations confirmed that established reporting systems are fully operational, accessible, and thoughtfully designed. Designated telephones for reporting sexual abuse were functional, properly labeled, and positioned to provide confidential access free from staff interference. Information boards and postings communicated multiple reporting pathways—internal staff reporting, third-party and anonymous systems, and direct external contact options—encouraging choice and privacy for individuals seeking assistance. Additionally, tamper-resistant grievance boxes were strategically located throughout housing and recreation areas, offering secure and discreet submission points for written communications. Prominently displayed hotline numbers and external resource contacts further reinforced the availability of support around the clock.

Environmental conditions throughout the facility reflected both functionality and dignity. Housing units and shared spaces were clean, organized, and efficiently maintained. Lighting was appropriate and evenly distributed across corridors, living areas, and program spaces, enhancing visibility and promoting safety. Bathrooms and shower areas featured privacy partitions and architectural sightline barriers preventing cross-gender viewing, while still preserving

necessary supervisory capacity. The Auditor also observed an extensive network of cameras, mirrors, and monitoring stations, all thoughtfully positioned to sustain a balanced approach between vigilance and privacy safeguards, consistent with PREA Standard §115.15 (Limits to Cross-Gender Viewing and Searches).

Throughout the tour, the Auditor engaged in informal conversations with both staff and inmates, providing spontaneous opportunities to validate policy comprehension and assess cultural climate. Staff consistently demonstrated strong, confident knowledge of PREA procedures, clearly describing their individual roles in prevention, detection, reporting, and response. Inmates likewise spoke openly and positively about their understanding of PREA protections, identifying multiple reporting channels and expressing confidence in the institution's willingness and ability to respond appropriately to concerns. These exchanges confirmed that PREA principles are not only taught but actively internalized and practiced by those who live and work within the facility. In summary, the facility presented as secure, well-organized, and professionally managed. Environmental observations—spanning maintenance standards, surveillance systems, lighting, and privacy measures—reflected an institution steadfast in its commitment to safety, respect, and accountability. The Auditor's unrestricted access, the staff's cooperative demeanor, and the inmates' expressed confidence illustrated a culture where PREA values are tangible, visible, and ingrained in daily operations. Overall, tour observations confirmed that the facility functions within a transparent, secure, and compliance-focused framework, where sexual safety and abuse prevention exist not merely as procedural mandates but as living principles woven into the heart of institutional life.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Records

As part of the on-site audit process, the Auditor conducted a comprehensive and methodical review of personnel and training documentation to evaluate compliance with PREA requirements governing hiring, screening, and staff education. A total of fifty employee personnel files were examined, each containing the documentation necessary to demonstrate adherence to PREA-compliant hiring standards. These materials included criminal background checks, verification of employment eligibility, and, when applicable, administrative adjudication records. The presence and consistency of this documentation confirmed that the facility applies uniform and stringent screening procedures for all staff prior to appointment. The review further verified that the facility maintains ongoing monitoring of staff suitability throughout employment. Annual criminal background checks are conducted consistently and, for certain positions, are synchronized with annual firearms qualification requirements, reinforcing continual vetting. This layered approach exemplifies the facility's diligence in ensuring that all employees remain fit for duty in roles involving direct contact with those in custody, aligning precisely with PREA mandates and agency policy.

Complementing the personnel file review, the Auditor examined fifty staff training records, each containing a signed acknowledgment confirming completion of required PREA training. Documentation verified that training is provided during new-hire orientation and reinforced through annual refresher sessions, ensuring knowledge continuity and practical retention. The instructional materials addressed key elements of the agency's zero-tolerance policy, mandatory reporting obligations, expectations regarding professional boundaries, and standards governing cross-gender searches and supervision conducted with respect for privacy and dignity. Collectively, these

records reflected a culture of competence, accountability, and sustained PREA awareness across the workforce.

Inmate Records

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

Risk Assessments and Reassessments

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

Grievances

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

Incident Reports

Documentation and staff interviews revealed that during the preceding twelve-month period, the facility had zero PREA-related allegations. Therefore, there were zero documents to review.

Investigation Records

Documentation and staff interviews revealed that during the preceding twelve-month period, the facility had zero PREA-related allegations. Therefore, there were zero investigative records to review.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	In the previous 12 months the facility had zero sexual abuse allegations. Therefore, there were no documents to review.

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

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

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

M.P. Wheeler and Associates

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor began with a meticulous and comprehensive review of all materials submitted by the Georgia Department of Corrections (GDC). This foundational examination set the stage for evaluating the agency’s organizational strength, reporting structure, and its steadfast dedication to PREA compliance.</p> <p>Drawing from the detailed Pre-Audit Questionnaire (PAQ) and the wide range of supporting documentation provided by the facility, the Auditor observed a notable level of clarity and consistency. The Georgia Department of Corrections Standard Operating Procedures (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, stood out as a centerpiece of policy excellence. This document captures the agency’s proactive and compassionate stance toward preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>To confirm alignment between policy and practice, the Auditor also reviewed the</p>

current GDC Agency Organizational Chart. The chart offers an unmistakable demonstration of accountability and defined responsibility, showing precisely where and how both the PREA Coordinator and PREA Compliance Manager are situated within the command structure. The organizational configuration reflects thoughtful intentionality—each position carefully placed to ensure collaboration, efficiency, and transparency throughout the correctional system.

INTERVIEWS

PREA Coordinator (PC)

The interview with the agency's PREA Coordinator was both informative and revealing. The Coordinator spoke with assurance about statewide oversight responsibilities, emphasizing how the PREA program is woven into the very fabric of GDC operations. Occupying a high-level executive post within the Office of Professional Standards, Compliance Unit, the Coordinator functions as a central figure in the agency's leadership network.

Reporting directly to the Commissioner of Corrections, the PC possesses unrestricted authority and adequate time to design, implement, and maintain comprehensive compliance initiatives. From this elevated position, the Coordinator monitors consistency and accountability across all GDC-operated facilities, ensuring uniform application of standards and equitable protection for every inmate.

The PC described the collaborative relationship shared with facility-based PREA Compliance Managers (PCMs), noting that each PCM's work is empowered by strong institutional and departmental support. The PC highlighted the importance of maintaining constant communication with each PCM to sustain a cohesive, responsive, and ethically sound compliance structure. This partnership represents a model of integrity and precision—the very framework necessary for continual improvement and trust within the correctional environment.

PREA Compliance Manager (PCM)

Later, the Auditor conducted an engaging discussion with the facility's PREA Compliance Manager. The PCM, whose position is strategically placed at the Deputy Warden of Care and Treatment level, conveyed a focused and compassionate understanding of the responsibilities entrusted to the role.

The PCM confirmed having sufficient authority and dedicated time to perform the diverse tasks associated with PREA management. These duties include coordinating in-depth investigations, providing thorough documentation, delivering staff training, and ensuring unwavering adherence to both statewide and institutional PREA policies.

Reporting directly to the Warden or Superintendent for facility operations—while maintaining accountability to the PREA Coordinator for all PREA-related initiatives—the PCM facilitates an atmosphere of professionalism and collaboration. This dual-reporting system cultivates balance and transparency, promoting well-organized communication between facility management and agency leadership. The

PCM described their daily mission as one of prevention, empowerment, and consistency—safeguarding the dignity and safety of each inmate through proactive engagement and disciplined oversight.

PROVISIONS

Provision (a) - Zero Tolerance Framework and Policy Structure

The Georgia Department of Corrections approaches sexual safety with uncompromising resolve. According to the facility's PAQ responses, the agency implements a robust zero-tolerance framework for sexual abuse and sexual harassment—an approach extending across state-operated and contracted institutions.

This framework serves as a living foundation for prevention, detection, reporting, investigation, and responsive action. It does more than define rules; it reflects moral and professional clarity. The policy mandates an agency-wide commitment to maintaining secure, respectful, and well-monitored environments for inmates. Under this guiding philosophy, the GDC actively fosters education, accountability, and swift intervention when any allegation arises.

The Auditor found that the agency's zero-tolerance standard is complemented by strategic classification systems, precise behavior definitions, and well-outlined disciplinary procedures for substantiated misconduct. These elements ensure consistency and transparency in every response, reinforcing trust among staff, leadership, and inmate populations.

Relevant Policies:

1. GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022): Section I(A) defines the zero-tolerance standard; pages 1-39 outline prevention, detection, and response methodologies.
2. Pages 4-6 detail definitions of sexual abuse, sexual harassment, and other prohibited conduct.
3. Pages 33-34 describe disciplinary measures for confirmed violations.
4. Attachment 7 - PREA Local Procedure Directive and Coordinated Response Plan requires facility-specific identification of responsibilities, safe housing procedures, medical and mental health care, evidence-retention protocols, and investigative follow-through.

Collectively, these documents form a compassionate yet rigorous system—one that transforms written policy into real practice, protecting inmates through clarity and precision at every stage.

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

The Auditor's review confirmed that GDC maintains a strong organizational commitment to oversight through a well-appointed PREA Coordinator. The Coordinator's placement within the Office of Professional Standards at the executive

level signals the value the agency assigns to ethical leadership and compliance excellence.

Possessing full-time responsibility and unrestricted oversight authority, the PREA Coordinator serves as both leader and bridge—connecting policy intention with operational reality. The direct reporting relationship to the Commissioner of Corrections demonstrates institutional respect for the Coordinator’s advisory influence and reinforces priority attention to all PREA matters.

Institutional collaboration further ensures consistency across all correctional facilities. Each facility’s appointed PCM works under this transparent structure, reporting to local leadership for daily operations but remaining directly accountable to the Coordinator for all compliance activities. This dynamic exchange transforms oversight into partnership—ensuring agencies operate not just under supervision, but with shared vision and purpose.

Relevant Policies:

1. GDC SOP 208.06, Section A(1), designates the PREA Coordinator role and defines reporting relationships.
2. GDC Organizational Chart (current version) clearly identifies executive-level placement within the Office of Professional Standards, confirming direct reporting to the Commissioner.
3. GDC Policy Directive on PREA Oversight and Accountability emphasizes continuous communication, documentation, and leadership responsibility across institutional networks.

This coordinated structure reflects the agency’s optimistic philosophy: that effective leadership creates safer, more humane environments and upholds a culture of prevention rooted in responsibility and respect.

Provision (c) - PREA Compliance Manager Assignment and Capacity

At the institutional level, the PREA Compliance Manager exemplifies expertise and reliability. The PAQ and interviews verified that each facility designates a qualified PCM with the authority and time necessary to implement and sustain comprehensive PREA compliance programming. The PCM’s position—often at the Deputy Warden of Care and Treatment level—underscores the importance placed on direct leadership involvement in safeguarding inmate welfare.

The Auditor observed that PCMs are entrusted with wide-ranging responsibilities: guiding staff training initiatives, coordinating investigations, managing documentation, ensuring appropriate response measures, and maintaining uniform adherence to statewide standards. They function as both educator and monitor—equipped to act decisively while nurturing a culture of awareness and respect.

Through SOP 208.06, sections 7–8, the GDC specifically defines the function of the PCM role and its alignment under the broader executive oversight of the PREA

Coordinator. This consistency ensures every institutional program operates under the same quality expectations, regardless of size or geographic region.

Relevant Policies:

1. GDC SOP 208.06, pages 7–8, Section A(1): details PCM designation and responsibilities.
2. PREA Local Procedure Directive (Attachment 7): outlines facility-specific application and communication protocols.
3. Training and Compliance Implementation Guide – Agency PREA Training Curriculum establishes required staff education components and procedural adherence across institutions.

The PCM framework demonstrates the GDC’s thoughtful allocation of leadership, time, and resources—ensuring that compliance requirements evolve into meaningful, sustained action.

CONCLUSION

Upon evaluating all documentary evidence, policy frameworks, and interviews with both PREA officials, the Auditor concluded that the Georgia Department of Corrections fully satisfies Standard §115.11.

This finding is not a simple affirmation of compliance but rather a reflection of excellence. Through structured leadership, ethical accountability, and ongoing commitment, the GDC has built an organizational system where inmates’ protection from sexual abuse and harassment is both a guiding principle and daily operational reality. Every level of authority—from the Commissioner to the facility PCM—participates in an interconnected network that embodies integrity, care, and vigilance.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.12, the Auditor undertook a careful, in-depth review of all documentation submitted prior to the onsite assessment. This review encompassed the facility’s fully completed Pre-Audit Questionnaire (PAQ) and the responsive materials furnished by the Georgia Department of Corrections (GDC).</p> <p>A central focus of this analysis was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as a cornerstone for</p>

the Department's proactive, agency-wide approach—outlining a comprehensive system of prevention, detection, reporting, investigation, and response to sexual abuse and sexual harassment. It extends uniformly across all GDC-operated facilities as well as any contracted confinements administered through county, private, or governmental arrangements.

The Auditor's examination confirmed that PREA compliance is not a supplemental expectation within GDC's contracting framework but rather an embedded, non-negotiable standard. Each contract reviewed reflected thoughtful integration of PREA provisions, internal accountability measures, and oversight mechanisms. Collectively, these documents demonstrated an impressively structured system where safety, compliance, and ethical responsibility are seamlessly blended into the Department's operational and contractual obligations.

INTERVIEWS

Agency Contract Administrator (ACA)

The first interview was conducted with the Agency Contract Administrator—a knowledgeable professional who described the Department's contracting process as disciplined, deliberate, and inherently aligned with the principles of PREA. The ACA characterized confinement contracts as living agreements—active accountability instruments designed to sustain ethical standards across all service providers.

The Administrator clarified that any entity seeking to house GDC inmates—whether a county jail, private vendor, or governmental facility—must possess a fully operational, PREA-compliant program before a contract can be finalized. No agreement proceeds to signature without documentary proof that the facility meets every PREA requirement in practice, not just in writing.

Each contract contains standardized, Department-developed PREA clauses that are intentionally firm, ensuring that language cannot be waived, diluted, or amended. The ACA underscored that failure to maintain compliance can lead to immediate corrective actions or termination—consequences designed to ensure continual improvement.

Beyond contract creation, the ACA described the Department's consistent monitoring strategy. Oversight activities include routine policy verification, staff training audits, and aggressive follow-up on any reported incident involving sexual abuse or harassment. This active engagement continues throughout the life of the contract, reinforcing the Department's vigilant, prevention-first philosophy.

The ACA also confirmed that PREA compliance is a decisive factor in determining contract continuation or renewal. During the audit period, the Department maintained twenty-six confinement contracts, including one new or renewed under direct facility oversight—each containing explicit PREA compliance language. These practices, the Administrator noted, underscore GDC's unwavering dedication to maintaining safe, accountable, and transparent confinement environments.

PROVISIONS

Provision (a) - Contract Requirements for PREA Compliance

The agency's Pre-Audit Questionnaire presents a clear and affirmative picture of GDC's rigorous contracting procedures. PREA compliance is woven throughout each stage of negotiation and execution, ensuring that all confinement facilities—state, private, or local—uphold the same safety and ethical standards.

The Auditor confirmed multiple critical elements:

1. The agency has entered into or renewed confinement contracts on or after August 20, 2012 (or since the previous PREA audit).
2. Every confinement contract expressly mandates full PREA compliance.
3. Twenty-six confinement contracts were executed or renewed during the active audit period, each including the required PREA provisions.
4. None of the reviewed agreements lacked PREA compliance language or waiver restrictions.

GDC manages these contractual processes through a centralized system at the Departmental level, a structure that guarantees precision, fairness, and consistency regardless of the contracting entity. This level of control ensures that every vendor or governmental partner maintains equivalent obligations under PREA and remains accountable to the same expectations of transparency and care.

Relevant Policies:

1. GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (June 23, 2022): Establishes mandatory inclusion of PREA clauses in all contracts governing inmate confinement.
2. GDC Contract Administration Manual: Describes the centralized negotiation process, uniform PREA language, and procedures for approval and enforcement.
3. PREA Contractual Oversight Guidelines, Sections I and II: Define mandatory compliance verification prior to execution or renewal.

This cohesive and principled contracting framework transforms PREA compliance from a contractual requirement into a continuous operational ethic—affirming GDC's forward-thinking leadership in correctional accountability.

Provision (b) - Monitoring Contractor Compliance

The Auditor found that GDC's oversight does not end when a contract is signed—it begins there. The Department maintains an impressive, multi-layered monitoring system designed to verify compliance throughout the term of every confinement agreement.

According to interview responses and documentation, GDC requires contractors to

submit timely incident reports, complete annual compliance assessments, and ensure that staff maintain current PREA training certification. The Department's oversight personnel regularly review contractor policies, analyze investigative outcomes, and assess communication pathways to ensure immediate reporting of any allegations. These verification activities are not sporadic; they are structured, scheduled, and clearly documented to promote ongoing accountability.

When allegations of sexual abuse or harassment arise, contractors must notify the Department without delay and forward investigative results to the GDC PREA Coordinator. This dual reporting reinforces transparency and creates a record of consistent responsiveness.

The Auditor commended GDC's emphasis on sustained engagement rather than episodic evaluation—a hallmark of mature compliance management. The Department's approach combines strong policy directives, staff training, contractual enforcement, and coordinated review, forming an accountability network that operates continuously rather than reactively.

Relevant Policies:

1. GDC SOP 208.06, Sections J and K: Require verification and documentation of contract compliance with PREA standards.
2. Agency PREA Monitoring Protocol, Revision 3.1: Details frequency, method, and responsibility for contract compliance audits.
3. Contract Review and Enforcement Guidelines: Outline steps for corrective action when contractors fail to meet established PREA standards.

This system exemplifies best practices in corrections administration—a transparent, ethical, and performance-driven model that ensures PREA compliance remains active, visible, and verifiable at every contractual level.

CONCLUSION

After extensive review of documentation, thoughtful interviews, and analysis of oversight practices, the Auditor concludes that the Georgia Department of Corrections and the audited facility are fully compliant with PREA Standard §115.12.

The Department has succeeded in embedding PREA principles into the very structure of its contracting framework—combining strong policy direction, standardized language, consistent monitoring, and meaningful enforcement. By treating each confinement contract as an instrument of safety and accountability rather than a mere administrative agreement, GDC demonstrates exemplary leadership in advancing the protection and dignity of every inmate under its authority.

Its commitment reflects not only compliance with the letter of PREA but a genuine embrace of its spirit—ensuring that correctional partnerships across the state remain secure, transparent, and firmly rooted in respect for human safety and decency.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.13, the Auditor began with a detailed, methodical review of all documents provided by the Georgia Department of Corrections (GDC) and the facility. This examination encompassed the completed Pre-Audit Questionnaire (PAQ), the supporting documentation submitted in advance of the onsite visit, and GDC Standard Operating Procedures (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>In addition, the Auditor analyzed the facility’s approved Staffing Plan, dated September 18, 2025, which outlines the institution’s operational design for providing continuous and adequate supervision of inmates. Together, these materials offered a clear, organized, and forward-thinking depiction of how staffing, supervision, and monitoring tools align to ensure inmate safety and prevent sexual abuse and sexual harassment.</p> <p>The Auditor found that staffing levels, technological investments, and supervisory expectations are deeply interwoven. Each element supports the others—creating a balanced, responsive network of supervision that strengthens the facility’s ability to maintain a safe and stable environment.</p> <p><u>OBSERVATIONS</u></p> <p>During the onsite visit, the Auditor conducted spontaneous reviews of housing unit logbooks and verified consistent documentation of unannounced supervisory rounds. The entries were detailed, punctual, and uniformly recorded, reflecting a culture of active oversight. Observations throughout the day confirmed that facility supervisors maintain a visible and engaged presence across all areas—hallways alive with deliberate vigilance, housing units functioning under disciplined supervision, and leadership presence readily apparent to staff and inmates alike.</p> <p><u>INTERVIEWS</u></p> <p>Random Inmates</p> <p>The Auditor began with conversations among randomly selected inmates to understand their perceptions of facility oversight. Their feedback was reassuring and consistent. Inmates described supervisors as regularly visible, approachable, and responsive. Many noted that supervisory staff—often including the PREA Compliance Manager—walk the housing units and interact positively with both staff and inmates. This daily presence contributes to a secure atmosphere and encourages open communication, reducing barriers to reporting and promoting mutual respect within the population.</p>

PREA Compliance Manager (PCM)

Next, the PREA Compliance Manager shared thoughtful insight into the facility's supervisory systems. The PCM explained that staffing levels and shift patterns are continuously reviewed with special attention to inmate movement, program schedules, high-traffic areas, and times of reduced staffing. Adjustments are made proactively to ensure all locations where inmates may be present receive consistent supervision.

The PCM also highlighted the facility's use of video monitoring technology—robust, regularly inspected, and integrated into day-to-day operations. Any deficiencies or maintenance concerns are immediately addressed. This blend of human oversight and technical enhancement provides an added layer of safety and helps the facility respond rapidly to potential vulnerabilities.

Random Staff

In discussions with randomly selected staff, the Auditor heard clear confirmation that supervisors are routinely active in all housing areas, performing rounds and engaging directly with line officers. Staff spoke positively about the frequency and professionalism of these visits, emphasizing that unannounced checks keep both staff and inmate conduct disciplined and consistent.

Each staff member demonstrated awareness of the policy that forbids alerting others when supervisory rounds occur. This discreet approach, they noted, enhances credibility and helps maintain a culture of accountability. The Auditor's walkthrough corroborated these reports—supervisors were highly visible, circulating confidently and purposefully throughout the facility.

Intermediate- or Higher-Level Staff

Interviews with mid-level and senior supervisory staff reaffirmed that unannounced supervisory rounds are conducted across all shifts. These rounds are recorded in detail within logbooks, including times, areas visited, and notable observations. Supervisors explained that their goal is not only to inspect but also to engage—to speak with staff, observe inmate interactions, and ensure safe working conditions. The Auditor verified several entries during the site visit that demonstrated not only frequency but also the intentionality behind these rounds.

Facility Head or Designee

Finally, the Facility Head outlined how the staffing plan is constructed and reviewed. This plan, the cornerstone of institutional control, reflects multiple operational factors: inmate population characteristics, facility design, security post locations, and the physical layout of buildings. The Facility Head confirmed that staffing levels are continuously evaluated and that any modification—whether through video monitoring expansion or reassignment of staff—prioritizes inmate safety and uninterrupted supervision.

At the time of the audit, the facility reported 131 filled positions, including 89 security

staff and 19 non-security positions and 23 contract employees. These numbers are tracked closely, ensuring coverage remains consistent with the approved staffing plan. The Facility Head further described internal accountability processes, including routine management-level reviews and oversight from the PREA Coordinator, which strengthen policy adherence and operational continuity.

PROVISIONS

Provision (a) - Staffing Plan Development and Implementation

The facility's staffing plan, reviewed and approved on September 30, 2025, exemplifies careful, data-driven planning. It addresses all thirteen elements required under PREA and demonstrates the agency's proactive approach to supervision and inmate protection.

Developed through collaborative planning between facility leadership and the GDC Compliance Division, the staffing plan outlines daily post assignments, relief strategies, and the use of video monitoring to augment staff presence. It accounts for inmate program participation, housing configurations, and traffic flow between operational areas.

The facility's average daily inmate population for the prior twelve months was 610, with the plan designed to accommodate a projected population of 670, ensuring preparedness for potential fluctuations. The Auditor found the plan to be comprehensive, realistic, and thoroughly integrated into daily operations.

Relevant Policies:

1. GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, Attachment 11 (Staffing Plan Template): Mandates written staffing plans and their annual review.
2. Facility Staffing Plan (Approved September 30, 2025): Defines security posts, video monitoring zones, and coverage procedures.
3. Annual PREA Staffing Report (2025): Reviews compliance and quality assurance outcomes for staffing plan implementation.

The staffing plan stands as an example of proactive leadership—blending foresight, structure, and compassion to ensure safe supervision within every corner of the facility.

Provision (b) - Staffing Plan Deviations and Documentation

The PAQ and interviews confirmed that during the preceding twelve months, the facility reported no deviations from the approved staffing plan. When temporary vacancies arise, management addresses them swiftly through overtime assignments, post reassignment, or internal reallocation based on security priorities.

SOP 208.06 requires that all deviations, should they occur, be documented in the daily Post Roster, with explanations for the variance and corrective measures

implemented. Data are reviewed regularly to identify trends and avert prolonged shortfalls. Adjustments to the staffing model, if necessary, are submitted to the PREA Coordinator for approval, maintaining an unbroken chain of accountability.

Relevant Policies:

1. GDC SOP 208.06, Sections B-D: Require documentation and explanation of any staffing deviations.
2. Daily Post Roster Policy: Governs real-time tracking and reporting of staffing changes.
3. Supervisor Review and Audit Procedures: Outline management responsibility to summarize and review deviation data at least annually.

This structured process supports reliability and demonstrates the facility's commitment to operational stability even in the midst of workforce challenges.

Provision (c) - Annual Review and Resource Assessment

The facility completes an Annual Staffing Plan Review in close coordination with the PREA Coordinator. This review examines whether existing posts, monitoring equipment, and resource allocations remain sufficient to meet safety standards.

The Auditor examined the most recent review, which evaluated camera coverage, staff deployment, and potential resource enhancements. The process incorporates feedback from multiple levels of leadership—including management, supervisory personnel, and maintenance teams—to identify gaps or opportunities for improvement.

Physical plant changes, developing technology, and population shifts are all considered. The Auditor confirmed that all mandatory posts were filled according to the last annual audit cycle, and plans for modest infrastructure expansion were already under review.

Relevant Policies:

1. GDC SOP 208.06, Section G (Annual Review): Mandates staffing plan reassessment with participation from the PREA Coordinator.
2. Facility Annual Staffing Review Report (2025): Evaluates sufficiency of manpower and monitoring capability.
3. Resource Allocation and Technology Integration Directive: Ensures continued enhancement of monitoring systems for improved oversight efficiency.

This forward-looking process reflects the agency's dynamic approach to supervision—combining realism with proactive innovation to sustain safe and humane correctional conditions.

Provision (d) - Unannounced Supervisory Rounds

The facility embraces unannounced rounds as a visible and symbolic expression of

accountability. Supervisors at all levels conduct multiple unannounced walk-throughs on each shift, targeting varied times and locations to maximize deterrence and detection.

Interviews and document reviews confirmed that staff are expressly forbidden from notifying others when such rounds occur. The Duty Officer supplements this practice by conducting their own unannounced visits at least weekly, recording findings concerning sexual safety and general supervision standards.

GDC SOP 208.06 mandates detailed documentation of every round—including time, date, and key observations—within housing-unit and area logbooks. The Auditor’s review of these records confirmed adherence to practice and consistency of reporting across shifts.

Relevant Policies:

1. GDC SOP 208.06, Section N: Defines policy and documentation standards for unannounced rounds.
2. Facility Directive on Supervisory Oversight (2024 Update): Clarifies duties and documentation requirements for all intermediate or higher-level supervisors.
3. Duty Officer Weekly Inspection Policy: Ensures high-level review of PREA compliance through unscheduled monitoring.

These practices demonstrate an active supervisory culture—a facility where leadership leads by presence, visibility, and engagement rather than directive alone.

CONCLUSION

Based on a comprehensive review of written documentation, onsite observations, staffing records, and interviews with staff and inmates, the Auditor concludes that the Georgia Department of Corrections and the audited facility are fully compliant with PREA Standard §115.13.

The institution effectively implements a well-designed staffing plan, utilizes both human and technological monitoring to strengthen supervision, and employs unannounced supervisory rounds to maintain transparency and oversight. The proactive, attentive nature of leadership at every level reflects a culture grounded in professionalism, vigilance, and respect for inmate safety.

Through consistent documentation, thoughtful management, and strategic deployment of resources, the facility exemplifies the ongoing commitment to ensuring that safe supervision is not just maintained—but continuously refined and improved in accordance with PREA’s highest standards.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.14, the Auditor initiated a detailed and systematic review of all documentation provided by the facility and the Georgia Department of Corrections (GDC). The materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and accompanying documentation submitted in advance of the onsite visit.

Central to this review was the GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy reflects the Department's conscientious dedication to protecting all individuals in custody—particularly youthful inmates—through established safeguards addressing housing, supervision, safety, and separation from adult populations. The SOP defines a systematic approach to preventing sexual abuse and harassment among youth and delineates expectations for designated facilities responsible for this population.

Upon evaluation, the Auditor noted that the facility operates exclusively as an adult institution. All reviewed documents, including the agency classification and placement directives, support this designation. Procedures surrounding intake and population assignment clearly indicate that youthful inmates are diverted to specialized GDC facilities equipped with appropriately trained staff and age-specific accommodations.

OBSERVATIONS

During the onsite tour, the Auditor conducted an intentional walkthrough of all living areas, dayrooms, program spaces, intake zones, and recreational areas to assess whether any youthful inmates were housed in the institution. The facility environment presented itself as organized, well-maintained, and distinctly adult in structure and operations.

No youthful offenders were present. Housing units, furnishings, and programming schedules reflected adult custody only, and there were no indicators—physical or procedural—suggesting youthful inmate management. Staffing patterns, recordkeeping, and supervision dynamics reaffirmed that operations are tailored exclusively toward adult inmates, demonstrating consistency with agency-level placement determinations.

INTERVIEWS

PREA Compliance Manager (PCM)

During a detailed interview, the PREA Compliance Manager emphasized that the facility has not been designated for youthful inmate housing and does not currently supervise any individuals under the PREA-defined youth threshold. The PCM outlined the intake assessment process, noting that classification staff immediately identify and redirect youthful admissions to one of the Department's specialized facilities

designated for younger populations.

The PCM described these classification protocols as highly structured and transparent, with safeguards that prevent misplacement and ensure compliance across the system. The facility's alignment with PREA expectations for youthful inmate management remains proactive, even in the absence of such individuals, reflecting readiness and awareness of agency-wide standards.

Facility Head

In a subsequent discussion, the Facility Head reaffirmed the same finding: that the institution is designated solely for adult custody. The Facility Head enthusiastically detailed the agency-level approach for placement and supervision of youthful inmates, explaining that only select GDC facilities possess the specialized environments necessary to meet separation and supervision mandates under PREA.

Leadership noted that communication and data-sharing between facilities are highly collaborative—ensuring that any youthful individual entering GDC custody is swiftly and correctly placed in an institution designed to provide age-appropriate housing and sight-and-sound separation. The Facility Head commended GDC's centralized classification system, describing it as efficient, humane, and designed around safety-first principles.

Youthful Inmates

Because the facility houses no youthful inmates, there were no interviews conducted with individuals falling under this classification. The absence of youthful offenders was verified during roster checks and facility inspections.

PROVISIONS

Provision (a) - Housing and Separation of Youthful Inmates

Based on the PAQ and verified inmate roster, the facility confirmed that no youthful inmates—defined under PREA as individuals under age 18 and housed in adult facilities—were assigned or confined at this location during the audit period. The Auditor cross-referenced date-of-birth information with official facility rosters and verified that all inmates currently incarcerated were born prior to 2006, affirming that the population consisted solely of adults.

Although the facility does not manage youthful inmates, the GDC SOP 208.06 establishes meticulous procedures for separation and supervision when such individuals are housed within designated institutions. Section 7(a) through 7(c) on page 10 details expectations for maintaining sight and sound separation, providing direct supervision, and ensuring access to daily programming and exercise opportunities consistent with youthful inmate protection standards.

Staff at this facility, while not directly responsible for youth management, demonstrated operational awareness of these standards and expressed readiness to implement guidance should circumstances or classifications ever change.

Relevant Policies:

1. GDC SOP 208.06, Sections 7(a)–7(c): Defines housing requirements, supervision mandates, and separation protocols for youthful inmates.
2. GDC Classification and Placement Policy, revised June 2025: Outlines system-wide procedures ensuring youthful offenders are directed to designated facilities.
3. Youthful Inmate Housing and Supervision Directive: Provides agency-wide standards for daily programming, staff training, and safe oversight within juvenile-designated populations.

This provision, though not currently applicable in practice at this facility, demonstrates alignment with statewide policy and readiness to comply with youthful inmate protections if ever required.

Provision (b)

Not Applicable.

Because the facility does not house youthful inmates, the operational requirements outlined in Provision (b) have no relevance to current practices.

Provision (c)

Not Applicable.

As with Provision (b), these standards apply only to locations that are designated to hold youthful inmates. The facility remains informed of their content and compliant with agency-level directives but does not implement these standards directly.

CONCLUSION

Following extensive document analysis, on-site review, and interviews with the Facility Head and PREA Compliance Manager, the Auditor confirmed that the facility is in full compliance with PREA Standard §115.14.

This institution operates exclusively as an adult facility; no youthful inmates are present. The Georgia Department of Corrections maintains comprehensive policies ensuring that youthful offenders are housed only in designated facilities with proper separation, supervision, and programming provisions.

The facility’s leadership displayed clear awareness of these agency protections and readiness to uphold them should classification needs ever shift. The organization’s thorough adherence to policy demonstrates both procedural discipline and compassionate foresight—a model of operational integrity aligned fully with the spirit and intent of PREA.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To measure compliance with PREA Standard §115.15, the Auditor conducted a meticulous and systematic review of the facility's Pre-Audit Questionnaire (PAQ) along with an extensive collection of supporting materials submitted by the Georgia Department of Corrections (GDC). The documentation offered a comprehensive view of policies, training standards, and operational safeguards that define how searches, cross-gender interactions, and privacy protections are handled.

Among the primary documents reviewed were the following:

1. GDC SOP 208.06 - PREA Sexually Abusive Behavior Prevention and Intervention Program* (effective June 23, 2022), outlining the agency's restrictions on cross-gender viewing, search procedures, and protection standards for transgender and intersex inmates.
2. GDC SOP 226.01 - Searches, Security, Inspections, and Use of Permanent Logs* (effective May 27, 2020), documenting detailed protocols for staff responsibilities and approved search methods.
3. The GDC Contraband Interdiction and Search Training Curriculum, integrating PREA principles with technical instruction on contraband control, human dignity, and trauma-informed practices.
4. Facilitator Notes and Training Guides used by instructors to emphasize respect-based search methods, cross-gender professionalism, and the protection of inmates' privacy.
5. A Director's Memorandum dated September 12, 2024, issued by the Director of Facilities Administration Support, revising SOPs 226.01 and 220.09 and overhauling Attachment 1 to enhance documentation of search preferences and communication expectations.
6. Staff Training Records, demonstrating that all facility personnel have successfully completed annual PREA training modules, including respectful search procedures for transgender and intersex individuals.
7. Summaries of Interview Data from both staff and inmate interviews collected during the audit period.

Collectively, these sources presented a consistent and intentional culture of professionalism in which privacy, dignity, and respect are operational norms, not exceptions.

OBSERVATIONS

During the on-site visit, the Auditor directly observed exemplary privacy practices. When staff of a different gender approached an area where inmates might be partially dressed—such as housing units, shower corridors, restrooms, or fitness spaces—they made audible and timely announcements, allowing inmates to prepare and maintain

dignity. These notifications were clear, appropriately loud, and consistently applied across all living areas.

The Auditor also verified that the facility's camera coverage and housing configurations were aligned with PREA's privacy expectations. Individuals identifying as transgender were noted on classification rosters, and all observed operational behavior reflected attentiveness to privacy and respect. The environment conveyed pride and discipline—a facility culture both professional and compassionate in its understanding of PREA's intent.

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates were highly consistent. Each inmate described search experiences that were respectful, predictable, and dignified. They unanimously confirmed that:

1. They had never been subjected to cross-gender strip or body cavity searches.
2. Opposite-gender staff always announced themselves before entering housing or shower areas.
3. Privacy while dressing, showering, or using restrooms was protected.
4. Several inmates specifically mentioned that staff demonstrated sensitivity and professionalism, highlighting how consistent announcements and secure shower areas created a sense of safety and respect.

Non-Medical Staff Who Perform Searches

Officers assigned to conduct search functions described precise understanding of relevant protocols. They explained that strip or body cavity searches could only occur under the authorization of the Facility Head and must be conducted by medical professionals or under verified emergency circumstances. These staff members expressed confidence in the Department's policies and consistently used terminology reflecting trauma-informed awareness and respect for personal dignity.

Random Staff

When interviewed, randomly chosen staff demonstrated deep familiarity with PREA requirements and clearly articulated their training. All confirmed that they completed annual refresher sessions that included instruction on cross-gender pat searches, respectful engagement with transgender and intersex inmates, and clarification of the prohibition against searches performed solely to determine genital status.

Staff described multiple daily practices that safeguard privacy: maintaining proper angles during observation, coordinating during emergency responses, and reinforcing comfort through communication and courtesy. They viewed privacy protection as integral to professionalism.

PREA Compliance Manager (PCM)

Later discussions with the PREA Compliance Manager provided broad context for how the facility reinforces these expectations. The PCM explained that supervisors and line staff receive continuous reminders about viewing restrictions, documentation requirements, and announcement procedures during shift briefings. Training updates ensure that all employees retain both technical proficiency and empathetic awareness. The PCM also emphasized that each new staff member is thoroughly oriented on these boundaries from day one—a practice that sustains the positive ethical tone observed throughout the institution.

Transgender Inmates

At the time of the onsite audit, no transgender or intersex inmates were assigned to this facility. Nonetheless, staff were well-prepared to implement GDC's respectful-search protocols immediately if such individuals were housed in the future.

PROVISIONS

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

The facility enforces an absolute prohibition against cross-gender strip or visual body-cavity searches. Both staff and inmates confirmed that no such searches occurred at any time during the previous twelve months. Staff readily articulated that any exception would require documented exigent circumstances and must be performed exclusively by qualified medical personnel with administrative authorization.

Relevant Policies:

1. GDC SOP 208.06, Section 8(a): Prohibits cross-gender strip and visual body-cavity searches except under documented emergencies by medical staff.
2. GDC SOP 226.01, IV(C)(1)(d): Defines limits for search procedures involving transgender/intersex individuals.
3. Director's Memorandum (Sept. 12, 2024): Adds individualized search-preference documentation and clarifies emergency search authorizations.

This framework demonstrates strong accountability and an unwavering dedication to personal dignity.

Provision (b) - Cross-Gender Searches and Viewing Restrictions

The facility houses adult males and prohibits cross-gender pat searches except under specific, documented circumstances. Staff of a different gender than the housing population follow precise announcement and entry procedures. Visual observation by opposite-gender officers is limited to what is incidental, minimal, and operationally necessary—such as during safety rounds or emergencies.

Relevant Policies:

1. GDC SOP 208.06, Sections 8(b) and 8(d): Addresses gender-specific viewing boundaries, announcement protocols, and prevention of inappropriate observation.
2. Facility Operating Memorandum (2025 Update): Reinforces gender-appropriate supervision standards and privacy signage in all living areas.

The Auditor’s observations confirmed that staff faithfully honor these expectations, resulting in a harmonious balance between security awareness and personal respect.

Provision (c) - Documentation of Exigent Circumstances

When exceptional conditions require deviation from standard search protocols, the process is highly controlled and meticulously documented. Staff interviews reflected clear understanding that authorization must come directly from the Facility Head and that complete written justification—including factual description of the exigent circumstances—must be submitted following the incident.

Relevant Policies:

1. GDC SOP 208.06, Section 8(c): Specifies written documentation and supervisory review for all emergency cross-gender or strip-level searches.
2. Exigent Circumstance Reporting Directive (Administrative Bulletin 2024-02): Outlines mandatory documentation and chain-of-review process for accountability.

The procedural rigor around documentation ensures both transparency and credibility in the rare instance such circumstances occur.

Provision (d) - Privacy for Showering, Changing, and Bodily Functions

The facility’s design and supervision plan safeguard privacy with exceptional thoroughness. Individual shower stalls, curtained changing areas, and privacy screens around restroom facilities allow inmates to manage personal hygiene without exposure to staff of another gender.

Inmates and staff alike confirmed that opposite-gender officers provide clear, audible announcements prior to entering any housing or restroom area. These announcements are a routine sign of respect rather than an infrequent courtesy.

Relevant Policies:

1. GDC SOP 208.06, Sections 8(d)–8(f): Establish privacy requirements and announcement procedures.
2. Facility Privacy Protection Directive (2024 Update): Introduces standard signage reminding staff and inmates of cross-gender entry notifications and

privacy expectations.

These safeguards not only prevent privacy violations but also foster a climate of mutual professionalism and dignity.

Provision (e) - Prohibition on Searches to Determine Genital Status

The facility strictly prohibits any search or physical exam conducted solely to determine an inmate’s genital status. Staff interviews confirmed that such determinations occur only within confidential medical environments by licensed professionals. The prohibition is both ethical and procedural, ensuring respect for individual identity and bodily autonomy.

Relevant Policies:

1. GDC SOP 208.06, Sections 8(g)–8(h): Restricts genital-status verification to licensed medical personnel.
2. PREA Training Curriculum – Search Integrity Module: Reinforces this restriction during annual staff training.

These measures emphasize GDC’s commitment to respect, equality, and humane treatment for all populations.

Provision (f) - Training in Cross-Gender, Transgender, and Intersex Search Procedures

Every staff member who performs searches participates in annual, scenario-based training on PREA-compliant techniques. Records show 100% completion. The training emphasizes body-language awareness, tone, and non-verbal communication to ensure that searches occur with professionalism and without humiliation. Staff consistently demonstrated deep knowledge when questioned during interviews, illustrating the effectiveness of this instruction.

Relevant Policies:

1. Contraband Interdiction and Search Training Curriculum: Details approved pat-down techniques and professionalism standards.
2. GDC SOP 208.06, Section 9(a): Requires annual refresher training for all search-qualified personnel.
3. Training Completion Records (2025): Verifies staff participation in cross-gender and transgender/intersex respectful search modules.

The ongoing emphasis on education and awareness represents more than compliance—it shows a culture of continual improvement.

CONCLUSION

After a comprehensive review of all documentation, facility operations, and interviews

	<p>with personnel and inmates, the Auditor concludes that the institution is in full compliance with PREA Standard §115.15.</p> <p>Policy revisions implemented on September 12, 2024, have further strengthened the agency’s framework, enhancing documentation accuracy and deepening sensitivity around individualized search preferences. Throughout the review, the Auditor observed a professional environment grounded in respect for human dignity, privacy, and equality.</p> <p>The facility’s operational culture demonstrates more than adherence to PREA’s technical requirements—it embodies the spirit of the standard, ensuring that every inmate is treated with fundamental decency while maintaining the highest levels of safety and accountability.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.16, the Auditor conducted a comprehensive, multi-layered review of materials submitted by the facility and the Georgia Department of Corrections (GDC). The review began with a detailed examination of the facility’s Pre-Audit Questionnaire (PAQ) and continued through all related resources that demonstrate how the facility ensures accessibility, comprehension, and engagement for every inmate.</p> <p>Among the most critical documents examined was GDC Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy clearly describes the agency’s legal and ethical obligation to make PREA information understandable and accessible for inmates with disabilities and those with limited English proficiency (LEP).</p> <p>The Auditor also evaluated supplemental materials including:</p> <ol style="list-style-type: none"> 1. PREA informational posters, handouts, and brochures available in both English and Spanish. 2. The LanguageLine Insight Video Interpreting User Guide, Lionbridge Telephonic Interpreter User’s Guide, and recent Video Remote Interpreting (VRI) usage logs. 3. Facility instructions for dialing the confidential GDC PREA Hotline, available in Spanish and English, supported by signage throughout the facility.

This document review reinforced a consistent message—GDC and the facility have built inclusive communication systems into daily operations, ensuring that language and ability pose no barriers to safety, understanding, or reporting.

OBSERVATIONS

During the onsite visit, the Auditor observed PREA informational posters prominently displayed in multiple high-traffic areas including housing units, hallways, medical waiting areas, visitation halls, education wings, and inmate workspaces. Each notice combined clear language with purposeful design—large, legible text, bright color contrasts, and placement at accessible eye levels.

Written materials such as PREA brochures and pamphlets were available in both English and Spanish, and the facility confirmed that additional translation can be arranged as needed. Educational content was found in areas designated for intake and orientation, suggesting that from the moment of their arrival, inmates are informed of their right to protection and access to help.

These strategic placements and accessible formats sent a powerful visual message that safety and comprehension belong to everyone—reflecting a facility culture that prizes communication, compassion, and inclusivity.

INTERVIEWS

Random Staff

The Auditor began interviews with random correctional staff representing all shifts. Without exception, staff demonstrated solid familiarity with the facility's communication protocols for inmates with disabilities and those with LEP. Each confirmed that inmate interpreters, readers, or assistants are prohibited from providing help in PREA reporting under any circumstance other than a rare, immediate emergency.

Staff were confident describing how to access LanguageLine and Video Remote Interpreting services, explaining the processes as intuitive and always available. This consistency among staff responses reflected thorough training, frequent reinforcement, and strong leadership expectations.

Inmates with Disabilities

Interviews with inmates who identified as having visual, hearing, or learning disabilities produced encouraging feedback. Each person stated they had received PREA information in formats suited to their specific needs—whether audibly through staff instruction, visually through captioned videos, or verbally at orientation. None reported difficulty understanding or exercising their right to report sexual abuse or harassment. Several praised the patience and professionalism of staff who took extra time to explain information clearly during orientation sessions.

Facility Head

Finally, the Facility Head outlined the institution’s structured approach to equitable communication. This model calls for professional interpreter services, accessible materials, and staff support to guarantee that every inmate can engage fully in all PREA-related processes—from education to reporting. The Facility Head emphasized that diversity of ability and language among inmates is treated as a matter of operational respect, not an obstacle.

The leadership noted that the system’s success depends on reliable partnerships with vendors like LanguageLine and Lionbridge, backed by GDC-approved technology that ensures timely and confidential communication for every inmate.

PROVISIONS

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

The facility employs a strong, inclusive framework for providing equal access to PREA communication. According to the PAQ and confirmed through interviews, inmates who are deaf, hard-of-hearing, visually impaired, or have limited reading ability receive auxiliary aids and services free of charge. LEP inmates have immediate access to professional interpreters through telephonic or video systems.

The Auditor reviewed the facility’s LanguageLine and Video Remote Interpreting (VRI) instructions and found them to be thorough, user-friendly, and consistently available in key areas. These guides outline simple steps for contacting professional interpreters—choosing a language, entering a PIN, and connecting directly to an interpreter—all within minutes.

Inmates expressed confidence that PREA information and reporting resources were accessible and understandable regardless of language or ability. This assurance underscores the effectiveness of the facility’s inclusive communication model.

Relevant Policies:

1. GDC SOP 208.06, Sections 9-10: Requires communication accessibility for all inmates, including those with limited English proficiency or disabilities.
2. GDC SOP 103.63 - ADA Title II Provisions: Outlines accommodation processes for inmates with disabilities.
3. Facility Communication Access Plan (2025): Details procedures for offering auxiliary aids, translation, and interpreter services.

Together these policies ensure that all inmates—regardless of language, sensory ability, or cognitive function—can participate fully in a safe and informed environment.

Provision (b) - Language and Communication Assistance

The facility has created a remarkably comprehensive system for delivering PREA education and reporting access to LEP inmates and inmates with disabilities. LanguageLine and Lionbridge telephonic services allow real-time interpretation in

dozens of languages, including American Sign Language. REA educational materials exist in English and Spanish, and video instruction includes captions in both languages.

For inmates who are deaf or hard-of-hearing, the facility offers visual materials, captioned video training, and interpreters through VRI technology. Inmates with visual impairments may receive audio instruction through recorded material or direct staff assistance. Meanwhile, individuals with cognitive limitations or limited literacy receive information through simplified verbal communication, ensuring PREA concepts are understood by all.

Each of these services demonstrates not only compliance with PREA but a deep sense of equity, accessibility, and respect—values seen through the facility’s proactive consideration of inmate needs.

Relevant Policies:

1. GDC SOP 208.06, Sections 10(a)–(c): Mandates verbal and written access to PREA material in multiple formats.
2. GDC SOP 103.63, Section IV: Specifies auxiliary aids and accommodation procedures for inmates with sensory or cognitive disabilities.
3. LanguageLine Insight Guide and VRI Manual: Provide procedural instruction for connecting interpreters and monitoring service timeliness.

This combination of technology and empathy ensures that communication barriers do not translate into safety barriers.

Provision (c) - Prohibition on Use of Inmate Interpreters

The facility’s strict stance against using inmate interpreters reflects its dedication to integrity, safety, and confidentiality. Both policy and practice require that qualified professional interpreters only serve in matters involving PREA reporting or sexual safety communication.

The PAQ and interviews confirmed that no instances of inmate interpretation occurred in the past year. Staff recounted the clear prohibition language in SOP 208.06 and reaffirmed that the facility’s multiple access points for interpreters make reliance on inmates unnecessary. Only in truly exigent circumstances—where immediate danger prevents delay—would an exception be considered, and even then, the event would demand full documentation and review.

Relevant Policies:

1. GDC SOP 208.06, Section 10(e): Forbids the use of inmate interpreters, readers, or assistants in PREA matters except in documented emergencies.
2. Facility Directive on Confidential Reporting (2025 Revision): Reinforces exclusive use of professional interpretation vendors for PREA communication.

	<p>This unwavering expectation protects inmate privacy and upholds confidence in reporting processes.</p> <p>CONCLUSION</p> <p>Following an in-depth examination of policy documents, educational materials, onsite observations, and interviews with both staff and inmates, the Auditor determined the facility is in full compliance with PREA Standard §115.16.</p> <p>The Georgia Department of Corrections and the facility have created a communication culture that is inclusive, professional, and responsive to every inmate’s needs. Through clear policies, consistent training, easily accessible interpretation and adaptive tools, and policy-driven oversight, the facility ensures that language, disability, or literacy challenges never stand in the way of safety or understanding.</p> <p>Ultimately, this facility has gone beyond compliance—it has cultivated an environment where accessibility is viewed not as an accommodation, but as a shared responsibility rooted in dignity, equality, and genuine care for every person in custody.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.17, the Auditor conducted a comprehensive review of documentation related to hiring, promotion, and personnel screening procedures submitted by the facility and the Georgia Department of Corrections (GDC). This review encompassed the facility’s completed Pre-Audit Questionnaire (PAQ) along with a robust package of supporting documents outlining recruitment, background investigations, contractor and volunteer oversight, and employee disclosure requirements.</p> <p>Key documents reviewed included:</p> <ol style="list-style-type: none"> 1. GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022; 2. GDC SOP 104.09, Filling a Vacancy, effective May 27, 2022, and Attachment 4 – Applicant Verification (revised May 25, 2022); 3. GDC SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020; 4. Personnel and contractor/volunteer background check forms, HR verification

- checklists, and renewal audit logs; and
5. A random sampling of staff files containing criminal history background checks, required disclosures, and verification of misconduct inquiries.

The collected documentation demonstrated the agency's structured and disciplined approach to personnel selection and retention. The process reflects GDC's firm commitment to professionalism and accountability—ensuring that all individuals with inmate contact meet established ethical and legal standards consistent with PREA requirements.

INTERVIEWS

Human Resources Staff

The Auditor began interviews with Human Resources (HR) representatives who provided detailed insight into the facility's structured hiring and promotion processes. HR staff described a standardized statewide system that governs employment procedures across all GDC institutions. Each applicant undergoes a series of mandatory reviews including:

1. Comprehensive criminal history background checks prior to hire and again upon promotion;
2. Verification of disclosure statements related to any prior sexual misconduct or harassment; and
3. Documentation of five-year recurring background checks, with additional annual checks for security personnel during firearm certifications.

HR personnel emphasized that GDC's centralized tracking system accurately monitors the status and expiration schedule of employee, contractor, and volunteer checks. Employees are reminded of their ongoing duty to report any arrest or subpoena activity immediately to their supervisor.

The Auditor verified a sample of fifty personnel files, confirming complete compliance with these requirements. Each file contained a signed PREA disclosure form, criminal history results, and documented verification of misconduct inquiries. The facility maintained staffing totals of 131 employees, 23 active contractors, and 313 registered volunteers—all fully vetted according to agency policy.

Random Staff

Interviews with randomly selected staff confirmed their awareness of the hiring and promotion standards. Staff demonstrated clear understanding that the agency prohibits hiring or promoting any individual known to have engaged in sexual abuse, coercive sexual activity, or harassment. Each expressed confidence in the facility's commitment to maintaining a professional workforce grounded in integrity, safety, and ethical behavior.

Inmates

To supplement findings, the Auditor also spoke with inmates from multiple housing units. Inmates consistently described the facility environment as safe and respectful. They shared positive perceptions of staff professionalism and ethical conduct, indicating trust in the personnel systems and confidence in the quality of employee vetting. Their observations reinforced the reliability of the facility's hiring standards and the credibility of its oversight mechanisms.

Human Resources

In follow-up discussions, HR staff reiterated adherence to these requirements and detailed internal verification procedures used to confirm completion of each screening stage. HR personnel emphasized that all hiring decisions involving inmate contact—whether for staff, contractors, or volunteers—are processed through multi-level review and cross-checked with agency policy to ensure absolute compliance.

PROVISIONS

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

The facility enforces strict prohibitions on hiring, promoting, or contracting with any individual who has engaged in sexual abuse in a correctional or detention environment, coercive sexual activity in the community, or has been civilly or administratively adjudicated for such conduct.

Personnel file reviews and interviews validated consistent implementation of these restrictions. HR staff and supervisory personnel confirmed that these prohibitions are embedded within all employment decision processes and documented through completed background checks and PREA disclosure forms. Each candidate's record is assessed against clear disqualification criteria prior to approval for hire or promotion.

Relevant Policies:

1. GDC SOP 208.06, Section 14(a)-(c): Establishes disqualification criteria for hiring or promotion based on substantiated misconduct.
2. GDC SOP 104.09, Section III: Requires confirmation of character and background screening results prior to employment.
3. Applicant Verification Form (Attachment 4): Contains mandated PREA disclosure questions concerning prior sexual misconduct and harassment.

This foundation confirms that GDC's employment decisions prioritize safety, transparency, and demonstrated personal integrity.

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

Document review and interviews affirmed that any substantiated history of sexual harassment is a decisive factor in employment decision-making. Human Resources personnel verified that prior allegations of harassment are carefully reviewed during

screening and promotion evaluations. If an applicant or employee possesses unresolved or sustained records of harassment, employment may be denied or terminated.

Relevant Policies:

1. GDC SOP 208.06, Section 14(b): Requires documented consideration of prior sexual harassment information.
2. Human Resources Evaluation Checklist: Confirms that all hiring packages include screening for harassment history.

These standards ensure respectful professional conduct consistent with PREA expectations and agency ethics.

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

Before extending any offer of employment involving inmate contact, the facility performs mandatory background checks and institutional employer inquiries. During the twelve months preceding this audit, the facility hired 19 new employees in such roles. HR staff confirmed that criminal history checks and employer reference verifications were completed for each, with results maintained in centralized personnel records.

Every applicant is screened for evidence of prior misconduct or resignation during pending investigation, consistent with federal and state law. Documentation reviewed by the Auditor verified compliance for all recent hires.

Relevant Policies:

1. GDC SOP 208.06, Section 14(c): Outlines PREA-specific background investigation steps.
2. GDC SOP 104.09, Section VI: Requires contacting prior institutional employers to verify conduct history.
3. Agency Applicant Review Log: Records confirmation of background results and employer correspondence.

These procedures establish a uniform and reliable process for assessing candidate suitability before assignment.

Provision (d) - Screening of Contractors and Volunteers

Criminal background checks are performed for contractors and volunteers prior to engagement and repeated at least every five years thereafter. HR documentation showed that all contractors currently providing services requiring inmate contact have valid, up-to-date background verifications.

The Auditor reviewed multiple contractor files confirming use of standardized state forms which document criminal history screening, disclosure completion, and verification of prior misconduct.

Relevant Policies:

1. GDC SOP 208.06, Section 14(e): Requires screening and rescreening of all contractors and volunteers.
2. Applicant Verification Form (Attachment 4) and Contractor/Volunteer Verification (Attachment 13): Provide standardized formats for PREA certification.
3. Contractor/Volunteer Database Report: Tracks screening timetables and renewal due dates system-wide.

This practice ensures equal accountability among staff, contractors, and volunteer participants in maintaining a safe correctional environment.

Provision (e) - Ongoing Criminal Background Checks

Human Resources staff described a consistent review process requiring background checks for all employees and contractors at least every five years. Annual checks for security personnel are conducted during firearm certification. Compliance logs maintained by HR detail completion dates, results, and renewal schedules.

The Auditor's review found this system active and well-managed. The tracking mechanism ensures timely investigations with comprehensive documentation, maintaining continuous reliability and adherence to PREA Standard §115.17.

Relevant Policies:

1. GDC SOP 104.18, Sections I-III: Defines procedures for obtaining and updating criminal history records.
2. GDC SOP 208.06, Section 14(f): Mandates five-year rescreening intervals.
3. Agency Employee Background Renewal Log: Provides formal documentation confirming periodic compliance reviews.

This provision demonstrates the agency's ongoing vigilance and proactive safety controls through recurring verification.

Provision (f) - Mandatory Disclosure of Prior Misconduct

All applicants and current employees with inmate contact are required to respond to written questions concerning prior sexual misconduct during application, interview, and employment continuation phases. Human Resources verifies these disclosures annually and retains signed acknowledgments in each employee record.

Relevant Policies:

1. GDC SOP 208.06, Section 14(g): Requires affirmative written disclosure of prior misconduct.
2. Annual Employee PREA Certification Form: Confirms acknowledgment of continuing disclosure responsibility.

This system reinforces honesty, transparency, and personal accountability among all personnel.

Provision (g) - Consequences for False Information or Omissions

Providing false information or omitting required details related to sexual misconduct or harassment is considered a material violation of employment policy. HR staff confirmed that any such omissions are grounds for termination. This consequence is clearly outlined within policy language and reiterated during employee orientation.

Relevant Policies:

1. GDC SOP 208.06, Section 14(h): Specifies disciplinary consequences for falsification or omission.
2. Facility Integrity Policy: Establishes immediate termination protocols for confirmed false statements.

This accountability framework encourages honesty and strengthens the credibility of all personnel management decisions.

Provision (h) - Disclosure of Information Regarding Former Employees

When requested by other institutional employers, and when not restricted by applicable law, GDC provides information concerning substantiated allegations of sexual misconduct or harassment involving former employees. HR staff confirmed that this practice is carried out confidentially and in accordance with state personnel regulations, ensuring responsible and ethical communication during interagency employment verification.

Relevant Policies:

1. GDC SOP 208.06, Section 14(i): Establishes the agency's duty to share substantiated misconduct information upon lawful request.
2. State Personnel Information Sharing Directive (2023 Revision): Aligns PREA data release procedures with privacy laws.

The consistent application of these disclosure protocols upholds integrity while preventing potential re-employment of individuals with problematic histories.

CONCLUSION

After an extensive review of documentation, personnel records, and interviews with staff and inmates, the Auditor concludes that the Georgia Department of Corrections and the audited facility are in full compliance with PREA Standard §115.17. This determination is based on the implementation of annual background checks for security personnel, clearly defined hiring and promotion procedures, and robust monitoring of contractors further exemplify the facility's commitment to creating a safe environment for all individuals in custody.

Through its structured screening methodology and vigilant Human Resources

	<p>management, the facility demonstrates continual commitment to maintaining a culture of accountability and respect, fulfilling the intent and expectations of the PREA standards with excellence and integrity.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.18, the Auditor conducted a thorough review of documentation provided by the Georgia Department of Corrections (GDC) and the facility. The purpose of this review was to verify that the agency considers the prevention, detection, and response to sexual abuse and sexual harassment when designing new facilities or making significant modifications to existing structures or monitoring systems.</p> <p>The review included the following core documents:</p> <ol style="list-style-type: none"> 1. GDC Standard Operating Procedure (SOP) 208.06 - Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. 2. GDC SOP 204.09 - Facilities Maintenance and Construction Management Program, outlining procedural oversight for design, renovation, or construction. 3. Agency Facilities Management Review Memo, verifying that no facility construction, major alterations, or technology upgrades were initiated during the current audit cycle. 4. PREA Coordinator’s Design and Technology Consultation Log, confirming agency-wide review procedures remain in effect for future projects involving security design or surveillance modifications. <p>These documents collectively demonstrate that, while no new construction or monitoring technology projects occurred during the evaluation period, the agency maintains a policy framework ensuring PREA standards are reviewed and integrated before any future facility or technology modifications are approved.</p> <p><u>OBSERVATIONS</u></p> <p>During the onsite audit, the Auditor toured the facility to confirm existing operational and technological conditions. Observations indicated that all building areas, housing units, and common spaces were well-maintained, secure, and consistent with daily operational needs.</p> <p>The facility’s current infrastructure supports effective supervision using existing</p>

security posts and visual observation practices. Camera coverage was found to be functional and consistent with the current approved design plan; however, no upgrades or additions have taken place within the designated audit period.

Staff reported no pending renovation projects and no new installations related to monitoring systems or surveillance technologies. The facility continues to rely on an established system that meets operational requirements and adequately supports supervision efforts to prevent and detect sexual abuse and sexual harassment.

INTERVIEWS

Facility Head

The Facility Head confirmed that no new construction, renovations, or technology installations have occurred since the previous audit. Furthermore, the Facility Head explained that any future projects—should they arise—must be reviewed by GDC Facilities Management and the PREA Coordinator prior to approval. This proactive process ensures that any physical or technological changes will incorporate safety and PREA compliance considerations from the planning stage forward.

The Facility Head added that routine inspections are performed to verify functionality of existing monitoring systems and to ensure they continue to support safe housing, transparent operations, and adequate supervision.

PREA Compliance Manager (PCM)

The PREA Compliance Manager corroborated that the facility's design and technology environment remained unchanged since the previous audit cycle. The PCM emphasized that current operations are stable, supported by adequate camera coverage and staff supervision practices.

Should future modifications be proposed, the PCM confirmed that such requests would be subject to consultation with the PREA Coordinator before approval or implementation, in accordance with agency policy and SOP 208.06.

PROVISIONS

Provision (a) - Design and Construction of New Facilities

According to documentation and interviews, the Georgia Department of Corrections did not design, construct, or expand any new institutions or housing units associated with this facility during the current audit period. Nonetheless, agency policy mandates that all new construction projects must incorporate an assessment of how architectural design, housing configuration, and staff placement affect the ability to prevent and detect sexual abuse.

Relevant Policies:

1. GDC SOP 208.06, Section 15(a)-(c): Requires PREA consultation and review during planning of new construction or expansion.

2. GDC SOP 204.09, Section IV(A): Outlines engineering and architectural review steps with PREA oversight.

Although not currently applicable, facility and agency leadership remain prepared to apply these procedures should future expansion or renovation occur.

Provision (b) - Installation or Updating of Monitoring Technology

The facility reported—and the Auditor confirmed—that no new monitoring technology was installed, replaced, or upgraded during the current audit cycle. The existing video surveillance system and security infrastructure remain effective and operational, providing sufficient visual coverage to support inmate safety and staff accountability.

Routine evaluations and maintenance are conducted by designated security personnel to confirm that current equipment is operational, properly aligned, and free from interference. No deficiencies affecting supervision or privacy were reported or observed.

Relevant Policies:

1. GDC SOP 208.06, Section 15(d)-(f): Requires PREA review when considering installation or significant modification of monitoring systems.
2. Facility Camera Inspection Log: Documents ongoing system maintenance and verifies all camera units are active and functioning.

While no upgrades were completed during this period, existing systems continue to fulfill their intended purpose, ensuring compliance through reliability and responsible oversight.

CONCLUSION

Based on document review, site observations, and staff interviews, the Auditor concludes that the Georgia Department of Corrections and the facility are in full compliance with PREA Standard §115.18.

No new facilities, renovations, or technological updates occurred during the review period. Nevertheless, agency policy requires that any future changes undergo PREA-focused evaluation and authorization, ensuring sustained consideration of sexual safety during all physical or technological planning.

The facility's current infrastructure remains stable, functional, and well-maintained. Across every discussion and observation, staff demonstrated awareness of PREA-related design and monitoring expectations. These conditions affirm that the facility continues to maintain a safe, compliant environment where supervision methods and physical design effectively support the prevention and detection of sexual abuse and sexual harassment.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 576 374"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 416 1481 611">To assess compliance with PREA Standard §115.21, the Auditor conducted an extensive analysis of documentation submitted by the Georgia Department of Corrections (GDC) and the facility. The purpose was to ensure that evidence protocols, forensic medical services, and victim advocacy procedures align with PREA requirements and nationally recognized investigative and medical standards.</p> <p data-bbox="256 654 1102 687">The review encompassed the following primary documents:</p> <ol data-bbox="320 752 1477 1290" style="list-style-type: none"> 1. GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022); 2. GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (effective August 11, 2022); 3. GDC SOP 103.10 – Evidence Handling and Crime Scene Processing (effective August 30, 2022); Services Agreement between GDC and the Sexual Assault Response Team (SART) (dated August 31, 2021); 4. Memorandum of Understanding (MOU) between the facility and ACAR and Sexual Assault Victim’s Advocacy Center; and 5. Facility SANE Contact and Call List, detailing procedures for activating forensic nursing services. <p data-bbox="256 1332 1401 1527">Together, these policies and agreements establish a detailed and coordinated framework for evidence preservation, forensic medical response, and access to trauma-informed victim advocacy. The Auditor verified that the facility’s documentation reflects both operational readiness and adherence to established investigative procedures.</p> <p data-bbox="256 1570 456 1603"><u>INTERVIEWS</u></p> <p data-bbox="256 1646 791 1680">PREA Compliance Manager (PCM)</p> <p data-bbox="256 1722 1445 1955">The Auditor began interviews with the PREA Compliance Manager, who confirmed that forensic medical examinations are coordinated promptly following any substantiated allegation of sexual abuse that meets criteria for forensic collection. The PCM explained that the facility’s medical unit is equipped to facilitate these examinations when authorized SAFE/SANE personnel respond. Over the past twelve months, zero examinations were completed through this process.</p> <p data-bbox="256 1998 1350 2067">The PCM outlined additional safeguards, including the immediate securing of evidence, continuous chain-of-custody assurance, and coordination between</p>

investigators, medical staff, and external advocacy providers. The PCM emphasized the facility's commitment to trauma-informed response and stated that inmates are never billed for any part of these medical services.

SAFE/SANE Personnel

During interviews with SAFE/SANE professionals, the Auditor confirmed that forensic medical examinations are conducted according to national standards. Examinations follow a structured procedure that includes obtaining informed consent, documenting medical and assault history, performing comprehensive physical examinations, collecting evidence (including sexual assault kits when required), and maintaining secure chain-of-custody documentation.

SANE personnel described the collaboration with the facility as timely and well-organized. Notification procedures through the facility's SANE Call List enable immediate response when services are required. SANE staff confirmed that all examinations are conducted without cost to the inmate and include medical treatment, counseling referrals, and prophylactic care when medically indicated.

PREA Coordinator (PC)

The PREA Coordinator provided a broader agency perspective, explaining that the GDC maintains a uniform evidence protocol across all facilities. This protocol establishes detailed procedures for securing crime scenes, collecting and safeguarding evidence, and ensuring investigative integrity in administrative and criminal inquiries. The PC confirmed that the agency's approach is fully aligned with national PREA standards and Department of Justice guidance for forensic response within correctional environments.

The PC also noted the agency's partnership with SART and the systemwide use of MOUs with certified SANE centers to guarantee continuity of forensic care and external victim advocacy statewide.

Random Facility Staff

Interviews with randomly selected staff demonstrated excellent comprehension of their specific responsibilities in responding to allegations of sexual abuse. Every staff member interviewed clearly described the steps involved in initial response: ensuring victim safety, securing physical and testimonial evidence, preventing potential contamination, and making prompt notifications to supervisory, medical, and investigative personnel. Staff consistently identified the appropriate chain of reporting and emphasized the importance of treating victims with compassion and respect.

Rape Crisis Center Representatives

In discussions with representatives from the Sexual Assault Victim's Advocacy Center, the Auditor confirmed an active Memorandum of Understanding (MOU) between the center and the facility that ensures emotional support and crisis advocacy services are available for inmates who experience sexual abuse. Victims may contact external

advocates confidentially by phone or mail, and the advocacy center guarantees availability of trained professionals to accompany victims during examinations and interviews.

Inmates Reporting Sexual Abuse

At the time of the onsite audit, no inmates within the facility had reported sexual abuse during the past twelve months; therefore, interviews for this category were not conducted. The Auditor reviewed facility records to confirm that any prior cases followed proper reporting and evidence preservation procedures.

PROVISIONS

Provision (a) - Uniform Evidence Collection Protocol

Investigations of sexual abuse allegations—both administrative and criminal—are conducted according to GDC's uniform evidence protocol, designed to ensure the accurate preservation and collection of physical and testimonial evidence. All investigators adhere to standardized methods for evidence handling and crime scene processing to maintain investigative credibility and safeguard due process.

Evidence collection procedures encompass scene protection, documentation, photographic evidence, transfer logs, and coordination with qualified law enforcement personnel where required. The Auditor verified adherence through cross-reference of SOPs and staff interviews.

Relevant Policies:

1. GDC SOP 208.06, Sections 11(a)-(c): Defines evidence collection responsibilities for administrative and criminal PREA investigations.
2. GDC SOP 103.06, Section IV: Specifies protocols for investigation and coordination with specialized investigators.
3. GDC SOP 103.10, Section II: Establishes detailed requirements for crime scene security and chain of custody.

This structured, agency-wide system promotes accuracy, accountability, and exemplary investigative integrity.

Provision (b) - Developmentally Appropriate Protocols

Although this facility does not house youthful inmates, the Auditor confirmed through documentation and interviews that agency protocols are adaptable and developmentally appropriate for youth in designated facilities. These guidelines align with U.S. Department of Justice and forensic nursing standards, ensuring that minors are interviewed and examined with specialized procedures, privacy protections, and trauma-informed care models.

Relevant Policies:

1. GDC SOP 208.06, Section 11(d): Requires adjustment of protocols to meet developmental needs when youth are involved.
2. Agency PREA Coordinator Directive (2023 Update): Confirms that evidence collection for minors must be performed using age-sensitive procedures approved by state forensic experts.

This proactive inclusion of adaptable procedures reflects the agency's commitment to equitable treatment across all inmate groups.

Provision (c) - Access to Forensic Medical Examinations

Inmates who report sexual abuse receive access to prompt, professional, and cost-free forensic medical examinations by qualified SAFE/SANE personnel. Interviews and documentation evidence confirmed partnership with the Sexual Assault Response Team (SART) under a service agreement, guaranteeing the availability of trained forensic nurses.

Each examination includes informed consent, thorough medical evaluation, evidence preservation, trauma documentation, and prophylactic treatment as applicable. Chain-of-custody procedures are maintained from collection through delivery to investigative authorities.

Relevant Policies:

1. GDC SOP 208.06, Sections 11(e)-(f): Mandates provision of medical examinations at no cost to inmates.
2. Facility SANE Call List: Identifies authorized responders for medical examinations.
3. SART Services Agreement (August 31, 2021): Details the scope of forensic medical service delivery.

These procedures ensure timely, compassionate, and clinically sound care for victims.

Provision (d) - Availability of Victim Advocacy Services

The facility maintains an active Memorandum of Understanding with the Sexual Assault Victim's Advocacy Center, which guarantees access to external victim advocates. These individuals provide emotional support, crisis counseling, and informational assistance throughout the reporting and examination process.

If an external advocate is temporarily unavailable, trained facility personnel or certified community partners assume the advocacy role to ensure uninterrupted support.

Relevant Policies:

1. GDC SOP 208.06, Sections 11(g)-(h): Requires provision of victim advocacy through external partners or trained staff.

2. Facility MOU with Sexual Assault Victim's Advocacy Center: Confirms access to community-based advocacy and confidential assistance.

This integrated approach sustains the facility's commitment to empathy, compassion, and survivor-centered response.

Provision (e) - Victim Support During Examinations and Interviews

Victims participating in forensic examinations or investigative interviews receive ongoing support from trained advocates. Interviews confirmed that advocates remain present to offer emotional reassurance, crisis counseling, and referral information. Documentation provided by the facility showed that three staff members have completed formal victim advocate certification training, strengthening internal capacity to assist when community advocates are unavailable.

Relevant Policies:

1. GDC SOP 208.06, Section 11(i): Requires advocacy presence during examinations upon victim request.
2. Advocate Training Records (2025 Audit Period): Confirm facility compliance with certification requirements.

This provision illustrates the facility's prioritization of humane, trauma-informed care through personal advocacy.

Provision (f) - Responsibility for Investigations

All sexual abuse allegations are investigated administratively and, when appropriate, criminally. These investigations are conducted by trained GDC staff in accordance with the uniform evidence protocols outlined in SOPs 103.06 and 208.06. Investigative records are maintained centrally for accountability and verified through periodic internal audit.

Relevant Policies:

1. GDC SOP 103.06, Sections IV-V: Identifies roles of investigators, evidence custodians, and supervisors during case review.
2. GDC SOP 208.06, Section 11(j): Affirms dual administrative and criminal investigation processes under agency authority.

This consistent oversight guarantees thorough evaluation and documentation of each allegation.

Provision (g) - Auditor Requirement

This provision is not subject to audit review.

Provision (h) - External Advocacy Resources

Through its MOU with the Sexual Assault Victim’s Advocacy Center, the facility ensures inmates have full access to confidential external advocacy services. These include 24-hour hotline support, written correspondence options, and availability of professional advocates during investigations or examinations.

Relevant Policies:

Facility MOU with Sexual Assault Victim’s Advocacy Center: Provides detailed operational framework for external resources.
 GDC SOP 208.06, Section 11(k): Outlines responsibilities for maintaining external advocacy partnerships.
 The facility upholds consistent and compassionate external access for survivors, reflecting best practice standards of care.

CONCLUSION

Based on exhaustive review of documentation, policy analyses, interviews, and corroborating evidence, the Auditor concludes that the Georgia Department of Corrections and the facility are in full compliance with PREA Standard §115.21.

The agency demonstrates a thorough structure for evidence preservation and investigative integrity, complemented by timely access to forensic medical examinations and empathetic victim advocacy. Coordination between investigative, medical, and support entities reflects a well-managed, trauma-informed approach that prioritizes both the safety of inmates and the accountability of operations.

Through standardized protocols, professional collaboration, and dedicated oversight, the facility embodies the goals of PREA—to protect, respect, and respond with integrity to every individual under its care.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.22, the Auditor performed a detailed and comprehensive review of all documentation submitted by the Georgia Department of Corrections (GDC) and the facility. The purpose was to assess whether the agency’s investigative and referral practices ensure that every allegation of sexual abuse or sexual harassment receives timely, thorough, and objective review.</p> <p>The Auditor examined the completed Pre-Audit Questionnaire (PAQ) along with supporting materials confirming the implementation of consistent investigative and referral protocols. Key policies reviewed included:</p>

1. GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022); and
2. GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (effective August 11, 2022).

There were zero PREA allegation tracking logs, investigative summaries, and administrative review reports to review as there were no PREA allegations in the past 12 months.

INTERVIEWS

Investigative Staff

The Auditor began interviews with investigative personnel responsible for reviewing, initiating, and documenting inquiries into alleged sexual abuse or harassment. Investigators described an organized process that begins the moment a report is received. Each allegation is logged, assessed, and classified to determine whether administrative or criminal investigation procedures apply.

Investigative staff clearly articulated their responsibilities for preserving evidence, conducting timely interviews, gathering witness statements, documenting findings, and preparing written investigative summaries. They emphasized that no complaint is dismissed without review and that investigations proceed until a substantiated finding is reached or evidence supports closure. All actions are completed in accordance with SOP policy and the PREA requirement for objectivity and professionalism.

Investigators also conveyed pride in the agency's transparent, ethical approach—one designed to maintain trust among inmates, staff, and partners while ensuring accountability at every level.

Agency Head Designee

In a follow-up interview, the Agency Head Designee reinforced the agency's clear directive that every allegation of sexual abuse or sexual harassment is to be investigated promptly and thoroughly. The Designee highlighted that GDC's centralized investigative structure ensures consistency, prevents conflicts of interest, and holds staff accountable for compliance.

The Designee described the agency's publicly accessible policy portal, which includes investigative referral standards and procedures to promote both openness and accountability. In cases where an allegation appears to involve criminal conduct, immediate referral to the criminal investigative unit or local law enforcement is mandatory. All referrals are documented, tracked, and monitored by agency leadership for quality control and timely follow-up.

Throughout the interview, the Designee underscored the Department's commitment to a culture of transparency, respect, and justice—ensuring that every investigation serves both the victim's needs and institutional integrity.

PROVISIONS

Provision (a) - Mandatory Investigation of All Allegations

The facility's PAQ and documentation confirm that all allegations, regardless of who reports them or the relationship of the parties involved, are subject to investigation—administrative or criminal—without exception. GDC SOP 208.06 mandates that all reports of sexual abuse or harassment must be classified and investigated under standardized procedures.

During the twelve-month audit period, the facility recorded zero allegations of sexual abuse or sexual harassment.

Relevant Policies:

1. GDC SOP 208.06, Section 12(a): Requires all allegations of sexual abuse or harassment to be investigated.
2. GDC SOP 103.06, Section II: Details criteria for initiating and documenting investigations.
3. Facility Incident and Investigation Log (2025 Audit Period): Verifies recording, review, and outcomes of all allegations.

This thorough, non-discretionary approach ensures every report is treated seriously, affirming the agency's commitment to integrity and due process.

Provision (b) - Referral for Criminal Investigation When Appropriate

The agency maintains a rigorous system ensuring that any alleged conduct appearing criminal in nature is immediately referred for criminal investigation to authorized law enforcement entities. The Auditor verified through interviews and document analysis that these referrals are fully documented, reported to the Agency Head, and tracked through conclusion.

Policies require objective evaluation of credibility, prohibit the use of polygraph examinations as a condition for continuing an investigation, and guarantee impartiality at every stage of inquiry. Investigative staff confirmed that the process emphasizes factual analysis over speculation and ensures the preservation of all physical and testimonial evidence that may be required for prosecutorial review.

Relevant Policies:

1. GDC SOP 208.06, Sections 12(b)-(f): Specifies when and how allegations are referred for criminal investigation.
2. GDC SOP 103.06, Section III(B): Establishes referral notification procedures and chain-of-command reporting.
3. Agency Public Information Policy Portal: Publishes investigation and referral protocol for public transparency and accountability.

These clearly defined steps ensure that no potentially criminal allegation goes

unexamined and that victims receive access to justice through formal legal channels when warranted.

Provision (c) - Agency Responsibility for Investigations

GDC retains full and exclusive responsibility for conducting both administrative and, when applicable, criminal investigations. The agency's internal investigators are specially trained to manage PREA-related inquiries involving inmates, staff, volunteers, and contractors.

This consistent policy eliminates ambiguity, ensuring continuity of investigative quality and compliance with federal standards. Staff interviews corroborated that investigations remain under agency authority from report to resolution. This unified approach strengthens accountability and ensures that agency officials maintain direct oversight of investigative timelines, procedural adherence, and outcomes.

Relevant Policies:

1. GDC SOP 103.06, Section I(A): Assigns investigative authority and defines administrative and criminal jurisdiction.
2. GDC SOP 208.06, Section 12(c): Reinforces the agency's responsibility for ensuring all allegations are investigated internally or through appropriate external coordination.
3. GDC Internal Affairs Operational Manual (2025 Update): Confirms staff qualifications and responsibilities for PREA-related investigations.

This level of control reflects both systemic accountability and the Department's steadfast dedication to transparency and professional ethics.

Provision (d) - Auditor Requirement

This provision is not subject to audit.

Provision (e) - Auditor Requirement

This provision is not subject to audit.

CONCLUSION

Based on comprehensive review of policies, investigative data, procedural documentation, and interviews with key personnel, the Auditor concludes that the agency/facility are in full compliance with PREA Standard §115.22.

The Department's evidence-based approach ensures that every allegation of sexual abuse or sexual harassment is taken seriously, properly investigated, and, when appropriate, referred for criminal inquiry. Investigations are conducted with professionalism, sensitivity, and a commitment to fairness.

The facility's adherence to clear, transparent procedures—and the agency's centralized oversight framework—creates an environment of accountability and trust. Through these consistent practices, GDC continues to exemplify a culture of ethical

	leadership, procedural transparency, and unwavering commitment to the values and principles upheld under the Prison Rape Elimination Act.
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.31, the Auditor performed a deliberate and comprehensive review of the documentation submitted by the Georgia Department of Corrections (GDC) and the facility. The objective was to evaluate how effectively the facility trains staff to prevent, detect, and respond to incidents of sexual abuse and sexual harassment while promoting professional accountability and a culture of respect.</p> <p>The Auditor began with the Pre-Audit Questionnaire (PAQ) and examined the accompanying personnel training records, lesson plans, and electronic tracking systems. Attention was centered on GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This SOP establishes agency expectations for employee education, outlines all required PREA content areas, specifies frequency of instruction, and defines supervisory responsibilities for ensuring training compliance.</p> <p>The Auditor reviewed the entire PREA training curriculum, which integrates multimedia presentations, instructor-led discussions, hands-on exercises, and situational learning modules. The design reflects GDC’s recognition that comprehensive education is vital to preventing institutional sexual misconduct and strengthening staff confidence when responding to allegations.</p> <p>Training materials—sign-in sheets, attendance verification logs, and employee acknowledgment forms—demonstrated a well-organized and transparent system of compliance documentation. A random sample of training files, representing staff from custody, classification, medical, counseling, education, and administrative divisions, showed proof of initial and annual PREA training completion. Those files also revealed a consistent practice of documentation review by the facility’s Training Office.</p> <p>This documentation reflected a proactive commitment to professional development and confirmed that training is both continuous and comprehensive, ensuring every employee understands their duty to uphold inmate safety and dignity.</p> <p>INTERVIEWS</p> <p>Supervisory Staff and Training Officers</p>

Interviews with supervisory personnel and training officers highlighted the intentional layering and continual reinforcement of staff knowledge throughout employment. Supervisors described how PREA education begins with onboarding orientation and continues with monthly roll-call briefings, electronic updates, and internal newsletters addressing lessons learned from audits and investigations. Training officers noted that curriculum updates incorporate evolving national standards and recommendations from internal quality-assurance reviews, creating a living and responsive training system.

Supervisors also described how competency is reinforced through routine observation and real-time coaching. When opportunities for course correction arise, guidance and coaching reinforce professional expectations rather than focusing exclusively on procedural compliance. This mentoring approach fosters consistent accountability within a supportive learning environment.

Random Staff

The Auditor next spoke with a diverse cross-section of employees from all institutional work areas and shift assignments. Staff consistently demonstrated familiarity with the PREA training content and easily identified their responsibilities under the agency's zero-tolerance policy. All interviewees confirmed they had received both initial orientation and annual refresher training prior to and during the audit cycle.

Many described PREA training as interactive and relevant—featuring real-world examples, practical role-plays, and scenario-based discussions that improve decision-making and teamwork. Staff also noted that reinforcement occurs informally throughout the workday through supervisor reminders, visible signage, and peer support.

Employees displayed strong recall of procedures for reporting allegations, protecting evidence, and ensuring the immediate safety of those involved. Several staff members voluntarily shared specific examples of times when they had responded appropriately under PREA policy, demonstrating a genuine and applied understanding of their duties.

PROVISIONS

Provision (a) - Comprehensive PREA Training Content

The agency ensures that all employees who have contact with inmates receive the complete scope of PREA education required under this standard. The Auditor verified that the curriculum intentionally addresses the ten federally required training elements, including:

1. The agency's zero-tolerance policy for sexual abuse and sexual harassment.
2. Staff responsibilities for prevention, detection, response, and reporting.
3. The rights of inmates to be free from sexual abuse, sexual harassment, and retaliation.
4. Dynamics and cultural factors that influence sexual abuse in confinement.

5. Appropriate professional boundaries between staff and inmates.
6. How to identify signs of victimization and respond sensitively while preserving evidence.
7. Confidentiality responsibilities during and after a report or investigation.
8. Interaction and communication strategies with LGBTQI+, transgender, and intersex inmates.

Modules are sequenced logically for comprehension and reinforced through repetition and case-based learning. Specialized instruction is provided to personnel working in high-vulnerability locations such as intake, segregation, medical units, and restricted housing areas.

Relevant Policies:

1. GDC SOP 208.06, Section 1(a)(i-x): Outlines the ten required PREA training elements for correctional employees.
2. GDC Training Curriculum – PREA Core Instructional Series (2025 Update): Provides detailed lesson plans and performance objectives.
3. Facility Training Plan: Establishes the frequency and oversight of employee instruction sessions.

The Auditor’s review of fifty staff training files confirmed every employee had completed the applicable modules, received certificates of completion, and signed acknowledgment documentation—demonstrating 100% compliance with this provision.

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

The facility’s training program is strategically designed to be gender-responsive, role-specific, and attuned to the population served. Staff at this male facility receive instruction addressing behavioral dynamics unique to male institutions, including communication tactics, emotional responses, and professional boundary management.

Supplemental orientation is provided to staff transferring between institutions housing different populations to ensure understanding of new risk patterns and gender-related considerations. The curriculum also dedicates extensive attention to working respectfully with transgender and intersex individuals—teaching appropriate terminology, privacy safeguards, search protocols, and affirmation of human dignity.

Members of the Sexual Assault Response Team (SART), mental health professionals, and investigators receive additional instruction focusing on trauma-informed interviewing, evidence handling, and victim support standards.

Relevant Policies:

1. GDC SOP 208.06, Sections 1(b)-(d): Requires gender-responsive,

- position-specific, and advanced education for SART and investigation staff.
2. GDC SART Field Operations Manual: Defines primary duties and continuing education expectations for response team participants.
 3. Transgender and Intersex Inmate Management Policy (Amended 2025): Establishes respectful communication, housing, and search considerations.

These targeted and inclusive trainings ensure that employees understand how gender, identity, and culture affect safety, behavior, and the delivery of professional corrections practice.

Provision (c) - Ongoing and Annual Training Requirements

The review confirmed that the facility fosters a culture of continuous learning well beyond initial certification. Staff training records and interviews verified strict compliance with GDC's directorate, which requires formal retraining every year—exceeding the biennial minimum required by PREA.

Between recertifications, employees receive additional reinforcement through bi-weekly roll-call topics, monthly PREA information bulletins, and annual knowledge refreshers conducted by supervisors or training coordinators. Refresher sessions integrate scenario analysis and post-incident case studies to promote situational awareness and reinforce how PREA procedures function in practice.

Relevant Policies:

1. GDC SOP 208.06, Section 1(e): Directs recurring PREA instruction and annual course completion for all staff with inmate contact.
2. GDC Facility Annual Retraining Schedule: Tracks completion dates and renewal intervals.
3. PREA Communication and Learning Bulletin Series: Provides short, scenario-based instruction distributed statewide.

Auditor verification of training records established complete adherence to recurring training benchmarks, confirming all active employees were current and certified.

Provision (d) - Verification of Training Comprehension

Evaluation of learning effectiveness is a critical component of the agency's education program. The facility employs multiple verification tools to ensure retention and comprehension: written/computer-based assessments, instructor debriefs, and signed acknowledgment statements.

Every employee attests that they have received, understood, and agreed to comply with GDC's zero-tolerance policy, reporting expectations, and ethical standards. These acknowledgments—along with attendance rosters—are maintained in secure electronic personnel files and audited regularly for accuracy. Supervisors and training officers review comprehension data following each course to identify trends or areas needing additional focus.

	<p>Relevant Policies:</p> <ol style="list-style-type: none"> 1. GDC SOP 208.06, Section 1(f): Outlines documentation and acknowledgment requirements to verify comprehension. 2. Training Records Retention Procedure (2024 Revision): Establishes storage and retrieval methods for verification materials. 3. PREA Acknowledgment and Competency Form: Documents both understanding and commitment to PREA responsibilities. <p>This verification framework promotes consistency, transparency, and accountability across all staff levels—ensuring knowledge translates into capable, ethical action.</p> <p>CONCLUSION</p> <p>After reviewing extensive documentation, training curriculum content, and interviews across multiple staff levels, the Auditor concludes that the facility exceeds the PREA Standard §115.31 - Employee Training.</p> <p>The facility’s training program not only meets the federal requirements but clearly surpasses them—providing ongoing, gender-responsive learning grounded in professionalism and respect. Employees demonstrate confidence in applying PREA protocols, awareness of inmate rights, and commitment to maintaining an environment that protects safety, dignity, and trust.</p> <p>Through its structured curriculum, diligent supervision, and sustained emphasis on professional ethics, the facility has built a training culture where prevention is intentional, communication is transparent, and accountability is collectively embraced. This commitment ensures the spirit of PREA is not simply observed in policy but practiced daily in every aspect of facility operations.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.32, the Auditor conducted a detailed and structured review of all documentation provided by the Georgia Department of Corrections (GDC) and the facility. The review sought to evaluate how effectively volunteer and contractor training promotes awareness, accountability, and respect for the agency’s zero-tolerance policy toward sexual abuse and sexual harassment.</p> <p>The Auditor began with the Pre-Audit Questionnaire (PAQ) and analyzed supporting attachments, including GDC Standard Operating Procedure (SOP) 208.06 - Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention</p>

Program (effective June 23, 2022). Particular attention was paid to sections defining training scope, timing, and verification mechanisms for non-employee personnel.

The Auditor examined the complete training curriculum developed by GDC for volunteers and contractors. This program combines written materials, instructor presentations, and visual aids that clearly summarize PREA standards. Documentation also included signed Acknowledgement of Receipt of PREA Training forms maintained in each volunteer and contractor file. These attestations confirmed that all individuals received instruction prior to engaging in any work or activity that would bring them into contact with inmates.

The recordkeeping process demonstrated diligence and consistency: every file reviewed contained properly dated, signed acknowledgment confirming understanding of PREA responsibilities. Collectively, this documentation reflected a culture where PREA training for external partners is treated not as procedural compliance, but as a vital component of safety and ethical practice.

INTERVIEWS

Contractor Interview

The Auditor began interviews with a contractor assigned to routine service and maintenance duties within the facility. The contractor explained that training was provided before their first assignment and delivered in a concise but comprehensive session emphasizing prevention, situational awareness, and mandatory reporting.

The contractor clearly articulated familiarity with the GDC's zero-tolerance policy, could identify appropriate reporting channels, and demonstrated understanding that responsibilities mirror those of permanent staff when it comes to recognizing, responding to, and reporting potential sexual misconduct. Their responses reflected confidence, professionalism, and appreciation for the clarity of expectations conveyed during training.

Volunteer Interview

Later, the Auditor interviewed an educational volunteer engaged in inmate programming. The volunteer described the PREA training as thorough and well-organized, highlighting the instructors' emphasis on maintaining boundaries, immediate notification obligations, and the ethical standards required for working within correctional environments.

The volunteer recalled reviewing examples of inappropriate conduct, learning methods of intervention, and being encouraged to ask questions during training. When asked to describe the steps they would take if an inmate made a disclosure, the volunteer promptly detailed the reporting protocol and emphasized the importance of protecting inmate dignity and confidentiality.

Together, these interview perspectives demonstrated that both volunteers and contractors fully understand their PREA responsibilities—their statements confirmed that training is impactful, memorable, and applicable in real-world facility conditions.

PROVISIONS

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

This provision ensures that all volunteers and contractors complete comprehensive PREA training before beginning any service or duties involving inmate contact. The program introduces key principles of prevention, detection, reporting, and response and firmly embeds the agency's zero-tolerance policy in every participant's understanding.

At the time of the audit, the facility had 18 approved contractors and 313 approved volunteers. The Auditor examined a representative sample of 27 volunteer files, 8 medical contractor files, and 10 non-medical contractor files. Each contained current training documentation and completed acknowledgment forms confirming annual participation, with supplemental sessions for those in roles requiring direct involvement with inmates.

Training materials include printed brochures, brief video modules, and instructor-guided discussions. The Staff PREA Brochure (Attachment 19) provides accessible summaries of responsibilities, including reporting procedures, confidentiality expectations, and professional conduct reminders. This multi-layered approach ensures that everyone operating within the facility understands their role in preserving a safe and respectful environment.

Relevant Policies:

1. GDC SOP 208.06, Section 2(a), p.20: Requires that all volunteers and contractors with inmate contact receive formal PREA training prior to engagement.
2. Facility Volunteer and Contractor Orientation Guide: Establishes procedures for delivery and documentation of mandatory training.
3. Attachment 19 - Staff PREA Brochure: Summarizes essential PREA principles in plain language for accessible understanding.

The facility's commitment to structured, mandatory training demonstrates proactive prevention and inclusivity for all individuals entering the correctional setting.

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

PREA standards require that the depth of instruction correspond with the extent of inmate contact. The facility meets this requirement through a tiered approach to training.

For contractors with limited access—such as maintenance personnel—the training emphasizes situational awareness, immediate reporting, and reinforcing the Department's zero-tolerance policy. Those with regular inmate interaction, including educational volunteers, medical contractors, and program facilitators, receive expanded instruction covering boundary maintenance, communication techniques, and procedures for responding to disclosures of sexual victimization.

The Auditor confirmed through interviews and documentation that this differentiated approach effectively equips all non-employee personnel to recognize high-risk situations and act appropriately regardless of assignment.

Relevant Policies:

1. GDC SOP 208.06, Section 2(b), p.20: Requires training content to be scaled based on the individual's degree of inmate contact.
2. Contractor and Volunteer Training Manual: Establishes training curriculum guidelines for specific occupational roles.
3. Facility PREA Orientation Checklist: Documents completion of contact-appropriate instruction.

This comprehensive design ensures that no participant is under-informed, while training remains efficient and tailored to each individual's scope of responsibility.

Provision (c) - Documentation and Acknowledgment of Training

Consistent documentation and verification of understanding are essential to accountability. The Auditor observed that every volunteer and contractor training session concludes with formal acknowledgment confirming comprehension and agreement to comply with all GDC PREA policies.

A sample of forms reviewed revealed meticulous recordkeeping: each acknowledgment was signed, dated, and included explicit affirmation of understanding of responsibilities—including mandatory reporting obligations. The training structure also invites participants to ask questions before signing, ensuring learning is genuine rather than perfunctory.

These acknowledgment statements are kept in secure electronic and paper files and reviewed periodically by the facility's Training Office to verify currency. The presence of well-maintained records across both volunteer and contractor categories reflected an organized and transparent compliance system.

Relevant Policies:

1. GDC SOP 208.06, Section 2(c), p.21: Requires completion and retention of a signed acknowledgment confirming receipt of PREA education.
Attachment 1 - Sexual Abuse/Sexual Harassment PREA Education Acknowledgement Statement: Authorized form for volunteer and contractor training verification.
2. Facility File Management Protocol (2024 Revision): Defines processes for secure documentation and periodic compliance auditing.

This systematic documentation practice ensures traceability and demonstrates the facility's unwavering commitment to maintaining ethical standards, transparency, and accountability.

	<p>CONCLUSION</p> <p>After examining all relevant policy documents, training curricula, acknowledgment forms, and interview responses, the Auditor determined that the facility is in full compliance with PREA Standard §115.32 - Volunteer and Contractor Training.</p> <p>The GDC and facility have established a purposeful and inclusive framework that ensures all individuals entering the institution—whether long-term partners or short-term service providers—possess the knowledge and confidence to uphold inmate safety under the PREA mandate.</p> <p>Training is proactive, role-specific, and reinforced by accurate documentation. Volunteers and contractors alike demonstrated genuine comprehension and commitment to the Department’s zero-tolerance policy.</p> <p>The result is a unified approach that extends the principles of prevention and professionalism beyond the employee workforce to every person engaged in facility operations—cultivating a safe environment grounded in dignity, respect, and shared accountability.</p>
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.33, the Auditor conducted an in-depth review of materials submitted by both the Georgia Department of Corrections (GDC) and the facility. This analysis focused on how effectively the facility communicates inmate rights, reporting mechanisms, and the agency’s unwavering commitment to a zero-tolerance stance toward sexual abuse and sexual harassment.</p> <p>The review included the completed Pre-Audit Questionnaire (PAQ) and supporting attachments, along with GDC Standard Operating Procedure (SOP) 208.06 - Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). The Auditor also evaluated the facility’s orientation materials, including the Speaking Up PREA education video (February 23, 2023), the Inmate PREA Intake Information Packet, the GDC Inmate Handbook, and the GDC PREA Inmate Information Guide.</p> <p>Accessibility was a consistent focus. The Auditor reviewed documentation such as the LanguageLine Insight Video Interpreting User Guide and the facility’s use of Video Remote Interpreting (VRI) services, Braille materials, and captioned programming. Corresponding inmate acknowledgment forms and the facility’s PREA Education Tracking Spreadsheet demonstrated detailed recordkeeping and completion tracking.</p>

Throughout the review, the Auditor found evidence of an inclusive and comprehensive education program that ensures every person entering the facility—regardless of background, language, or ability—receives clear information on rights, responsibilities, and reporting options. Posters, brochures, and signage printed in both English and Spanish reinforced these messages, ensuring that PREA awareness remains consistent, visible, and accessible.

OBSERVATIONS

During the onsite review, the Auditor observed that PREA education extends beyond scheduled orientation sessions into the fabric of daily facility life. Posters and visual materials were strategically located in dayrooms, hallways, medical examination rooms, and common areas, displaying messages such as “No Means No” and “Zero Tolerance for Sexual Abuse.” Contact information for reporting abuse—including confidential hotlines and mailing addresses—was clearly posted near inmate telephones throughout housing units.

Printed educational materials were readily available in housing and intake areas, while monitors continuously displayed PREA visual reminders. For individuals with visual or hearing impairments, the facility provides Braille information, audio recordings, and video content featuring both closed captioning and an American Sign Language (ASL) interpreter. The Speaking Up video presents real, relatable scenarios—communicated in straightforward, inclusive language—that explain agency policy, inmates’ right to safety, and how and where to report concerns.

This purposeful use of varied educational tools ensured that PREA instruction remains active, visible, and relevant long after intake orientation concludes.

INTERVIEWS

Random Inmates

The Auditor first interviewed randomly chosen inmates representing diverse housing assignments. All participants reported receiving PREA instruction within the first day of arrival, followed by reinforcement sessions soon after. They recalled viewing the Speaking Up video and receiving written materials that clearly outlined the zero-tolerance policy and multiple reporting options—verbal, written, anonymous, or through third parties.

Inmates described the training as informative, practical, and easy to understand. They noted that PREA messages remain visible daily through posters and handbooks, and several said they felt confident they could immediately identify and contact appropriate staff if they witnessed or experienced sexual misconduct. Their feedback demonstrated both knowledge retention and genuine trust in the facility’s ability to respond appropriately to reports.

Intake Staff

During interviews, intake personnel outlined their structured, two-phased education process. The initial briefing occurs during the admissions process—before housing

placement—and includes verbal explanation of the zero-tolerance policy, examples of prohibited behavior, and assurances against retaliation. Each new arrival receives orientation materials in their preferred language, confirmed by the inmate's signed acknowledgment form filed into individual records.

A more comprehensive follow-up session occurs during initial classification or orientation within fifteen days of arrival. This session combines the Speaking Up video with verbal discussion addressing reporting procedures, investigative processes, and available advocacy services. Intake staff stated that education is interactive: inmates can ask questions, request clarification, or receive individual explanations whenever needed. Staff further confirmed that transfers from other institutions are briefed again, emphasizing local reporting methods unique to the receiving facility.

Together, staff and inmate interviews revealed a cohesive, well-executed education program that promotes transparency, equity, and confidence in PREA processes.

PROVISIONS

Provision (a) - Initial Intake Information

At intake, every inmate receives immediate orientation on PREA standards and facility-specific reporting options. The facility reported 100% completion of this requirement among the 377 inmates admitted during the past twelve months. This initial instruction occurs within twenty-four hours of arrival and covers zero-tolerance expectations, definitions of sexual abuse and harassment, reporting methods, and retaliation protection.

The process is always verified by the inmate's signature on acknowledgment forms, ensuring documentation integrity. For individuals with communication or language needs, interpreters, written translations, or one-on-one sessions ensure comprehension before materials are signed.

Relevant Policies:

1. GDC SOP 208.06, Section 3, p.21: Mandates provision of initial PREA information verbally and in writing within 24 hours of admission.
2. Facility Inmate Orientation Policy: Outlines steps to document delivery of intake orientation and completion of acknowledgment forms.
3. Inmate PREA Intake Log: Tracks completion dates, ensuring full coverage for each new arrival.

This structured introduction lays a strong foundation for ongoing education and demonstrates the facility's commitment to immediate awareness.

Provision (b) - 30-Day Comprehensive Education

Within thirty days of intake, inmates participate in expanded education sessions designed to deepen understanding and reinforce critical PREA principles. The curriculum covers all essential topics, including GDC's zero-tolerance policy,

definitions of abuse and harassment, protection from retaliation, and procedures for accessing advocacy and support services.

The Speaking Up video serves as a central teaching tool in these sessions, supported by facilitated discussion. The production's bilingual narration (English and Spanish), captioning, and ASL interpretation make it universally accessible. Interactive dialogue allows inmates to clarify information and gain confidence in recognizing and reporting inappropriate behavior.

Facility records confirmed that all inmates received comprehensive PREA education within 48 to 72 hours of arrival; rather than waiting the full 30 days as allowed. This early education provides a sexual safety net for the inmates at a much earlier date than the 30-days mandated by the standard.

Relevant Policies:

1. GDC SOP 208.06, Sections 3(a)(i-ix), pp.21-22: Defines required content of comprehensive PREA education.
2. Facility Orientation and Training Schedule: Documents completion of the follow-up video session within 30 days.
3. Speaking Up PREA Video Facilitator Guide: Provides scripted talking points to reinforce key messages.

The Auditor found this process exceptionally well-executed, demonstrating consistent attention to comprehension, inclusivity, and reinforcement.

Provision (c) - Transfers Between Facilities

Inmates transferring from or to other facilities undergo renewed PREA orientation adapted to the local institution's specific reporting channels. This ensures continuity and reinforces the expectation that reporting rights and protections apply across all GDC facilities.

Relevant Policies:

1. GDC SOP 208.06, Section 3(a)(viii): Requires additional education upon transfer to ensure awareness of location-specific procedures.
2. Transfer Intake Checklist: Confirms receipt of updated information following relocation.

This redundancy safeguards understanding and certainty regardless of facility movement.

Provision (d) - Accessibility

Accessibility is the cornerstone of GDC's PREA education philosophy. The facility provides instruction in inclusive, multi-format presentations suitable for individuals with sensory, cognitive, or linguistic barriers.

Instruction is available in English, Spanish, and other languages through LanguageLine interpretation, supplemented by Video Remote Interpreting (VRI) for sign-language communication. Braille, large-print, and audio-recorded materials accommodate diverse learning needs. Staff also conduct individualized education sessions for those with limited literacy to ensure comprehension.

Relevant Policies:

1. GDC SOP 208.06, Sections 3(a)(x) and 3(f): Outlines language and disability accommodations for PREA education.
2. ADA and LEP Accommodation Protocols: Define procedures for accessible information delivery.
3. LanguageLine Insight User Guide: Provides step-by-step directions for interpreter access.

This commitment to accessibility reaffirms the facility's dedication to equitable treatment for every inmate.

Provision (e) - Documentation

The Auditor reviewed 50 randomly selected orientation and PREA education acknowledgment forms, each completed, signed, and dated. These records matched entries on the facility's PREA Education Spreadsheet, which tracks completion by name, date, and method of instruction. Documentation is stored electronically and cross-checked against inmate files to ensure accuracy and compliance with retention requirements.

Relevant Policies:

1. GDC SOP 208.06, Section 3(b), p.22: Requires retention of signed acknowledgment forms in the inmate's institutional record.
2. Facility Records Management Policy: Provides guidelines for verification, storage, and periodic audit of documentation.

This precision in recordkeeping reinforces administrative accountability and offers an auditable trail of compliance for all educational interactions.

Provision (f) - Continuous Availability

PREA education continues beyond the classroom through an ever-present awareness campaign. Posters, handbooks, brochures, and hotline placards remain visible across all areas of the institution. The state-wide PREA Hotline (7732) provides confidential, anonymous access to report abuse or seek support 24 hours a day.

Educational materials are replenished frequently, and unit managers routinely verify accurate placement during inspections. Inmates interviewed by the Auditor readily identified multiple reporting methods, reflecting that the facility's commitment to visibility directly supports continued understanding.

Relevant Policies:

1. GDC SOP 208.06, Section 3(c): Requires ongoing access to PREA materials.
2. Facility Inspection Checklist – PREA Component: Ensures upkeep of posters and written notices.

This constant reinforcement transforms PREA education from an occasional event into a routine reminder of the agency’s values and expectations.

CONCLUSION

Based on a comprehensive review of documentation, on-site observations, and extensive interviews with intake staff and inmates, the Auditor concludes that the facility exceeds compliance with PREA Standard §115.33 – Inmate Education. This determination is based on the fact that all PREA education for inmates is provided within 48 to 72 hours of arrival, rather than 30 days allowed by the standard.

The facility delivers PREA education promptly, accurately, and comprehensively. Its approach integrates accessibility, cultural and language inclusivity, and continuous reinforcement—ensuring information remains within reach of every inmate throughout incarceration.

Through a focus on clarity, empathy, and continuous visibility, the facility has cultivated a learning environment where inmates understand their rights, recognize unacceptable behavior, and feel empowered to report concerns without fear of reprisal. This emphasis on respect, communication, and transparency exemplifies excellence in PREA implementation and meaningful cultural change within correctional operations.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.34, the Auditor began with a careful, methodical review of the Pre-Audit Questionnaire (PAQ) and the rich array of supporting documentation furnished by both the facility and the Georgia Department of Corrections (GDC). These materials collectively painted a vivid picture of how the agency prepares its investigative professionals to respond to sensitive allegations of sexual abuse and sexual harassment within secure environments.</p> <p>Among the most pivotal documents examined was the GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy</p>

stands as the cornerstone of the institutional framework, outlining the expectations, responsibilities, and processes governing prevention, reporting, and investigation of sexual misconduct among inmates.

The Auditor also reviewed the comprehensive Specialized Investigator Training Program, which included detailed lesson plans, PowerPoint modules, attendance records, and evaluation forms. The curriculum demonstrated a robust and professional approach to education—combining technical investigative training with human-centered, trauma-informed instruction. Lessons featured interactive case studies, simulated scenarios, legal and ethical briefings, and peer discussions designed to strengthen both analytical and empathetic skills.

Each investigator’s certificate of completion and roster reflected successful fulfillment of the specialized training prerequisites before assuming independent investigative authority. The documentation conveyed an organized, deliberate approach to equipping investigative personnel with integrity, competence, and the professional confidence necessary to carry out PREA-related investigations in accordance with agency and federal standards.

INTERVIEWS

Investigator

During the on-site portion of the review, the Auditor conducted individual and group interviews with members of the investigative team. Their insights reflected both pride and a deep understanding of investigative responsibilities.

One investigator described the training as “immersive and practical,” emphasizing how classroom instruction was balanced with hands-on exercises built around realistic correctional case scenarios. Specific modules on trauma-informed interviewing, proper use of Miranda and Garrity advisements, and evidence management within a restricted facility environment were highlighted as invaluable aspects of their learning experience.

Another investigator shared that the training incorporated a dynamic review of both effective and unsuccessful case outcomes to illustrate best practices. This comparative approach reinforced the value of professionalism, impartiality, and compassion when engaging with alleged victims or witnesses. Interviewees consistently expressed pride in serving as specialized investigators—a role that demands heightened sensitivity, confidentiality, and fairness.

Collectively, the discussions affirmed that every member of the investigative team had not only completed the mandated training but also embraced its principles in daily practice. Their tone was confident, respectful, and clearly informed by consistent exposure to quality professional development opportunities.

PROVISIONS

Provision (a): Requirement for Specialized Investigator Training

This provision specifies that all investigative staff must receive tailored instruction to ensure preparedness for handling sexual abuse and sexual harassment cases within correctional environments.

Through a thorough review of records and interviews, the Auditor confirmed that GDC policy unequivocally enforces this requirement. SOP 208.06 delineates precise criteria mandating completion of PREA-specific training before investigators may independently conduct such inquiries.

The specialized education goes far beyond routine investigative practice—it introduces context-sensitive strategies, trauma awareness, and ethical reflection necessary for operating effectively in confinement settings. It instills awareness of inmates' rights and equips personnel to investigate with professionalism, empathy, and consistent adherence to PREA standards.

Relevant Policies:

GDC Standard Operating Procedure (SOP) 208.06 - PREA Sexually Abusive Behavior Prevention and Intervention Program
PREA Standard §115.34 Specialized Training: Investigations

Provision (b): Scope and Content of Specialized Training

The curriculum's breadth demonstrates thoughtful design and comprehensive preparation. As evidenced by the PAQ and training outlines, investigators receive instruction in:

1. Trauma-informed approaches that respect and support victims of abuse and harassment.
2. Correct administration of Miranda and Garrity rights in administrative and criminal settings.
3. Evidence preservation techniques tailored for secure facilities, including meticulous chain-of-custody procedures.
4. Credibility assessment and evaluation of consistency in statements.
5. Evidentiary thresholds used in both administrative decision-making and criminal prosecution contexts.
6. Investigators interviewed praised the structure and clarity of instruction—frequently noting that lessons were reinforced with mock case
7. exercises and group simulations. The curriculum builds not only technical competence but also emotional intelligence and ethical awareness.

This integrated learning approach leads to investigators who act with diligence, fairness, and humanity while conducting sensitive interviews or gathering critical evidence.

Relevant Policies:

1. SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program
2. GDC Investigator Training Curriculum Guidelines
3. PREA Training Policy Directive

Provision (c): Documentation of Training Completion

Compliance with this provision is demonstrated through precise and well-organized records confirming that all investigators have completed specialized PREA training. Certificates of completion—provided for six investigators—contained training dates, verification signatures, and official departmental approval.

During interviews, staff reaffirmed that the agency maintains an internal tracking system to log, re-certify, and monitor investigator credentials. This systematic recordkeeping supports transparency and accountability, facilitating external audits with ease and confidence. Each document reviewed exhibited clear adherence to existing policy guidelines and showcased the agency’s commitment to ongoing professional development.

Relevant Policies:

1. GDC Training Recordkeeping Policy
2. PREA Documentation Standards Policy
3. SOP 208.06 – PREA Program Procedures

Provision (d): Auditor Requirement

This provision does not apply to facility-level review and therefore required no verification steps for this audit.

Conclusion

Following an extensive evaluation of policy documents, training curricula, completion records, and investigator interviews, the Auditor concluded that the facility fully complies with PREA Standard §115.34 – Specialized Training: Investigations.

The review confirmed that investigative personnel benefit from comprehensive, documented, and context-specific instruction dedicated to handling sexual abuse and harassment cases within correctional settings. The combination of legal precision and trauma-informed methodology ensures investigations are executed ethically and respectfully, in alignment with both GDC policy and federal PREA mandates.

This facility’s steadfast commitment to professional excellence reflects a culture grounded in accountability, compassion, and unwavering respect for the dignity and safety of every inmate in its care.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.35, the Auditor began a comprehensive and methodical review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by both the facility and the Georgia Department of Corrections (GDC). The purpose of this analysis was to confirm that all medical and mental health personnel receive specialized instruction consistent with federal PREA standards and state policy mandates.</p> <p>At the center of the review stood GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as a guiding framework for the correctional health system, defining responsibilities, expectations, and performance standards for clinical professionals. It requires not only completion of general PREA training but also targeted educational modules designed for those who provide direct medical and mental health services to inmates.</p> <p>The Auditor examined Health Services Training Schedules spanning the previous year, along with detailed agendas, attendance rosters, and electronic verification logs. These records revealed a well-structured progression of training topics delivered through classroom sessions, scenario-based workshops, and interactive simulations. The curriculum weaves PREA principles into every stage of healthcare delivery—reinforcing practical, compassionate, and ethical care for individuals housed in correctional settings.</p> <p>Documentation confirmed full participation by both facility-based and contracted clinical personnel. Certificates of completion, individualized training files, and digital confirmations provided strong evidence that instruction is up-to-date, thorough, and carefully tracked. Taken together, these materials demonstrate a proactive, well-coordinated training program supported by diligent supervision and routine verification. The facility’s approach to clinical education is not merely procedural—it reflects an organizational culture grounded in professionalism, accountability, and respect for the inherent dignity of every inmate.</p> <p>INTERVIEWS</p> <p>Medical Staff</p> <p>The first discussion focused on the facility’s dedicated medical professionals, whose demeanor reflected skill, compassion, and a clear command of PREA-related protocols. They described their annual training as both practical and engaging, emphasizing hands-on learning woven with collaborative discussions and scenario-based evaluations. These sessions focus on timely medical responses, preservation of forensic evidence, and coordination with investigators—all actions that must occur</p>

while maintaining patient comfort, confidentiality, and trust.

Medical staff members shared detailed examples of how they balance clinical care with procedural integrity when responding to an allegation of sexual abuse. Their explanations revealed confidence in applying trauma-informed principles while meeting the strict reporting and documentation standards required by PREA. The Auditor found that their responses were consistent, professional, and well aligned with policy expectations.

Mental Health Staff

Next, the Auditor interviewed the mental health team, whose thoughtful reflections illustrated both technical knowledge and emotional intelligence. They explained that PREA education has been intentionally integrated into every phase of their clinical practice—from intake evaluations to crisis counseling and ongoing therapy sessions. Training emphasizes trauma awareness, professional boundaries, ethical care, and survivor-sensitive communication to ensure that therapy remains a safe environment for disclosure and healing.

Practitioners spoke of the importance of early identification and intervention, noting that recognizing subtle behavioral cues often leads to timely reporting and appropriate care coordination. Their accounts reflected an empathetic, informed, and client-centered approach that extends well beyond regulatory compliance and reinforces the facility's broader culture of safety and trust.

Facility Leadership

In a later meeting with facility leadership, the Auditor heard a clear, affirming message: specialized training for medical and mental health professionals is a leadership priority that directly influences the overall safety climate of the institution. The Facility Head emphasized that competency in this area is viewed not as an administrative obligation but as a professional standard. The leadership team sees PREA education as continuous development, essential to building credibility with inmates, staff, and the broader community.

PREA Compliance Manager (PCM)

Finally, the Auditor met with the Facility's PREA Compliance Manager, who provided a detailed overview of how the training program is tracked, verified, and maintained. The PCM described a robust system that integrates cross-departmental data, ensuring all personnel—including contract clinicians—complete required training before assuming duties. Annual refresher courses are scheduled systematically, and training records are periodically audited to verify currency and completeness. The PCM's explanation highlighted coordination among security, administrative, and clinical divisions, showcasing a unified and transparent system of compliance.

PROVISIONS

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

This provision mandates that all medical and mental health practitioners be equipped with specialized training beyond the general PREA orientation required of all facility staff. The PAQ data and Auditor's review confirmed 100% completion among clinical personnel regularly assigned to the facility.

The Auditor examined eight detailed training files that included attendance confirmation, certificates, and record verification forms. The content covered a comprehensive range of competencies, including:

1. Recognizing and documenting physical and behavioral indicators of sexual abuse
2. Understanding legal and ethical boundaries of confidentiality
3. Meeting mandatory reporting obligations
4. Applying trauma-informed, survivor-centered clinical practices

The administrative team promptly addressed any missing documentation, ensuring records remain current and verifiable. This level of organization reflects diligence and integrity throughout the clinical and administrative hierarchy.

Relevant Policies:

1. GDC Standard Operating Procedure (SOP) 208.06, Section 4
2. GDC Health Services Training and Documentation Directive
3. PREA Standard §115.35 - Specialized Training: Medical and Mental Health Staff

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

Per GDC policy, forensic medical examinations following an allegation of sexual assault are performed exclusively by authorized Sexual Assault Nurse Examiners (SANEs)—licensed professionals trained in trauma-focused forensic procedures. These SANEs operate under the Sexual Assault Response Team (SART) framework and are called to the facility on an as-needed basis.

This partnership ensures examinations are impartial, scientifically sound, and respectful to the inmate's dignity. It also reinforces the objectivity of the investigative process while allowing facility medical staff to continue their supportive care without potential role conflicts. The arrangement aligns completely with state protocols and nationally recognized best practices for correctional healthcare.

Relevant Policies:

1. SOP 208.06 - PREA Sexually Abusive Behavior Prevention and Intervention Program
2. SART Operational Protocol
3. Statewide Agreement for Forensic Medical Services

Provision (c): Documentation and Verification of Training Completion

Consistent recordkeeping forms the backbone of compliance for this provision. The facility maintains a centralized electronic tracking system that logs all aspects of clinical PREA education, from initial course completion to annual refreshers. Signed acknowledgments, electronic certificates, and audit checklists confirm ongoing adherence.

During the document review and interviews, the Auditor verified that these records are meticulously maintained and periodically audited by the PCM. They are also reviewed during statewide compliance cycles, ensuring accuracy and continual improvement. This seamless documentation process effectively supports internal and external accountability.

Relevant Policies:

1. GDC Training Record Management Policy
2. SOP 208.06 – PREA Program Requirements
3. Internal Oversight and Audit Directive

Provision (d): Uniform Application of PREA Training Requirements

This provision emphasizes consistency across roles and employment status: every medical and mental health worker—whether a facility employee, contractor, or visiting clinician—must complete both general and specialized PREA training before providing services.

Interview feedback confirmed that this policy is applied uniformly and monitored regularly. By setting one clear standard for all, the facility ensures equal expectations of professionalism, ethical awareness, and readiness to act in accordance with PREA’s zero-tolerance policy. The result is a unified, informed clinical workforce grounded in shared responsibility for safety and respect.

Relevant Policies:

1. SOP 208.06 – PREA Program Framework
2. GDC Professional Onboarding and Orientation Policy
3. Annual PREA Refresher Plan

CONCLUSIONS

After a thorough examination of policy frameworks, training plans, attendance records, and staff interviews, the Auditor concluded that the facility fully complies with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Staff.

The facility demonstrates a thoughtful, structured, and adaptive approach to educating clinical professionals. Its model incorporates trauma-informed principles, forensic coordination, and precise documentation—reflecting both compassion and procedural excellence. The cooperative dedication of leadership, the PREA Compliance Manager, and the medical and mental health teams embodies a professional environment rooted in respect, accountability, and care for every

	individual entrusted to the facility’s supervision.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.41, the Auditor conducted a detailed narrative assessment built around key agency policies, procedural tools, and real-time operational documentation. This thorough analysis incorporated the Pre-Audit Questionnaire (PAQ), statewide directives, and a representative sampling of inmate assessment records to examine how risk evaluations—both for potential victimization and possible abusiveness—are conducted and maintained.</p> <p>At the center of the review stood Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 - PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), along with Attachment 2 - PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Revised 06/23/2022). The Auditor also reviewed completed Initial Risk Assessment files and corresponding Thirty-Day Reassessment Forms. These demonstrated timely, well-organized documentation that consistently aligned with policy guidance.</p> <p>Collectively, the evidence revealed a reliable, data-driven system grounded in compassion and precision. Screening practices followed a clearly defined structure—balancing confidentiality and transparency while ensuring decisions support both inmate well-being and institutional safety. The overall impression was of a facility where assessment data are not merely collected but meaningfully applied to promote protection, respect, and operational excellence.</p> <p><u>INTERVIEWS</u></p> <p>Risk Screening Staff</p> <p>The first interviews held were with the team of specialists responsible for conducting risk screenings. Their approach, as described, is rooted in empathy and professionalism. Each staff member emphasized the importance of treating screening as a conversation rather than a checklist. They explained that all inmates are assessed within 24 hours of arrival and receive a formal reassessment within 30 days—or sooner if circumstances demand.</p> <p>Screeners described adjusting their tone and pacing to build rapport, explaining the intent behind sensitive questions so that no person feels stigmatized or coerced. They shared that transgender and gender-nonconforming inmates receive additional</p>

screenings every six months to guarantee ongoing safety evaluation. The team portrayed the process as human-centered and flexible, striving not only for compliance but for comfort and trust in each interaction.

Their testimonies highlighted a culture of engagement, accuracy, and respect, where risk screening serves as a strategic safety measure rather than a bureaucratic requirement.

Random Inmates

The Auditor next spoke with a group of randomly selected inmates to gather firsthand impressions of the process. Interviewees consistently recalled being screened within a day of arrival and again approximately a month later. They remembered being asked about prior victimization, current fears, and personal identity factors such as sexual orientation or gender identity.

Each inmate remarked on the professionalism of the staff conducting the assessments. They appreciated that explanations accompanied every question and emphasized that participation felt safe and voluntary. Across all responses, inmates conveyed confidence that the process was meant to ensure their protection, not invade their privacy. Several shared that follow-up screenings after transfers or incidents reinforced their sense of accountability and care within the system.

PREA Compliance Manager (PCM)

Later, the Auditor interviewed the PREA Compliance Manager, whose overview affirmed the facility's intentional integration of risk screening across multiple departments. According to the PCM, each assessment creates a multidimensional profile of the inmate—combining personal history, behavioral patterns, and institutional context—to support fair and protective classification decisions.

The PCM detailed how assessment results influence housing placement, work assignments, and program eligibility. These data points help maintain an environment that prevents victimization and abusive conduct. The PCM described this coordinated approach as “preventive security through informed care,” merging analytics with human insight to achieve comprehensive protection.

PREA Coordinator (PC)

Finally, the Auditor met with the PREA Coordinator. The Coordinator reflected on information management and confidentiality safeguards surrounding all screening data. Only authorized personnel—including intake, classification, medical, mental health, and the PCM—have system access. Each permission level corresponds to a specific operational role, ensuring that sensitive data remain secure and purpose-driven.

The Coordinator confirmed that the Department of Corrections does not detain individuals for civil immigration purposes and that strict ethical controls are in place for any data dissemination. This conversation underscored a disciplined system anchored in integrity and transparency—where protections of personal identity and

privacy stand at the forefront of operational practice.

PROVISIONS

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

This provision establishes that all individuals entering or transferring to the facility are screened promptly for potential risk of sexual victimization or abusiveness. In practice, each inmate receives a formal evaluation upon admission and a follow-up reassessment within thirty days.

These screenings examine history of victimization, sexual identity, gender presentation, and institutional behavior patterns. The Auditor found documentation confirming universal compliance, with assessments completed within mandated timeframes across all new admissions.

Relevant Policies:

1. GDC SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022, p. 23, Section D.1)

Provision (b): Timeliness and Consistency of Screening

The facility exceeds the minimum standard requiring screening within 72 hours by completing assessments within 24 hours for all incoming inmates. The PAQ verified that 100% of individuals housed longer than 72 hours received their initial evaluation inside this window.

This practice exemplifies efficiency and diligence, ensuring early identification of risk and immediate intervention when necessary. Assessment speed and accuracy reflect the facility's proactive stance toward inmate safety.

Relevant Policies:

1. GDC SOP 208.06, pp. 23-24, Section D.2 – Mandates counseling staff to perform timely screenings and reassessments using Attachment 2.

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

The Auditor confirmed that the facility employs the PREA Sexual Victim/Sexual Aggressor Classification Instrument, a standardized tool designed to maintain accuracy and objectivity. Weighted scales quantify vulnerability and aggressor potential, minimizing subjectivity and supporting evidence-based classification decisions.

This consistency fosters fairness and transparency across all screening outcomes, enabling a balanced approach to both prevention and protection.

Relevant Policies:

1. GDC SOP 208.06 – Attachment 2: PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Revised 06/23/2022)

Provision (d): Comprehensive Risk Factors Considered in Screening

The screening process captures a wide range of variables reflecting empirical PREA criteria: age, stature, prior victimization, mental or physical disability, criminal history, and perceptions of personal safety. The PREA Coordinator noted that since GDC does not house civil immigration detainees, related items are omitted.

The Auditor recommended updating terminology in future revisions—replacing “mental illness” with “mental disability”—to maintain inclusive and respectful language, consistent with evolving professional standards.

Relevant Policies:

1. GDC SOP 208.06 – PREA Classification Standards (§D.4)

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

Intake assessments incorporate both self-disclosed and documented histories—such as prior violent offenses or institutional aggression—to produce a holistic risk picture. Screening teams verify all claims against facility and agency records before finalizing classification.

Prompt reevaluation occurs following any reported incident. Review of forty-eight case files showed consistent application within the 72-hour standard and well-documented follow-up procedures.

Relevant Policies:

1. GDC SOP 208.06 – Risk Management Procedures (p. 23)

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

Every inmate undergoes a thirty-day reassessment to account for adjustment patterns and emerging risk factors. Facility data from the past twelve months confirmed that all 377 individuals requiring reassessment received it on time.

The Auditor’s spot check of case files revealed meticulous documentation and timely completion—an indicator of administrative discipline and commitment to responsiveness.

Relevant Policies:

1. GDC SOP 208.06 (p. 24) – Reassessment Requirements

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

Beyond scheduled evaluations, the facility maintains a dynamic system where reassessments occur any time a credible referral, allegation, or behavioral change surfaces. This responsive model ensures that classification remains accurate and relevant as circumstances evolve—creating a safety net of situational awareness and flexibility.

Staff and documentation consistently verified immediate follow-up procedures.

Relevant Policies:

GDC SOP 208.06 – Incident Response and Referral Protocol (§D.10)

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

All interviews confirmed that participation in the screening process is voluntary and handled with sensitivity. Staff assure individuals that declining to answer does not affect discipline or classification status. Explanations are clear, and refusals are noted respectfully in documentation.

This humane approach underscores a philosophy of trust: cooperation encouraged through understanding rather than compulsion.

Relevant Policies:

1. GDC SOP 208.06 (p. 24, §D.23) – Ethics and Voluntary Participation

Provision (i): Information Security and Ethical Dissemination Controls

Information collected during screenings is guarded under strict confidentiality measures. Access is limited to authorized professionals and used solely for risk management, treatment planning, or classification.

The Auditor confirmed that data are stored in secure digital systems with tiered access permissions, and sharing protocols adhere fully to ethical and legal safeguards.

Relevant Policies:

1. GDC SOP 208.06 – Section on Information Security and Data Use (effective June 23, 2022)

CONCLUSION

After a comprehensive document review and series of in-depth interviews, the Auditor found the facility in full compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness.

The screening process is structured yet personal, reflecting integrity, compassion, and professionalism. Timely assessments, objective tools, and ethical confidentiality practices ensure that every inmate’s risk status is understood and appropriately

	<p>managed. Staff consistently demonstrate proactive awareness and commitment to the PREA mission—protecting the dignity and security of all persons entrusted to their care.</p> <p>The facility’s precise execution of these standards stands as a strong affirmation of its dedication to creating safe, just, and respectful correctional environments.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.42, the Auditor engaged in a detailed and holistic review of how the facility transforms screening data into meaningful decisions about housing, classification, and programming. The purpose was not only to confirm compliance but to gauge how actively this information is woven into daily operational life to protect inmates and promote dignity and mutual respect.</p> <p>The review process incorporated the Pre-Audit Questionnaire (PAQ), operational memoranda, classification system records, and departmental correspondence. These were assessed alongside multiple Georgia Department of Corrections (GDC) policy documents, including:</p> <ol style="list-style-type: none"> 1. SOP 208.06 - PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022) 2. SOP 220.09 - Classification and Management of Transgender and Intersex Offenders (effective July 26, 2019) 3. SOP related to §115.13 - Facility PREA Staffing Plan (effective July 1, 2023) <p>From these sources, the Auditor observed an intentional and efficient system where screening information not only informs, but also improves, classification, assignment, and resource allocation decisions. Screening data are respected as critical indicators of vulnerability and are used to shape an environment designed around prevention, accountability, and ethics.</p> <p>This approach reveals a culture where every decision—housing, programming, and daily management—is shaped by factual information and guided by fairness, empathy, and continuous reassessment. Data, therefore, are not static; they are living tools helping the facility stay adaptable and vigilant in fulfilling PREA’s mission of zero tolerance for sexual abuse or harassment.</p> <p>INTERVIEWS</p>

PREA Compliance Manager (PCM)

The Auditor first met with the PREA Compliance Manager, who described how screening results form the backbone of classification and placement strategy. The PCM explained that these evaluations are not isolated exercises; they drive collaborative decision-making across departments such as security, classification, mental health, and case management. The combined expertise of these disciplines allows the facility to tailor solutions that are fair, data-driven, and sensitive to individual needs.

The PCM emphasized that neither the Georgia Department of Corrections nor the facility is bound by any external court decree requiring specialized housing for inmates who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI). Rather, placement in general population is the standard starting point, adjusted only when a specific safety risk emerges. When risks or requests arise, decisions are made through a dialogue process—interdisciplinary staff meet with the individual to identify options that balance safety, identity respect, and operational integrity.

This philosophy—proactive, inclusive, and equitable—ensures that protective practices align with both human rights and institutional safety goals.

Risk Screening Staff

Next, the Auditor spoke with the team responsible for conducting PREA screenings. Their professionalism and compassion were apparent throughout the conversation. They described each assessment as a personalized exchange focused on listening, understanding, and building trust with every inmate.

Using standardized screening tools, staff identify objective risk factors, but they also rely on empathetic communication to capture subtleties—the tone of a response, a quiet hesitation, or behavioral cues that may reveal unspoken fears. One staff member remarked that these interviews are opportunities to treat people as individuals with unique stories rather than case numbers.

Screening staff further explained that information gathered at intake is continuously updated through reassessments or incident-related reviews. This responsive process ensures that evolving needs do not go unnoticed. It's a fluid, living system where data serve people—not procedures.

PREA Coordinator (PC)

The interview with the PREA Coordinator revealed an equally thoughtful perspective on gender identity and classification practices. The Coordinator described classification as a dynamic process shaped by ongoing observation and engagement rather than a one-time designation.

While initial records include legal sex markers, final placement decisions evolve through open conversations about individual identity, comfort, and perceived safety. For transgender and intersex inmates, structured interviews are conducted regularly—at least every six months or sooner if necessary—to verify that housing

remains appropriate, safe, and affirming.

The Coordinator noted that a respectful tone and consistent follow-through are vital to creating trust. Classification, therefore, becomes both an operational and ethical exercise: maintaining balance between the realities of secure confinement and the right of every person to safety and dignity.

Transgender and Intersex Inmates

During the on-site audit, there were no transgender or intersex inmates in custody. Still, the Auditor's review of training materials and policy evidence confirmed that staff are well-equipped to manage such cases thoughtfully when they arise. Training reinforces concepts such as privacy, dignity, trauma-informed engagement, and respect for self-identified gender. The preparedness of staff reflects the facility's commitment to maintaining an inclusive and professional environment at all times.

PROVISIONS

Provision (a): Purposeful Application of Screening Data

This provision examines how information gathered from screening instruments is actively used to inform the most essential decisions affecting inmate life—housing, work, job assignment, and programming. Findings confirmed that data drive every placement review to ensure safe separation between those considered vulnerable and those identified with potential aggressor characteristics.

The PREA Compliance Manager verified that classification teams routinely reference screening information at critical decision points. Random case file checks confirmed consistent accuracy, reinforcing that the facility's practices mirror written policy with discipline and fairness.

Relevant Policies:

1. GDC SOP 208.06 - PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022, §4, p. 24)
2. Attachment 7 - PREA Local Procedure Directive and Coordinated Response Plan
3. Attachment 11 - Staffing Plan Template

Provision (b): Individualized Determinations Supporting Safety and Dignity

At the core of PREA philosophy lies the belief that no two inmates share identical experiences or vulnerabilities. This provision requires that each classification and housing decision be based on individual evaluation rather than generalized assumptions.

Facility staff confirmed that evaluation is a layered process—considering history, behavior, expressed concerns, and institutional interactions—to design a placement that supports security, dignity, and personal well-being. For transgender or intersex

inmates, SOP 220.09 explicitly prohibits automatic placements, requiring customized determinations informed by ongoing feedback and professional consideration.

The Auditor found that staff understanding and application of these principles were consistent, ethical, and compassionate—embodying respect in every phase of review.

Relevant Policies:

1. GDC SOP 208.06 – PREA Program §§4-5 (pp. 24-25)
2. GDC SOP 220.09 – Classification and Management of Transgender and Intersex Offenders (effective July 26, 2019)
3. GDC SOP 115.13 – Facility PREA Staffing Plan (effective July 1, 2023)

Provision (c) through (g): Retired and Inactive Standards

These provisions were retired under updated PREA protocols and are no longer used in compliance evaluations for §115.42. The facility properly aligns its practices with the active standards that govern screening utilization and individualized determinations. This focus improves program efficiency and ensures staff concentration on applied decision-making relevant to current PREA frameworks.

Relevant Policies:

1. GDC SOP 208.06 – PREA Program Framework (current active version)

CONCLUSION

Following a thorough examination of policy, documentation, and staff feedback, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.42 – Use of Screening Information.

The review confirmed that screening outcomes are not isolated documents but active drivers of ethical, well-reasoned decisions. Every housing or program placement is the result of cross-functional collaboration, case-specific evaluation, and empathetic communication that values individual differences.

This responsive system transforms screening information into proactive protection—fostering informed, dignified interactions within a secure, respectful correctional environment. The facility’s steadfast commitment to professionalism, fairness, and transparency exemplifies PREA’s enduring promise: to ensure the safety, respect, and humanity of every person in custody.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

As part of a comprehensive audit, the Auditor conducted an in-depth evaluation of facility documentation to determine compliance with PREA Standard §115.43. This review focused on how the institution approaches circumstances where inmate safety may necessitate temporary separation, ensuring that every placement aligns with PREA's principles of necessity, proportionality, and dignity.

The assessment drew on the Pre-Audit Questionnaire (PAQ) and a robust array of supporting records, including classification reports, segregation logs, and administrative directives. The governing document for this standard is Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This policy provides precise guidance on authorization procedures, review requirements, and oversight mechanisms for individuals temporarily housed in segregated areas due to safety concerns.

Collectively, the documentation reflected a disciplined and humane framework. The facility's policy clearly prohibits involuntary protective segregation unless all other safe alternatives have been explored and found unsuitable. Segregation, therefore, functions as a last resort—used only in extraordinary situations, carefully documented, and accompanied by measures that preserve humane living conditions and access to essential services.

Policies also ensure protective segregation is never punitive or retaliatory. Placement decisions reflect individualized assessments grounded in empathy, transparency, and accountability. This approach represents a mature and ethical operational philosophy, built around prevention rather than confinement.

INTERVIEWS

Facility Head

The Auditor began by meeting with the Facility Head, who provided a wide-ranging overview of policy execution and oversight. The Facility Head emphasized that accountability guides all segregation decisions. Each placement, regardless of cause, receives formal review every thirty days to assess necessity and appropriateness. These reviews involve supervisory evaluation, case management consultation, and direct conversation with the inmate.

The Facility Head confirmed that in the preceding year, no individual had been placed in segregation for protective custody related to sexual victimization. Nevertheless, all protocols—including safeguards for confinement conditions and access to programs—remain active, ensuring the facility can react instantly should a legitimate safety risk arise.

This proactive readiness conveys both professionalism and compassion, embodying the facility's commitment to prevention through structure, oversight, and respect.

Staff Assigned to Segregated Housing

The Auditor next interviewed the officers and supervisors who manage segregated housing units daily. Their descriptions reflected attentiveness and consistency. Staff emphasized that segregation is never implemented automatically; instead, it follows detailed review and consultation—measures designed to prioritize non-restrictive safety interventions whenever feasible.

They confirmed that, in practice, no inmate had been placed in segregation for protective or PREA-related reasons during the prior audit cycle. Occupancy of segregation areas consisted solely of disciplinary or administrative cases. Officers reported that all individuals receive routine welfare checks, recreation opportunities, and consistent access to hygiene, communication, and basic privileges.

The team characterized its approach as “supportive surveillance”—a mindset ensuring that even restrictive environments remain safe, humane, and temporary.

PREA Compliance Manager (PCM)

In conversation with the PREA Compliance Manager, the Auditor received further insight into how the facility minimizes unnecessary separation. The PCM explained that when potential safety concerns are identified, staff first implement less restrictive strategies such as reassignment within compatible housing units, elevated observation levels, or modified supervision plans.

Over the last twelve months, no one has been placed in involuntary protective custody related to sexual victimization or retaliation concerns. The PCM emphasized that the facility’s layered prevention model encourages teamwork between management, caseworkers, and PREA specialists. This multi-tiered approach ensures safety while maintaining normalcy in daily life—an embodiment of balance between security and dignity.

Inmates in Segregated Housing

At the time of the on-site audit, there were no inmates being housed in segregated housing as a result of sexual victimization. Consequently no one from this category was interviewed for this standard.

PROVISIONS

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

This provision confirms the facility’s strict adherence to the PREA mandate that inmates identified as at risk of sexual victimization cannot be involuntarily placed in segregated housing unless comprehensive review determines no alternative means of protection. Temporary segregation may occur for up to twenty-four hours only if an immediate threat requires short-term separation before alternate housing is identified.

In the past twelve months, both documentation and interviews verified that no such placements were necessary. Staff and leadership consistently demonstrated

understanding of this requirement, ensuring separation measures remain exceptional and justified.

Relevant Policies:

1. GDC SOP 208.06 – Sexually Abusive Behavior Prevention and Intervention Program (p. 25, §D.8(a-d))
2. SCRIBE Case Documentation Directive – Protective Segregation Procedure

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

Should the facility ever need to use protective segregation, policy guarantees that affected inmates maintain access to essential programs, privileges, services, and recreation whenever safely possible. If temporary restrictions are required, all limitations must be documented, justified, and reviewed.

Although the facility had no such placements within the last audit period, this standing framework assures that inmates under protective conditions would continue to receive reading materials, medical care, educational access, visitation, and correspondence privileges—the hallmarks of humane treatment.

Relevant Policies:

1. GDC SOP 208.06 – PREA Program Requirements
2. GDC SOP 209.06 – Administrative Segregation, ensuring continuity of services and programming

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

This provision enforces timely reassessment and transition standards. According to policy, protective segregation shall not exceed thirty days except under rare, documented circumstances when no alternative safe housing exists. The rule promotes active monitoring and prompt reintegration into the least restrictive environment available.

The PAQ and corresponding facility reports confirmed that no inmates had been held under such conditions during the audit period, further illustrating efficient preventive measures and strong adherence to humane housing practices.

Relevant Policies:

1. GDC SOP 208.06, p. 25, §D.8(b) – Duration and Review for Protective Segregation
2. Institutional Policy on Housing Reassessment Timelines

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

Segregation Cases

The audit verified that although no recent protective segregation cases have occurred, procedures are clearly defined for thorough documentation and oversight. Should protective placement be necessary, staff are required to record the basis for safety concerns, outline attempted alternatives, and specify the plan for transition to general housing once safe.

Each case file must be entered into SCRIBE, reviewed by supervisors at least weekly, and annotated with follow-up actions. This procedural structure provides transparency and ensures early reintegration once conditions allow.

Relevant Policies:

1. GDC SOP 208.06 – Case Documentation and Weekly Review Procedures (§D.8(c))
2. GDC SCRIBE Data Entry Protocol – Protective Custody Tracking Requirements

Provision (e): Thirty-Day Review Requirement for Continued Segregation

In accordance with SOP §D.8(d), the facility conducts formal thirty-day reviews for all segregation placements. Even though no protective placements occurred during the audit cycle, the Practice Manager and Facility Head confirmed that systems remain active, requiring multidisciplinary evaluation and written documentation.

These reviews consider safety status, behavioral progress, and potential alternatives, ensuring timely decisions and preventing unnecessary isolation. The process reflects commitment to fairness and responsive care.

Relevant Policies:

1. GDC SOP 208.06, p. 25, §D.8(d) – Mandatory Thirty-Day Review and Documentation
2. Facility Policy on Segregation Oversight and Classification Input

CONCLUSION

After carefully analyzing facility records, interviews, and policy directives, the Auditor concludes that the institution demonstrates full compliance with PREA Standard §115.43 – Protective Custody.

The facility's philosophy and procedures safeguard against the misuse of segregation, prioritizing prevention, humane treatment, and individualized responses over confinement. Documentation systems ensure transparency, and staff display consistent understanding of ethical practices surrounding protective housing.

While no protective segregation placements were recorded during the review period, the facility's readiness, documentation structure, and commitment to compassionate decision-making exemplify operational excellence. These mechanisms affirm a culture rooted in accountability, fairness, and respect—core principles of PREA dedicated to

ensuring every inmate is protected within a safe, just, and dignified environment.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIVIEW

As part of the facility’s PREA compliance audit, the Auditor conducted an in-depth review of materials describing how inmates and staff can confidentially report sexual abuse, sexual harassment, or retaliation. The evaluation centered on whether these systems function not only as procedural requirements but as trusted, practical tools that protect safety, encourage communication, and reflect transparency.

The review encompassed several foundational documents forming the backbone of the Georgia Department of Corrections (GDC) reporting network:

1. SOP 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)
2. PREA Informational Brochure (English and Spanish) – distributed to every arriving inmate and outlining the right to report, available options, and protection from retaliation
3. Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, a training and reference manual outlining ethical standards, professional boundaries, and step-by-step obligations

Together, these documents illustrate a clear, well-structured reporting system accessible to everyone in the facility. They form an education-based model that focuses on empowerment—reminding every individual that speaking up is both safe and supported. The Auditor’s review found the policies to be comprehensive and easily understood, prioritizing confidentiality, safety, and timeliness in every step of the reporting process.

OBERVATIONS

During the onsite audit, the Auditor observed a facility culture that openly promotes awareness and trust. Posters displaying reporting options and confidential hotline numbers were prominently posted in housing units, corridors, dayrooms, dining facilities, recreation areas, and public-facing spaces such as visitation rooms. Each sign offered both English and Spanish text, complete with contact numbers for the PREA hotline, mailing addresses for external oversight agencies, and information about the facility’s PREA personnel.

The facility extended its outreach through thoughtful, creative communication—colorful murals and artwork carried recurring messages of respect,

empowerment, and mutual accountability. The visual campaign promoted the idea that reporting is not an act of weakness but of self-advocacy and safety consciousness.

To validate system integrity, the Auditor tested multiple telephones located in separate housing areas. Every line functioned properly, connecting immediately and toll-free to an external PREA hotline monitored by an independent oversight agency. This direct, outside connection affirmed the separation between facility management and reporting response, guaranteeing true confidentiality.

Overall, these observations demonstrated not just compliance but strength in implementation: the facility's reporting systems are visible, accessible, and actively maintained—hallmarks of a transparent and responsive organization.

INTERVIEWS

Random Inmates

During interviews across various housing units, the Auditor found inmates well-informed and confident about how to report sexual abuse, harassment, or retaliation. Most inmates could easily list several options: the PREA hotline, grievances, verbal or written reports to any staff member, and third-party reports through family or friends.

Several interviewees noted that orientation materials and posted signs left no confusion about the process or consequences of retaliation. One inmate remarked, "They make sure you know—someone will listen." This sense of assurance indicated that the facility's communication strategy was not only effective but empowering.

Their consistent awareness testified to the institution's proactive education culture—one where policy translates into real understanding among those it is designed to protect.

Staff Interviews

Staff members echoed a clear and unified understanding of PREA reporting protocols. When asked about handling reports, every employee interviewed described the same process: listen, document, and immediately relay any allegation—verbal, written, or anonymous—to the chain of command or a member of the Sexual Assault Response Team (SART).

One staff member summarized the protocol succinctly: "There's no wrong way to report—whichever hears it owns it." This attitude demonstrated a high degree of awareness, ethical consistency, and accountability among employees. Supervisors confirmed that PREA briefings, training updates, and ethical reinforcement occur regularly, ensuring continuity in response standards.

PREA Compliance Manager (PCM)

The PCM summarized the broader system with a focus on accessibility and

independence. The facility provides multiple internal and external avenues for reporting, all designed to guarantee immediate action, confidentiality, and trust.

The PCM explained that the external PREA hotline and the Ombudsman's Office serve as vital independent links for inmates uncomfortable with reporting directly to correctional staff. Routine audits confirm hotline functionality and poster visibility throughout the facility. The PCM further emphasized that even a casual or indirect disclosure is treated as an official report requiring immediate documentation and investigation.

Training for both staff and inmates reinforces the message that everyone—employee or inmate—has a right to report safely and to be believed at the first point of disclosure.

PROVISIONS

Provision (a): Multiple Internal Avenues for Private Reporting

This provision ensures that every inmate has multiple confidential avenues to report sexual abuse, harassment, or retaliation. These options include verbal disclosure to any staff member, anonymous written notes or grievances, submission through family or third-party correspondence, or by using the PREA hotline directly.

The Auditor's review confirmed that these choices are prominently communicated during orientation and reinforced through ongoing education. All reports—no matter how delivered—are documented promptly and forwarded for investigation. Staff interviews confirmed that confidentiality and immediacy remain the guiding principles in every case.

Relevant Policies:

1. GDC SOP 208.06, p. 26, §E.1(a-b) - Reporting mechanisms (verbal, written, anonymous, or third-party)
2. PREA Informational Brochure - Rights and procedures for safe reporting

Provision (b): External and Independent Reporting Options

To enhance transparency and confidence, individuals can report concerns through channels fully independent of the facility and GDC. External resources include:

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

Inmates are encouraged to contact these organizations directly for confidential assistance. Interviews confirmed that staff and inmates alike recognize that these channels function outside GDC authority, maintaining independence as required by

PREA.

Relevant Policies:

1. GDC SOP 208.06, pp. 26-27, §E.2(a) - Independent external reporting options

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

Every employee within the facility is required to immediately accept, document, and relay all allegations of sexual abuse, sexual harassment, or retaliation—regardless of the method of disclosure or who reports it. Staff cannot dismiss or delay a report, even if it seems incomplete or uncertain.

Interviews confirmed strong consistency in staff knowledge and practice. Supervisors review documentation standards during shift briefings, and ongoing refresher courses reinforce the requirement that every report is taken seriously, every time. This culture of immediate action strengthens accountability across all ranks.

Relevant Policies:

1. GDC SOP 208.06, p. 27, §E.2(b) - Staff obligation to document all reports, including anonymous and third-party reports
2. Staff Guide on the Prevention and Reporting of Sexual Misconduct - Reporting and referral expectations

Provision (d): Confidential Mechanisms for Staff Reporting

GDC policy also protects correctional employees and contractors by providing secure, confidential avenues for staff to report knowledge or suspicion of sexual misconduct or retaliation. Employees can contact supervisors, SART members, or use designated confidential communication lines.

The PCM explained that protection from retaliation extends equally to staff, reinforcing that ethical reporting benefits the entire institution. Training scenarios walk staff through how and when to report, clarifying expectations and alleviating fear of reprisal. The outcome is a culture of shared integrity where employees feel empowered to uphold zero tolerance.

Relevant Policies:

1. GDC SOP 208.06, p. 27, §E.2(c) - Employee obligations and confidentiality protections
2. Staff Guide on the Prevention and Reporting of Sexual Misconduct - Secure staff reporting and retaliation safeguards

CONCLUSION

	<p>After reviewing documents, interviewing staff and inmates, and observing the facility’s public-facing reporting systems, the Auditor determined that the facility fully complies with PREA Standard §115.51 – Inmate Reporting.</p> <p>The facility demonstrates a transparent, survivor-centered approach emphasizing safety, communication, and respect. Hotlines function reliably, educational materials are clear and multi-lingual, and staff response is consistently prompt and professional.</p> <p>Through comprehensive training, clear procedures, and visible commitment, the facility ensures that every inmate has the confidence and knowledge to report concerns—and every staff member understands their duty to respond immediately and ethically. This holistic system transforms reporting from a procedural requirement into a cornerstone of trust and protection, perfectly aligned with PREA’s mission to safeguard the dignity, voice, and safety of all individuals in custody.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.52, the Auditor conducted a comprehensive and thoughtful review of facility documentation governing administrative remedies and grievance procedures related to sexual abuse and sexual harassment allegations. The aim of this review was to verify that the facility’s protocol ensures these sensitive allegations are investigated promptly and directly—never processed through routine grievance channels.</p> <p>The evaluation began with the Pre-Audit Questionnaire (PAQ) and all supporting materials provided during the pre-audit phase. Particular emphasis was placed on the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This SOP stands as the cornerstone directive for all GDC facilities, shaping the response to reports of sexual misconduct with precision and compassion.</p> <p>Within this robust framework, the Auditor found definitive procedural language clarifying that any report or allegation—whether written, verbal, or submitted via a grievance form—is immediately treated as a formal PREA complaint demanding investigation. Staff are specifically instructed to forward these reports to the investigative division, bypassing standard grievance timelines and administrative steps.</p> <p>This deliberate structure embodies a trauma-informed approach. It ensures that</p>

potential victims are met with responsiveness and respect, rather than bureaucracy, and that all cases are handled with the confidentiality, dignity, and urgency they deserve.

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates across multiple housing areas revealed encouraging consistency in understanding and confidence in the system. Each participant recognized that if they submitted a grievance containing a PREA-related allegation, staff would treat it not as a general complaint but as a formal report requiring immediate investigative action.

Several interviewees voiced appreciation for this compassionate process. They described it as efficient and reassuring, noting that staff handle allegations discreetly and promptly. Many participants viewed the procedure as protective and empowering—it signaled that their concerns would never be disregarded or delayed by red tape and that confidentiality remains a steadfast promise.

Random Staff

Correctional staff echoed this understanding during interviews. Every employee articulated that when a sexual abuse or harassment allegation arises, it is immediately classified as a PREA report and channeled to investigative personnel without delay.

Staff members consistently emphasized that bypassing the traditional grievance system is purposeful—it promotes speed, safety, and discretion. They spoke proudly of how this method reflects the agency's zero-tolerance stance toward sexual misconduct and its commitment to delivering swift, impartial responses. Many also highlighted that the approach reinforces trust between staff and inmates, fostering an environment rooted in accountability and integrity.

PROVISIONS

Provision (a): PREA Allegations Bypassing the Grievance Process

The Auditor verified through documentation and interview findings that all sexual abuse and harassment allegations are categorically excluded from the standard grievance process. When an inmate files a grievance containing such an allegation, it is instantly recognized as a PREA report and directed to the facility's investigative unit for confidential review.

By removing grievance windows, appeal steps, and deadlines from the equation, the procedure allows investigators to act immediately—ensuring that potential victims receive protection without procedural obstacles. This proactive framework enhances response time and prioritizes wellbeing over administrative technicalities.

Relevant Policy: GDC SOP 208.06, page 27, Section E(3). This section distinctly

mandates that all sexual misconduct allegations bypass formal grievance processes. It also requires that each report be documented, promptly investigated, and safeguarded under PREA’s confidentiality standards.

Provisions (b-g): Not Applicable

The remaining provisions of PREA §115.52 concerning grievance timelines and appeals are not applicable to this facility. Since sexual misconduct allegations are investigated outside the administrative grievance system, traditional exhaustion-of-remedy requirements—such as filing deadlines or sequential appeals—are unnecessary.

This forward-thinking design ensures that investigations and survivor security take precedence over administrative formality. By focusing resources on immediate engagement, confidentiality, and safety, the facility demonstrates unwavering dedication to efficient, transparent, and respectful operations.

Relevant Policy: GDC SOP 208.06 sections addressing investigative response, confidentiality assurance, and monitoring for retaliation collectively support non-applicability of these provisions.

CONCLUSION

After a careful and extensive review of documentation, along with insightful interviews with both staff and inmates, the Auditor concludes that the facility fully complies with PREA Standard §115.52 – Exhaustion of Administrative Remedies.

The facility’s policy thoughtfully guarantees that any sexual abuse or harassment allegation triggers an investigative response, bypassing conventional grievance channels entirely. This approach protects privacy, accelerates intervention, and aligns seamlessly with PREA’s survivor-centered philosophy.

By eliminating unnecessary procedural obstacles and emphasizing immediacy, empathy, and accountability, the facility affirms its commitment not only to meeting regulatory requirements but also to realizing PREA’s greater purpose—to ensure every voice is heard, every report is respected, and every individual is safeguarded with care and credibility.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.53, the Auditor conducted an extensive examination of facility documents demonstrating how incarcerated</p>

individuals are informed of, and provided access to, outside victim advocacy and emotional support services. The review centered on how the facility communicates available resources, ensures confidentiality, and maintains transparency regarding external reporting and support options.

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

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

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

OBSERVATIONS

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

To verify service functionality, the Auditor personally tested multiple telephones located in various inmate living areas. Every phone worked reliably, connecting immediately to designated hotlines without requiring a personal identification number. In one test call to an external support service, an advocate responded promptly, offered immediate emotional support, and explained services without requesting personal identifiers. This interaction confirmed that the hotline operates as advertised—private, toll-free, and available around the clock.

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

INTERVIEWS

PREA Compliance Manager (PCM)

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

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

Sexual Assault Victim's Advocacy Center

To assess external coordination, the Auditor contacted the Sexual Assault Victim's Advocacy Center in Ft. Oglethorpe, GA. The center confirmed that it does maintain a formal MOU with the facility. Its 24-hour confidential hotline is 706-419-8775 is open to anyone, who seeks emotional support, guidance, or information. Staffed by trained advocates, the hotline operates continuously, offering trauma-informed counseling, referrals to community resources, and assistance in navigating post-assault services.

Sexual Assault Victim's Advocacy Center representatives stated they have not received direct contacts from the facility within the past year but reaffirmed their willingness to provide emotional support as needed.

Intermediate- and Higher-Level Staff

Mid- and senior-level staff emphasized that communication technology within the facility—including PREA telephones—are tested daily as part of operational readiness. They described maintenance logs documenting all service checks and explained that any technical interruption in hotline function is treated as a high-priority repair. Staff view this routine maintenance as more than compliance—it reflects the institution's ethical responsibility to ensure immediate access to external help whenever someone may need it.

Random Inmates

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

Assault Victim's Advocacy Center for additional aid.

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

PROVISIONS

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

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

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

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

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

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

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

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

Provision (c): Coordination with Community Service Providers

The facility continues to collaborate with external service providers to expand survivor support options. Sexual Assault Victim’s Advocacy Center’s 24-hour hotline and correspondence options provide continual access to emotional assistance, advocacy resources, and referrals to appropriate agencies.

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

CONCLUSION

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

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.54, the Auditor performed a comprehensive and detailed review of the documentation that defines how the facility enables individuals outside the correctional environment to submit reports of sexual abuse or harassment on behalf of those in custody.</p> <p>The process began with a careful examination of the Pre-Audit Questionnaire (PAQ) and an in-depth analysis of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA): Sexually Abusive Prevention and Intervention Program (effective June 23, 2022). This directive remains the bedrock of Georgia’s PREA compliance framework, outlining expectations for confidentiality, accountability, and timely investigation whenever a report—whether first-hand or via a third party—is received.</p> <p>The Auditor then reviewed the GDC PREA Inmate Brochure, a thoughtfully designed bilingual publication provided to all incoming inmates. The brochure details the rights of each individual under PREA and explains in accessible terms how third parties—such as family members, community advocates, spiritual leaders, attorneys, or close friends—can confidentially submit reports using mail, email, or telephone.</p>

The GDC's official public PREA webpage (<https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>) also serves as an essential tool. The site provides clear guidance and step-by-step instructions for electronic or written submission, along with direct contact links and postal addresses. Its straightforward layout and plain-language explanations demonstrate a strong commitment to inclusivity and transparency, ensuring ease of access for anyone with safety concerns about a person in custody.

Taken together, these resources reflect a well-organized, compassionate system—one that welcomes participation from community members and family networks, strengthens accountability, and guarantees that all reports, regardless of origin, receive equal attention, documentation, and investigative intensity.

INTERVIEWS

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager described the third-party reporting process as a vital extension of community collaboration and transparency. The PCM explained that reports can be initiated by anyone—a relative, attorney, advocate, clergy member, or friend—through written correspondence, secure email, or telephone contact with either the facility or the statewide PREA Coordinator.

The PCM routinely reviews the visibility and accuracy of posted materials in visitation areas, public lobbies, and digital kiosks to ensure that contact information remains readable and up-to-date. Updates are made promptly whenever contact details change. The PCM emphasized that training sessions and orientation briefings for staff and inmates highlight the importance of these third-party channels, reinforcing both clarity and trust in the reporting process.

Intermediate and Supervisory Staff

Mid-level and supervisory personnel characterized the third-party system as consistent, dependable, and meticulously documented. They described the reporting sequence—from receipt through routing to final investigation—and outlined how each submission is logged and monitored for timely completion. Supervisors place strong emphasis on protecting confidentiality and maintaining the chain of custody for information, ensuring accuracy and credibility.

They also confirmed that staff regularly remind inmates of these external options during safety rounds and grievance briefings. Routine refresher training keeps personnel informed and ensures the reporting network operates seamlessly.

Random Inmates

When interviewed privately, a randomly selected group of inmates expressed familiarity and confidence with the third-party reporting process. Participants named multiple ways an external party could file on their behalf, commonly citing the Ombudsman's Office, the Office of Victim Services, or the PREA email submission portal.

Several inmates recalled learning about these methods during initial orientation as well as through ongoing PREA education and wall postings within living units. They emphasized that knowing loved ones or advocates can report on their behalf adds reassurance, especially for those who might hesitate to report directly. Many described this element as protective and empowering, confirming that staff consistently convey accurate information and treat the process with seriousness and respect.

PROVISIONS

Provision (a): Accessible Reporting Channels and Public Distribution

The Auditor verified that multiple accessible and clearly defined reporting channels exist to support safe communication from any third-party source. These options address various literacy levels and technological barriers, enabling easy and reliable contact no matter the user's circumstances.

Authorized Third-Party Reporting Options Include:

1. Mail: Written submissions may be sent to the GDC Ombudsman's Office, P.O. Box 1529, Forsyth, GA 31029.
2. Telephone: Verbal reports can be made by calling (478) 992-5358, connecting directly to PREA specialists.
3. Email: Online communication may be directed to PREA.report@gdc.ga.gov, received securely by the State PREA Coordinator.
4. Office of Victim Services: Reports can be made by mail or in person at 2 Martin Luther King Jr. Drive S.E., Balcony Level, East Tower, Atlanta, GA 30334.

These contact methods are widely displayed in inmate living areas, lobbies, visitation zones, and administrative offices. The signage is legible, well-designed, and accompanied by visual icons to encourage understanding across different reading levels. New-hire and annual PREA trainings for staff include reinforcement of third-party reporting awareness, ensuring the system's reliability and continuity across time and personnel.

This multi-layered approach strengthens safety and reinforces communication between the facility and the larger community—creating a structure that embodies openness, accessibility, and cooperation.

Relevant Policy: GDC SOP 208.06, Section E.2.a.i-iii requires that each facility maintain clearly identified, well-advertised channels for third-party reports and ensure immediate routing for investigation with complete documentation and follow-up.

CONCLUSION

After extensive review of institutional policies, supporting documentation, and testimony from both staff and inmates, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.54 – Third-Party Reporting.

	<p>The system functions efficiently and with integrity, enabling external advocates, family members, and concerned citizens to report potential abuse or harassment safely and confidentially. Staff manage reports professionally, ensuring that each concern is addressed promptly and with investigative rigor.</p> <p>Inmates reflect genuine awareness of these resources, recognizing that trusted individuals in the community can advocate for them when needed. By combining strong outreach, dependable infrastructure, and constant education, the facility embodies PREA’s mission—protecting safety, ensuring dignity, and honoring every individual’s right to be heard, whether through personal voice or the caring efforts of others.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.61, which addresses agency and staff responsibilities for reporting sexual abuse, sexual harassment, and retaliation, the Auditor conducted a thorough and well-rounded review of written guidance, operational procedures, and supporting documentation reflecting current facility practices.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ) and its accompanying exhibits, which clearly outlined internal and external PREA reporting procedures. A central document in this review was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 - Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This statewide SOP provides a strong and structured foundation for PREA compliance by defining mandatory staff reporting duties, training expectations, leadership accountability, and confidentiality requirements.</p> <p>The Auditor confirmed that the SOP requires every staff member, regardless of position, department, or length of service, to immediately report any knowledge, suspicion, or information concerning sexual abuse, sexual harassment, retaliatory conduct, or staff negligence that may have contributed to such conduct. The documentation also requires administrative and supervisory staff to maintain a dependable system for tracking reports, documenting responses, and protecting all involved parties from retaliation.</p> <p>The facility’s local procedures align smoothly with these statewide expectations. Together, they reflect a proactive and responsible institutional culture in which prompt reporting and steady follow-through are treated as essential elements of a zero-tolerance approach.</p>

INTERIVEWS

PREA Compliance Manager (PCM)

The PCM provided a clear and detailed overview of how intake, documentation, and follow-up function within the facility's PREA structure. Every report, whether initiated internally or received from an outside source, is entered into an internal notification system that automatically alerts supervisors and investigative personnel.

The PCM explained that this system creates transparent tracking of response times and case movement. Each matter is monitored from the initial report through resolution, helping ensure that no concern is delayed, overlooked, or minimized. The PCM's strong familiarity with both GDC-level and facility-specific procedures demonstrated a consistent and well-organized approach across all reporting levels.

Random Staff

Interviews with a diverse group of staff from security, food service, classification, and education showed a strong and consistent understanding of mandatory reporting expectations. Staff accurately described who must be notified, how documentation is completed, and what immediate steps must be taken when an allegation arises.

Each staff member explained that reporting may occur verbally, in writing, or electronically, and that concerns may come from any source, including anonymous or third-party information. Several staff members noted that PREA training had not only clarified procedures but also strengthened the workplace culture by promoting teamwork, respect, and personal responsibility.

Facility Head or Designee

The Facility Head emphasized that the facility's approach to PREA compliance is firm, clear, and principled. Every allegation, concern, or indirect observation suggesting sexual abuse or harassment must be treated as a mandatory reporting obligation. The administrator also noted that this duty extends to indicators of retaliation and to situations where staff may have failed to intervene appropriately.

During the interview, leadership spoke positively about fostering a culture of ethical attentiveness. Staff are encouraged to act promptly rather than wait for someone else to respond. The Facility Head reinforced that quick reporting protects both individuals and the institution, and it sends a strong message to inmates and employees alike that accountability is a shared expectation.

Medical and Mental Health Personnel

Interviews with licensed medical and mental health personnel confirmed the facility's consistent alignment with PREA requirements and Georgia's mandatory reporter laws. Each practitioner described a calm and careful response when a disclosure or clinical indicator of abuse is identified: first ensuring safety, then providing appropriate care, and finally notifying investigative staff through established PREA reporting channels.

The practitioners also explained that, at the outset of care, they inform all patients of their legal duty to report sexual abuse and the limits of confidentiality. This open and honest approach supports trust, clarity, and professionalism. The Auditor observed that the practice reflects a trauma-informed philosophy in which early transparency helps individuals communicate more comfortably and confidently.

PROVISIONS

Provision (a): Immediate and Universal Reporting Requirements

The facility's documentation, supported by interview information, establishes a strong expectation of immediate reporting. Every employee must promptly notify a supervisor, the facility's PREA Compliance Manager, or a member of the Sexual Assault Response Team (SART) upon learning of possible sexual abuse, sexual harassment, retaliation, or negligence connected to such behavior.

This duty applies regardless of a staff member's assignment, role, or comfort level with the information received. The same requirement applies to observations that suggest a potential threat, not just direct allegations. By removing delay and uncertainty, the policy supports fast, effective intervention.

Relevant Policies:

1. GDC SOP 208.06, p. 27, § E.2.c, requiring immediate notification to designated supervisors or SART members.

Provision (b): Confidential Handling of Information

Facility procedures protect confidentiality as a high-priority operational practice. Sensitive information related to sexual abuse or sexual harassment is limited to individuals with assigned investigative, medical, or safety responsibilities. Staff are clearly prohibited from discussing allegations outside official channels or sharing identifying information with unauthorized persons.

During interviews, staff explained that confidentiality supports integrity and helps build confidence among those who report concerns. They recognized that careful information handling prevents unnecessary rumors, protects witnesses, and preserves the strength of active investigations.

Relevant Policies:

1. GDC SOP 208.06, p. 24, Sec. 3 (NOTE), stating that confidential PREA information may be shared only among individuals with a defined need to know.

Provision (c): Informing Individuals in Care of Reporting and Confidentiality Limits

Medical and mental health personnel consistently described how they explain their

dual responsibilities to patients: providing supportive care while also meeting reporting obligations. At intake or during evaluation, each patient is told clearly that confidentiality is honored within ethical boundaries, but disclosures of sexual abuse must be reported to protect safety and initiate investigation.

This practice helps individuals understand what to expect and reduces confusion about privacy. It also reflects PREA's trauma-informed principles by balancing compassionate care with required protection.

Relevant Policies:

1. GDC SOP 208.06 requires all medical and mental health staff to explain these confidentiality limits at the earliest point of contact with patients.

Provision (d): Reporting to Protective Services for Minors and Vulnerable Adults

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

When a report involves an adult who does not meet those protective definitions but concerns an incident outside the institution, the facility must first obtain informed consent before sharing information externally, unless another legal requirement applies. This process thoughtfully balances protection, privacy, and due process.

Relevant Policies:

1. GDC SOP 208.06, protective-agency referral requirements that mirror statutory obligations for CPS and APS notification.

Provision (e): Obligation to Act on Every Allegation

A notable strength of the facility's reporting program is that no report is treated as insignificant. Whether the concern appears in a rumor, letter, anonymous note, or overheard statement, every piece of information suggesting sexual abuse or sexual harassment is documented, elevated, and reviewed.

The PREA Compliance Manager confirmed that daily reviews ensure all reports are entered into official logs and forwarded to investigative staff the same day. This comprehensive approach helps prevent oversight and reinforces the reliability of the reporting system.

Relevant Policies:

1. GDC SOP 208.06 requires staff to act on every allegation, whether verbal, written, or submitted by a third party, ensuring equal attention to all forms of

reporting.

CONCLUSION

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

Across administrative, operational, and clinical levels, the Auditor found a strong understanding of reporting responsibilities and a facility-wide commitment to openness, accountability, and protection. Confidentiality procedures are handled carefully, and supervisory oversight ensures that reports are documented promptly and routed appropriately.

The facility demonstrates a positive culture in which reporting is treated not as a routine task, but as an important ethical responsibility. Leadership reinforces these expectations through clear direction, ongoing training, and consistent support for zero-tolerance values.

By building these practices into daily operations, the facility ensures that every allegation of sexual abuse or sexual harassment, no matter how it is raised, is addressed with promptness, seriousness, and integrity, fully honoring both the spirit and the letter of the Prison Rape Elimination Act.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To gauge compliance with PREA Standard §115.62, which governs agency responsibilities for protecting any inmate perceived to be at substantial risk of imminent sexual abuse, the Auditor conducted an in-depth, structured review of facility documentation and protocols. The review included analysis of the Pre-Audit Questionnaire (PAQ), supporting records, and institutional directives prepared under guidance from the Georgia Department of Corrections (GDC).

The cornerstone of this evaluation was GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), together with Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan. These documents collectively form the roadmap for how the institution recognizes and responds to potential or imminent sexual victimization. They assign precise responsibilities to first responders, medical and mental health clinicians, investigators, supervisors, and administrators, ensuring that protection begins the

moment a credible risk is known.

The reviewed policies highlight that staff must treat any credible evidence or concern of imminent danger—whether observed firsthand, reported by others, or inferred through behavior—as a call to immediate action. The coordinated response plan sets out sequential communication steps, directing staff collaboration so that protective measures are swift, unified, and continuously documented.

The Auditor found that institutional guidance aligns seamlessly with statewide policy. Each procedure defines clear accountability, promising quick stabilization of any situation involving potential risk. Timelines are emphasized, responsibilities are tiered appropriately, and expectations are reinforced in both written materials and daily practice—forming a reliable, proactive structure for safety.

INTERVIEWS

Random Supervisors and Mid-Level Managers

Supervisory staff conveyed strong confidence in the facility’s ability to respond quickly and decisively. They explained that all notifications of potential sexual threat trigger a “no-hesitation” protocol—within minutes, supervisory teams coordinate with classification, medical, mental health, and security divisions to assess and stabilize the situation. Real-time communication with command staff ensures that protective actions are logged and that leadership receives constant updates until safety is verified.

The supervisors described this teamwork as part of the institutional routine rather than a special contingency. Protecting at-risk inmates is deeply ingrained in operational awareness, illustrating a smooth chain of communication and a readiness that promotes trust among staff. Each emphasized that the process does not depend on investigation results; protection begins instantly based on credible awareness.

Facility Head or Designee

During interviews, the Facility Head explained with clarity and energy how the written policy translates into direct action. Leadership stressed that the essence of PREA protection duties lies in immediacy—the moment credible risk emerges, intervention occurs. Actions are adjusted based on situational need: temporary housing relocation, separation of involved individuals, restriction of movement for alleged perpetrators, increased staff observation, or, when required, transfer to another facility.

When allegations identify a potential aggressor, that individual is promptly removed from all contact with the inmate at risk. Decisions are made collaboratively between supervisors, investigative personnel, and clinical teams to ensure security and safety while maintaining orderly operations. The administrator underlined that this standard of prevention does not wait for investigative confirmation—protective intervention proceeds immediately to secure the inmate from harm and preserve investigative integrity.

Random Staff

Interviews with a diverse range of staff—correctional officers, program coordinators, food service workers, and education personnel—revealed broad, confident understanding of their responsibilities under PREA §115.62. Each person clearly described the actions expected upon learning of imminent risk: separating the inmate from any potential aggressor, safeguarding evidence, notifying a supervisor or a member of the PREA response team, and ensuring the individual’s continued protection.

Staff members expressed that the authority to initiate these actions is universal and does not depend on rank or tenure. Many credited routine scenario-based drills and frequent PREA training sessions for strengthening their practical response skills and confidence. The Auditor noted this consistency across the workforce as a sign of strong institutional culture grounded in attentiveness, compassion, and accountability.

PROVISIONS

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

PREA Standard §115.62 calls for immediate protective action whenever an agency obtains information suggesting that an inmate faces a substantial risk of imminent sexual abuse. The facility’s documentation and staff interviews confirmed that this expectation is woven deeply into its daily operations. Every employee, without exception, is duty-bound to act instantly when potential danger is identified—initiating or supporting whatever measures are necessary to ensure safety.

Protective actions may include separating the inmate from the potential aggressor, reassigning housing, heightened supervision, medical or mental health evaluation, and coordinated communication with investigative personnel. This framework ensures prompt, unified response regardless of the source of information or the hour of day.

Interviews confirmed that the process begins before any formal inquiry; credible awareness alone triggers intervention. The Auditor verified through record review that the facility reported no occurrences during the previous twelve months in which an inmate was identified as being under imminent risk of sexual abuse—an indication of effective monitoring, strong prevention strategies, and active risk management.

Relevant Policies

GDC SOP 208.06, Attachment 7 -

PREA Local Procedure Directive and Coordinated Response Plan: Establishes required intervention steps for first responders, defines medical and mental health notification duties, and delineates administrative responsibilities for swift, coordinated safety measures.

Provision (b): Structured Communication During Protective Response

When imminent risk is identified, the facility utilizes a structured network of communication that keeps all levels of leadership informed. Supervisors and managers coordinate efforts between security teams, classification officers, and

health services to implement protective measures within minutes. Information is shared through secure reporting channels, ensuring both transparency and confidentiality.

This communication rhythm promotes accountability—each staff member knows their responsibility and reporting path. Routine updates to command staff allow real-time adjustment of staffing levels and resource allocation to maintain protective supervision until risk is eliminated.

Relevant Policies

GDC SOP 208.06, Section on Emergency Response Communication Protocols: Dictates standardized notification timelines and reinforces confidentiality measures throughout protective intervention.

Provision (c): Preventive Measures and Ongoing Evaluation

The facility has adopted proactive preventive procedures that minimize the likelihood of imminent risk arising. Through classification reviews, behavioral assessments, and frequent staff observation, potential vulnerabilities are recognized early and addressed through strategic housing and activity assignment.

Medical and mental health personnel collaborate closely with security to identify inmates expressing fear or presenting indicators of vulnerability. These observations lead to immediate internal evaluation and, when appropriate, adjustment of placement or monitoring intensity. This partnership fosters comprehensive care and engagement, ensuring integrity in both prevention and response.

Relevant Policies

GDC SOP 208.06, Section on Risk Assessment and Preventive Monitoring: Outlines the approach for identifying and addressing potential vulnerabilities among inmates before they escalate to imminent risk situations.

CONCLUSION

After a comprehensive review of documentation, interviews, and operational practice, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.62 – Agency Protection Duties.

The institutional framework reflects readiness, professionalism, and compassion. Staff are empowered to respond decisively, leadership maintains purposeful oversight, and communication across disciplines operates fluidly under the coordinated response plan. Even without recent cases of imminent risk, strong preparedness is evident—procedures are understood, practiced, and reinforced daily.

This environment fosters a culture of vigilance where safety is paramount, accountability is unwavering, and every staff member acts as both protector and advocate. The facility's proactive measures ensure that each inmate is safeguarded through rapid, unified, and empathetic response—fully honoring both the intent and the standards of the Prison Rape Elimination Act.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.63, which governs how facilities respond when a confinement institution, the Auditor conducted an extensive and deliberate review of institutional policies to ensure allegations are transmitted swiftly, accurately, and responsibly to the appropriate entities.

The review began with the Pre-Audit Questionnaire (PAQ) and accompanying materials provided. Documents included

GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Incidents. Also evaluated was Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan. The plan ensures allegations are acknowledged and acted upon within defined timeframes.

Together, these policies form a carefully structured framework that confirms each credible report is never dismissed or misplaced. The documentation outlines specific duties for facility leadership. Responsibilities are clearly defined so that notifications occur within established deadlines—supporting prompt coordination.

The Auditor observed that the facility’s local practices match the state’s standards precisely. Most are standardized, and oversight systems prevent any gap in communication between institutions. The reporting process, ensuring all allegations are treated as serious and time-sensitive matters.

INTERVIEWS

Random Staff

Interviews with a cross-section of staff—from security, classification, and housing units—showed a consistent process involving another confinement setting. Each person articulated the steps confidently: if an inmate reports it to their supervisor; the supervisor then informs the PREA Compliance Manager and Facility Head.

Staff described this system as streamlined, reliable, and deeply reinforced through ongoing PR training. A culture of responsiveness and noted that empowerment to act promptly is a core value shared across all levels demonstrates that reporting obligations have been internalized into everyday professional practice.

Facility Head or Designee

The Facility Head explained that the moment the institution receives information suggesting sexual abuse, the process begins without delay—often within hours of disclosure and always within the mandated timeframe. The process is procedural and ethical; it ensures inmates’ concerns are honored promptly and responsibly.

In cases where the alleged event occurred under GDC’s jurisdiction, leadership immediately coordinates with the Department’s PREA Coordinator, and the Regional Sexual Assault Coordinator (SAC). If the alleged event occurred outside authority. The Facility Head noted that, although no recent reports required such notification, the facility demonstrates preparedness through clear policy understanding and quick response capability.

Agency Head Designee

The Agency Head Designee described GDC's broader network of inter-facility communication, well structured, and auditable. Upon learning that an allegation pertains to another facility, leadership contact between administrators—followed by written verification sent to the PREA Coordinator.

This process is carefully engineered to ensure every report generates a documented paper trail. It is highlighted that the system is monitored closely, designed to eliminate missed connections or omissions. Genuine institutional responses rather than cursory acknowledgments, thereby maintaining accountability.

PROVISIONS

Provision (a): Duty to Notify Other Facilities

When staff learn that an inmate reports sexual abuse or harassment occurring at another facility, the facility designee must contact leadership at that facility and, if the incident falls within GDC jurisdiction, the Regional Sexual Assault Coordinator (SAC).

Auditor review confirmed that the procedure is listed prominently in local documentation and reviewed in the past twelve months necessitating external notification, readiness remains strong. The process effectively connects all institutional levels.

Relevant Policies

1. GDC SOP 208.06, Section 2(a), p. 27: Requires notification to the administrator of the impacted facility and directs referral of non-GDC allegations to external authorities.
2. Attachment 7 - PREA Local Procedure Directive and Coordinated Response Plan: Outlines staff responsibilities.

Provision (b): Notification Timeline Requirement

The facility's procedures emphasize timeliness as a critical aspect of protection and accountability, with notification required within 72 hours after receiving the allegation. Staff and supervisors alike described this deadline as being strictly followed during reviews and compliance checks.

The Facility Head affirmed that adherence to the timeline is consistently tracked and that any deviation from the timeframe ensures investigations commence swiftly, evidence integrity is preserved, and individual rights are protected.

Relevant Policies

1. GDC SOP 208.06, Section 2(b), p. 28: Specifies 72-hour maximum for notification to the administrator of the impacted facility.
2. Local PREA Directive Attachment 7, Communication Timelines Section: Defines urgent timeframes for reporting and notification.

Provision (c): Documentation of Notification

Each external reporting event is accompanied by thorough recordkeeping to provide a clear audit trail, including the contact person, and confirmation of receipt. All supporting paperwork is filed in the facility's PREA file to ensure traceability and accountability.

While the institution has not recently needed to activate this protocol, administrative staff demonstrate readiness to ensure that any future case would generate verifiable documentation meeting both state and federal requirements.

tracking notifications are organized and standardized, reinforcing operational confidence and t

Relevant Policies

1. GDC SOP 208.06, Sections 2(b) and 2(c), p. 28: Require both notification and written confi purposes.

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

When this facility receives a report from another confinement setting alleging that an incident protocol treats such allegations exactly as if they originated on site—ensuring impartial review

Within the preceding year, the facility received three cross-facility allegations. Each case was p evidence reviews were conducted, and findings were documented carefully. All three cases we outcomes were provided to involved inmates. Because findings were unfounded, subsequent S

Leadership expressed pride in maintaining consistent integrity throughout these processes, en between institutions. This cooperation demonstrates a commendable culture of collaboration a regardless of its origin or outcome.

Relevant Policies

1. GDC SOP 208.06, Section 2(d), p. 28: Requires full investigation of any allegation receive completed by that agency.
2. Attachment 7 – Coordinated Response Plan, Investigation Verification Section: Mandates progress, and closure.

CONCLUSION

Following comprehensive document analysis, interviews, and operational verification, the Audi PREA Standard §115.63 – Reporting to Other Confinement Facilities.

Institutional policy is precise, staff training is consistent, and oversight structures ensure that r independently confirmed. The coordination between facilities is both efficient and transparent, all corrections environments.

Even without current cross-facility reports, preparedness remains evident in documented proce organizational culture dedicated to ethical communication, prompt protective action, and unw

Through these practices, the facility fulfills not just the letter of PREA Standard §115.63, but its harassment is respected, transferred, and investigated within a unified system that values dig

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.64—defining how staff must respond when sexual abuse is alleged or suspected—the Auditor performed a comprehensive and systematic review of institutional policy, operational procedures, and professional training documentation provided by both the Georgia Department of Corrections (GDC) and the facility itself.

The audit process began with the facility’s Pre-Audit Questionnaire (PAQ) and supporting exhibits. The foundational source was GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This SOP defines the specific expectations for all first responders—security and non-security alike—detailing each immediate duty such as ensuring inmate safety, preserving evidence, maintaining confidentiality, and initiating appropriate notifications.

The Auditor also examined Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, which establishes coordinated action among first responders, investigators, and clinical professionals. This plan demonstrates how staff collectively manage sexual-abuse disclosures with promptness and professionalism, ensuring that security operations complement medical and mental-health care seamlessly.

Altogether, the documentation revealed a facility grounded in preparedness, compassion, and precision. Its response model integrates urgency with trauma-informed practices, forming an organizational environment in which each employee understands their vital role in protecting inmates and preserving investigative integrity.

INTERVIEWS

Facility Staff

Interviews with food service, maintenance, and administrative employees showed excellent comprehension of first-response procedures. They described their initial priorities: ensuring inmate safety, restricting general access to the area, and notifying supervisors and the PREA Compliance Manager (PCM) immediately. These staff emphasized that sensitive details are never shared outside official channels, demonstrating respect for confidentiality and professionalism.

Each also displayed knowledge of evidence-preservation rules—for example, ensuring that alleged victims refrain from washing, eating, changing clothes, or drinking until cleared by medical or investigative staff. The Auditor noted remarkable consistency in the vocabulary and accuracy of staff responses, confirming that PREA expectations have become deeply embedded across all departments.

Non-Security First Responders

Educators, counselors, and program specialists described their supportive and stabilizing function when they are the first to encounter a report or behavior suggesting sexual abuse. They focus on protecting the individual's privacy and dignity while initiating contact with security. These non-security professionals were clear that their duty includes maintaining calm, limiting access to the area, and refraining from investigative conversation or speculation.

Although no non-security first-responder events occurred during the past audit year, interviews demonstrated readiness and confidence shaped by continuous training. Staff spoke authentically about trauma-informed awareness—serving as early protectors who ensure that victims feel safe before formal responders arrive. Their detailed recall displayed organizational strength through education and empathy.

Security Staff - First Responders

Security officers discussed the step-by-step process required upon disclosure or detection of sexual abuse. Their immediate actions consist of:

1. Promptly separating the alleged victim and alleged perpetrator.
2. Securing and isolating the scene to preserve evidence integrity.
3. Preventing any contamination or destruction of evidence.
4. Notifying supervisors, the Sexual Assault Response Team (SART), and the PREA Compliance Manager without delay.
5. Assisting medical and mental-health staff to ensure immediate care and emotional support.

Although no occurrences required first-responder activation within the past year, officers articulated their responsibilities precisely and expressed strong confidence. They described how simulated drills and refresher classes reinforce proficiency, making these steps instinctive. Documentation, they explained, is completed using Form CN 6601 - Incident Report and entered promptly into the electronic tracking system. Each officer spoke with conviction, reflecting both procedural mastery and personal investment in inmate well-being.

Inmates who Reported Sexual Abuse

At the time of the on-site audit, no inmates had reported sexual abuse or sexual harassment within the previous twelve months. Therefore, interviews under this category were not conducted. This absence of active or recent cases did not lessen observed readiness—staff across all levels demonstrated consistent preparedness to respond should any allegation arise.

PROVISIONS

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

The PAQ and staff interviews confirmed that the facility maintains clear, formal designation of both security and non-security first responders. These roles—and their

coordination—are mandated by GDC SOP 208.06 (Sections F.1 and F.3, pp. 27–28) and detailed further in Attachment 7 – Coordinated Response Plan.

This framework ensures collaboration among security, health services, investigative, and administrative staff. Each unit’s contribution is harmonized around rapid response, trauma-informed conduct, and protection of dignity. Although no sexual-abuse allegations were reported during the previous year, training documents and interviews revealed an institutional mindset of alertness and compassion—a culture in which immediate professional response is the expected standard.

Relevant Policies

1. GDC SOP 208.06 (Sections F.1–F.3, pp. 27–28): Defines responsibilities for first-responder designation and emphasizes unified response coordination.
2. Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan: Describes structured teamwork between responders and clinical professionals.

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

Non-security employees—including educators, chaplains, and volunteers—bear equal duty to act upon learning of sexual abuse or harassment. Their role extends beyond observation; they must ensure protection, maintain the integrity of potential evidence, and summon security promptly. They approach each situation with dignity and care, preserving calm until trained responders arrive.

The Auditor found the training program for non-security personnel to be comprehensive and accessible, delivering identical foundational content given to correctional staff. Even though no incidents required activation this year, employees were articulate and well informed about their procedures, exemplifying institutional readiness and commitment to safety.

Relevant Policies

1. GDC SOP 208.06, Section F.3: Specifies expectations and steps for non-security first responders.
2. Attachment 7, Staff Training Requirements: Details rapid notification and scene-control procedures applicable to all personnel.

Provision (c): Security Staff Responsibilities and Scene Control

Security staff carry principal responsibility for managing the location and individuals involved in a reported incident. Their prompt actions—separation, area security, protection, and documentation—provide the structural backbone for evidence preservation and further inquiry.

Facility training drills reinforce these operational habits routinely. Officers participate in scenario-based mock exercises that assess timing, communication clarity, and

adherence to chain-of-command protocols. The Auditor observed that this level of repetition cultivates precision, empathy, and calm competence, ensuring that in moments of crisis, professionalism prevails.

Relevant Policies

1. GDC SOP 208.06, Section F.1: Directs immediate separation, protection, and security of the scene.
2. Attachment 7 – Emergency and Reporting Procedures: Documents the coordination pattern between security, supervisory, and medical teams.

Provision (d): Documentation and Quality Oversight

Every first-responder action is documented meticulously. Facility staff use CN 6601 Incident Report Forms, which record timestamps, involved personnel, and verification of subsequent medical or investigative notifications. These reports are processed through the facility’s electronic tracking system, ensuring digital auditability.

Leadership reviews documentation regularly to confirm accuracy and completeness. While no new cases emerged in the past year, administrative personnel were able to demonstrate process familiarity through mock examples and recorded prior cases, affirming consistent alignment with policy expectations. This documentation structure highlights the institution’s commitment to transparency, accountability, and adherence to evidence standards.

Relevant Policies

1. GDC SOP 208.06, Recordkeeping Sections (pp. 27–28): Describes standards for both written and electronic reporting.
2. Local Procedure Directive – Documentation Review Protocol: Defines supervisory oversight of report completion and review timelines.

CONCLUSIONS

After evaluating documents, interviews, and institutional procedures, the Auditor concludes that the facility achieves full compliance with PREA Standard §115.64 – Staff First Responder Duties.

Although no recent sexual abuse cases were reported, the facility demonstrates both preparedness and empathy. Staff training transcends job titles, guaranteeing that every employee—from correctional officer to counselor—possesses the confidence and competence to act immediately and effectively when an allegation arises.

The institution’s proactive structure combines trauma-informed principles, efficient coordination, and unwavering respect for inmate dignity. This culture of readiness transforms policy into practice, ensuring that every future report of sexual abuse will be met with an immediate, compassionate, and professionally executed response.

115.65	Coordinated response
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 576 376"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 412 1485 698">To determine compliance with PREA Standard §115.65—which governs how correctional institutions coordinate responses when allegations of sexual abuse or sexual harassment arise—the Auditor conducted a comprehensive and structured review of facility documentation and operational practices. The review verified the existence of a unified, deliberate institutional framework that connects security, medical, mental health, investigative, and administrative functions into one seamless, survivor-focused process.</p> <p data-bbox="256 734 1485 1102">The analysis began with the Pre-Audit Questionnaire (PAQ) and expanded to review procedural records, training modules, and incident protocols that demonstrate implementation. Central to this review was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This document outlines how all GDC facilities must maintain comprehensive plans to guide coordinated responses following allegations, guaranteeing timely, professional, and compassionate action by all staff.</p> <p data-bbox="256 1137 1485 1379">The Auditor also examined Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, which serves as the facility’s blueprint for operational implementation. It describes, in stepwise detail, the procedures for protecting inmates, preserving evidence, initiating medical and mental health interventions, engaging victim advocates, conducting investigations, and completing administrative reviews.</p> <p data-bbox="256 1415 1485 1621">Facility records revealed training schedules, refresher exercises, and mock response simulations that keep staff highly competent in executing the plan. This structured preparedness merges procedural clarity with humane care—ensuring that each allegation activates a swift, coordinated response centered on accountability and dignity.</p> <p data-bbox="256 1657 459 1693"><u>INTERVIEWS</u></p> <p data-bbox="256 1729 778 1765">PREA Compliance Manager (PCM)</p> <p data-bbox="256 1800 1485 2007">The PREA Compliance Manager (PCM) described the Coordinated Response Plan as not just a document but a living operational guide embedded in the fabric of daily work. The PCM explained that every department—security, medical, mental health, education, and administration—maintains immediate access to the plan, both electronically and in printed form.</p> <p data-bbox="256 2042 1485 2078">Regular meetings review response expectations, contact lists, and action sequences</p>

so that staff remain fully aware of their roles under any circumstance. The PCM also noted that post-incident debrief sessions and case study reviews allow continuous improvement, making the institutional response adaptable and refined through shared experience. They summarized the philosophy succinctly: “Preparation is our strength—every person here knows what to do, but more importantly, how to do it together.”

Security and Specialized Staff

Security officers, investigators, nurses, and mental health professionals described the coordinated response as a synchronized effort where each discipline acts with precision and empathy. Staff outlined their approach during simulated and real situations—immediate separation of involved individuals, scene preservation, notification of supervisory and investigative authorities, and medical assessment conducted swiftly yet discreetly.

Medical personnel emphasized collaboration with security to ensure that transfers for forensic examinations and mental health interventions occur seamlessly and respectfully. Investigative personnel explained that having a predetermined plan eliminates confusion; communication flows in defined channels, ensuring timeliness and transparency. Each staff member spoke confidently about their ability to perform under pressure, crediting ongoing cross-training as the foundation for their readiness and teamwork.

Facility Head or Designee

The Facility Head portrayed the Coordinated Response Plan as central to the facility’s culture of prevention and accountability. Leadership views the plan not as static policy, but as a dynamic operational system regularly tested through scenario drills, leadership meetings, and critical response evaluations.

The Facility Head explained that every department—whether direct-care, administrative, or support—receives equal emphasis during PREA training, fostering collaboration and mutual trust. Monthly leadership briefings reinforce expectations, clarify responsibilities, and promote a shared commitment to inmate safety. This consistent engagement instills within staff an attitude of readiness, where accountability and respect for every individual underpin daily operations.

PROVISIONS

Provision (a): Written, Coordinated Institutional Plan

Both document review and interview testimony confirmed that the facility maintains a formal, written Coordinated Response Plan that fulfills all requirements of PREA Standard §115.65. The plan integrates every operational component—security, medical, mental health, investigation, and administrative oversight—into one coherent system focused on safety, integrity, and compassion.

The Attachment 7 - PREA Local Procedure Directive and Coordinated Response Plan outlines a methodical fifteen-step process that spans the entire event timeline: from

the initial allegation through evidence management, medical intervention, investigative collaboration, and resolution.

Key elements include:

1. Clearly defined role assignments for first responders, supervisors, medical staff, and investigators to eliminate redundancy.
2. Immediate notification timelines for required parties to ensure consistency and speed.
3. Specific instructions for preserving testimonial and physical evidence.
4. Procedures for prompt medical treatment, mental health stabilization, and secure housing reassignment.
5. Mandated coordination with victim advocates and monitoring for retaliation.

A structured post-incident review routine for ongoing improvement and accountability. Together, these directives demonstrate an organizational commitment to coordinated, trauma-informed care that protects both safety and dignity.

Relevant Policies

1. GDC SOP 208.06 (p. 28, Section 3): Requires each facility to maintain a written response plan covering interdepartmental coordination, contact rosters, communication flows, and case-management timelines.
2. Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan: Specifies actionable steps for coordination, evidence preservation, and survivor assistance.

Provision (b): Cross-Departmental Communication and Response Readiness

The facility’s response system thrives on open communication between departments. Interviews and documentation demonstrated routine collaboration between security, medical, and administrative units through monthly briefings and simulated exercises. These activities strengthen operational agility—allowing staff to mobilize rapidly when reports of sexual abuse or harassment are received.

Communication channels are distinct yet fluid: information moves from line-staff to supervisors, then to the PREA Compliance Manager, investigative teams, and administrative leadership. Each level confirms receipt and readiness to initiate specialized interventions, ensuring that response efforts are synchronized and transparent.

Regular refresher meetings and cross-training sustain familiarity with every phase of the response plan, helping newer staff internalize system expectations early. This structured engagement yields a confident workforce capable of swift, compassionate action even under stress.

Relevant Policies

1. GDC SOP 208.06, Sections on Communication and Notification Requirements: Defines timelines and channels for interdepartmental coordination.
2. Attachment 7, Section III – Information Exchange Protocol: Details processes for departmental acknowledgment and escalation.

Provision (c): Integration of Medical and Mental Health Services

The coordinated approach places equal emphasis on forensic, medical, and psychological care. Medical and mental health staff collaborate directly with security personnel to safeguard the inmate while ensuring access to immediate treatment, crisis intervention, and supportive counseling.

Their actions follow trauma-informed principles—minimizing re-traumatization, maintaining privacy, and incorporating victim advocacy. Medical professionals explained how coordination between first responders and clinicians allows for efficient transfer to hospital facilities for forensic exams, while mental health practitioners provide follow-up counseling for both acute and long-term emotional recovery.

This shared effort highlights the facility’s holistic approach, where safety, dignity, and healing are upheld alongside investigative rigor.

Relevant Policies

1. GDC SOP 208.06, Sections on Medical and Psychological Intervention: Outlines healthcare staff roles in coordinated response.
2. Attachment 7, Clinical Coordination Guidelines: Specifies mental health notification processes and advocacy integration.

Provision (d): Ongoing Review and Quality Assurance Mechanisms

Written plans alone cannot ensure success; they must be maintained dynamically. Facility leadership and the PCM conduct regular reviews of the Coordinated Response Plan to confirm that procedures remain current and effective. After each mock drill or real event, staff convene for structured debriefs to identify lessons learned and opportunities to refine interdepartmental collaboration.

Review findings are documented, distributed to leadership, and discussed in follow-up meetings. This system of self-examination keeps the response plan progressive, emphasizing adaptability, compassion, and precision.

Relevant Policies

1. GDC SOP 208.06, Section on Administrative Review and Accountability: Requires debriefs and procedural evaluation following incidents.
2. Attachment 7 – Debrief and Training Evaluation Procedures: Directs review cycles and personnel feedback methods.

CONCLUSION

	<p>After extensive analysis of written documentation, staff interviews, and procedural evidence, the Auditor concludes that the facility exhibits full compliance with PREA Standard §115.65 – Coordinated Responses.</p> <p>The Coordinated Response Plan embodies unity and professionalism—it is not merely an administrative requirement but a reflection of institutional character. Staff across all divisions display understanding, precision, and empathy when describing or enacting their roles within the system.</p> <p>Through routine training, open communication, and shared accountability, the facility ensures that every response to sexual abuse or harassment is immediate, consistent, and centered on protection and respect. The result is an organization marked by collaboration, vigilance, and unwavering dedication to the safety and dignity of every inmate.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.66, which governs the agency’s ability to protect individuals in custody from contact with alleged or confirmed sexual abusers, the Auditor conducted an in-depth and targeted review of facility and state-level documentation. This standard ensures that administrative decisions regarding separation or reassignment are not limited by contractual, collective bargaining, or external labor restrictions, preserving the institution’s immediate capacity to maintain inmate safety.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ) and supporting exhibits and continued with analysis of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This comprehensive policy outlines the Department’s administrative authority to enact rapid, protective actions—such as staff reassignment, inmate relocation, and suspension of implicated employees—when credible risk of sexual harm or harassment is identified.</p> <p>The Auditor found that the Department’s structure provides exceptional clarity and flexibility. Because the State of Georgia operates independently of collective bargaining agreements, administrators retain unrestricted authority to make immediate protective decisions. This autonomy removes barriers that could otherwise delay or complicate safeguarding measures and confirms the Department’s ability to act swiftly while respecting due process for all involved parties.</p> <p>The reviewed materials demonstrated foresight and preparedness. Policy language</p>

anticipates a range of protective scenarios and prescribes deliberate, balanced responses aimed at preventing further harm. Overall, the documentation represents a management system built for both responsiveness and accountability—an approach that embodies the PREA standard’s spirit of safety, ethical decision-making, and institutional integrity.

INTERVIEW

Agency Head Designee

In interview discussions, the Agency Head Designee provided clear insight into Georgia’s employment structure, emphasizing that the state does not engage in collective bargaining agreements. This framework grants the Department of Corrections full administrative discretion to act decisively in cases involving sexual abuse or harassment.

The Designee explained that when any such allegation arises, facility leaders can immediately initiate prevention measures—whether staff reassignment, temporary suspension, inmate transfer, or housing modification—without needing external negotiation or union consultation. Decisions are guided by safety considerations and implemented within hours rather than days.

While emphasizing rapid protective capability, the Designee also noted that Georgia’s system maintains fair procedural safeguards for both staff and inmates. Every decision adheres to due-process principles but always prioritizes protection from potential harm. The governance model balances compassion and practicality, ensuring facility management can preserve security, dignity, and trust during investigative procedures.

The Auditor observed that this structure allows the Department to demonstrate decisive leadership and ethical resilience. Actions taken under these procedures reflect institutional strength, accountability, and steadfast dedication to the safety of every inmate.

PROVISIONS

Provision (a): Protection from Contact with Abusers

Documents reviewed through the PAQ and facility protocols confirmed that administrators possess wide and immediate authority to prevent contact between inmates and alleged or confirmed abusers. Georgia’s correctional system, structured without collective bargaining limits, enables leaders to act with exceptional speed and independence whenever credible threat or risk is identified.

Possible protective measures include prompt reassignment or leave for staff, relocation or housing modification for inmates, and temporary isolation of implicated individuals until investigations are completed. The Agency Head Designee emphasized that these actions are not optional—they are required under policy and practiced as part of the facility’s daily commitment to safety.

This system of autonomy underscores a proactive governance model. Staff and administrators understand their roles and possess the confidence to act decisively to prevent further exposure or retaliation. The facility benefits from this clear framework, transforming administrative flexibility into operational strength and survivor-centered protection.

Relevant Policies

1. GDC SOP 208.06 (Section E.2, p. 27): Requires immediate separation or reassignment of staff or inmates whenever credible risk exists, outlining authorized protective mechanisms including transfer and suspension procedures.
2. GDC Administrative Leadership Directive: Establishes unrestricted authority for institutional leaders to enforce protective measures swiftly to ensure compliance and uphold inmate safety.

Provision (b): Auditor Review Not Required

Under PREA auditing protocols, Provision (b) does not necessitate separate independent verification. However, the facility's documentation and interview insights inherently demonstrate compliance. The Department's organizational framework—grounded in administrative autonomy and unrestricted decision-making—already fulfills the intent and expectation of this provision.

The review confirmed that leadership practices extend beyond minimal standard requirements, incorporating proactive oversight and ethical engagement throughout the decision process.

Relevant Policies

1. GDC SOP 208.06, Administrative Autonomy Clause: Explicitly identifies the Department's independence from external bargaining restrictions.
State Operational Governance Principles: Reinforce the Department's responsibility and discretion to initiate any measure necessary for safety during sexual-abuse investigations.

CONCLUSIONS

After an exhaustive review of documentation and interviews, the Auditor concludes that the facility maintains full compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The Georgia Department of Corrections demonstrates a management system built for decisive and adaptive action. Its administrators hold immediate authority to remove, reassign, or relocate individuals as needed to protect inmates and preserve investigative integrity. This absence of bureaucratic or contractual constraints reflects not only structural efficiency but also moral clarity—the unwavering belief that safety must never wait.

The Auditor commends the facility for its proactive stance and clearly articulated procedures, which blend speed, integrity, and fairness in equal measure. Through this flexible and ethically grounded governance model, the institution upholds both the letter and the spirit of PREA, ensuring that every inmate remains safeguarded by thoughtful, decisive, and transparent protective action.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.67—which requires correctional agencies to protect anyone who reports sexual abuse, sexual harassment, or cooperates with related investigations—the Auditor performed a comprehensive, contextual review of facility documentation and statewide policy application. The review focused on how prevention of retaliation is structurally embedded into daily operations rather than treated as reactive crisis management.

The Pre-Audit Questionnaire (PAQ) and accompanying exhibits illustrated a culture of strong accountability in which the protection of reporters, victims, and witnesses continues long after initial incident response. Central to this analysis was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). The SOP explicitly outlines methods for identifying, responding to, and preventing retaliation, reinforced by Attachment 8 – Retaliation Monitoring Checklist, a structured form used for documentation and cross-verification of ongoing protective actions.

The Auditor further reviewed the Deputy Warden of Care and Treatment Memorandum, which designates each member of the facility’s Sexual Abuse Review Team (SART) and specifies the assigned Retaliation Monitor responsible for ongoing observation. The memorandum clearly lists contact details, communication protocols, and reporting hierarchies—ensuring quick access to protective assistance whenever risk is identified.

Taken together, these documents reveal a comprehensive system of oversight built on transparency, responsiveness, and compassion. The plan is precise yet people-centered: ensuring that every individual who reports sexual abuse is treated not only with procedural diligence but also with humane consideration throughout the process.

INTERVIEWS

Retaliation Monitor

The Retaliation Monitor provided an articulate and thoughtful overview of how monitoring unfolds inside the facility. From the moment an allegation is recorded, consistent observation begins and extends for a minimum of 90 days—longer when any concern persists. These follow-ups include monthly, face-to-face interactions with affected persons, and every encounter is documented on Attachment 8 to ensure traceability.

The Monitor described their approach as “vigilant and compassionate,” recognizing that retaliation may arise in subtle forms such as changes in housing, work assignments, privileges, or disciplinary activity. Any deviation triggers immediate review and coordination with supervisors, classification personnel, or medical teams. Within the past year, four

potential incidents of retaliation were identified and addressed through extended monitoring and preventive adjustment until safety was fully restored.

Agency Head Designee

At the agency level, the Designee portrayed Georgia's retaliation-prevention system as comprehensive yet adaptable. Protection begins immediately upon report entry, extending to all individuals involved—victims, witnesses, and staff cooperators alike—regardless of whether allegations are substantiated. Although federal standards call for at least 90 days of monitoring, the agency extends this timeframe when risk indicators remain visible until full confidence in safety is re-established.

The Designee emphasized that this responsive flexibility demonstrates the Department's ethical maturity. Protection is prioritized without exception, managed through coordinated oversight that blends documentation accuracy with interpersonal trust.

Facility Head

The Facility Head offered a panoramic view of retaliation prevention as a multi-layered operational safeguard. Monitoring encompasses both inmates and employees to ensure fairness and transparency across the institution. Leadership routinely cross-references housing reassignments, program participation records, and disciplinary outcomes for inmates—as well as performance reviews and duty assignments for staff—to detect any retaliatory patterns.

When potential concerns emerge, leadership mobilizes quickly through interventions that might include temporary housing changes, reinstatement of jobs, facilitated mediation, or increased supervisory presence. The Facility Head credited this success to collaborative communication between the Retaliation Monitor, supervisors, and the PREA Compliance Manager (PCM), emphasizing that prevention works best when vigilance and empathy are shared responsibilities.

Inmates who Reported Sexual Abuse

At the time of the on-site audit, no inmates were housed in the facility who had reported sexual abuse in the past 12 months. Therefore, interviews within this categories were not conducted for this standard.

Inmates in Segregated Housing

At the time of the on-site audit, no inmates were housed under protective-custody status related to victimization. Therefore, interviews within this categories were not conducted for this standard.

PROVISION

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

Policy and interviews confirmed that GDC expressly prohibits any form of retaliation against those who report or participate in investigations of sexual abuse or harassment. The Deputy Warden of Care and Treatment memorandum identifies the facility's

Sexual Abuse Review Team members and provides their contact information to ensure visibility and responsiveness.

The GDC SOP 208.06 (pp. 28–29, § 4.a–4.c) outlines disciplinary actions for confirmed retaliators, required protective steps for victims, and use of Attachment 8 for monitoring documentation. Oversight duties are active until risks have ceased or until allegations are officially closed. Collaboration between the Sexual Abuse Review Team, the Retaliation Monitor, and leadership ensures continuous accountability and immediate escalation of concerns.

Relevant Policies

1. GDC SOP 208.06 (pp. 28–29, § 4.a–4.c): Establishes policy prohibiting retaliation and mandates monitoring, documentation, and disciplinary consequences.

Provision (b): Multi-Faceted Intervention Toolkit

The facility’s approach leverages a range of interventions grounded in respect and practicality. Staff have authority to implement safety-driven strategies that include: housing or job reassignments, increased supervision, separation of alleged aggressors, situational adjustments to minimize contact, and psychological or counseling support services.

These interventions focus on balance—preserving dignity while preventing harm—and are customized to the individual’s needs. Staff are reminded through recurring trainings that choosing “the least restrictive, most effective” measure defines compliance and compassion simultaneously.

Relevant Policies

1. GDC SOP 208.06 (pp. 28–29, § 4.b): Directs monitors to tailor protective actions appropriately using individualized assessments.
2. Attachment 8 – Protection Plan Checklist: Serves as procedural record for assigned interventions and follow-up reviews.

Provision (c): Continuous Surveillance and Immediate Remediation

Retaliation monitoring is maintained as an active process, not a static review. Using Attachment 8, the Monitor documents behavioral observations and conducts regular in-person contact to identify signs of intimidation or exclusion. If changes in conduct, housing, or disciplinary history suggest misconduct, facility supervisors intervene the same day through corrective action or reassignment to eliminate the threat.

Facility records indicated zero retaliation incidents within the past twelve months, validating the strength of preventive practices and interdepartmental vigilance.

Relevant Policies

1. GDC SOP 208.06, Section on Retaliation Monitoring: Requires immediate response once retaliatory behavior is suspected.

2. Facility Response Protocol: Outlines notification sequence and time limits for remedial interventions.

Provision (d): Structured Inmate Status Verification

Monthly personal meetings between monitors and affected inmates anchor the protective framework. These encounters combine procedural review—tracking housing stability and disciplinary consistency—with empathetic conversation designed to reassure inmates that safety and respect remain priorities. Each review is recorded and retained, reinforcing documentation accuracy while underscoring a psychologically supportive atmosphere.

The Auditor observed that this interaction model humanizes monitoring, transforming oversight into a meaningful expression of care that reduces fear and builds trust.

Relevant Policies

1. Attachment 8 – Monthly Review Documentation: Requires retention of notes and progress evaluation logs.
2. GDC SOP 208.06 (pp. 28–29): Specifies monthly check-in expectations for extended monitoring periods.

Provision (e): Inclusive Safeguards for Cooperators and Witnesses

Protection measures encompass every participant who aids in investigative processes—including witnesses, informants, and staff cooperators. This inclusive approach maintains investigative integrity by assuring all contributors are secure against intimidation or discrimination.

Facility leadership and staff highlighted that such inclusivity fosters transparency and strengthens trust between inmates and administrative personnel. It reassures individuals that reporting or cooperation is valued, not penalized, reinforcing ethical agency culture.

Relevant Policies

1. GDC SOP 208.06 § 4.b and 4.c: Extends monitoring coverage to witnesses and cooperators.
2. Agency PREA Protection Directive: Outlines confidentiality and safety mandates for all assisting parties.

Provision (f): Audit-Exempt Administrative Processes

Certain technical administrative activities under this provision fall outside mandatory auditor evaluation; thus, they were not separately assessed. Nonetheless, the reviewed materials inherently demonstrate compliance through consistent policy enforcement and documentation.

Relevant Policies

	<p>GDC SOP 208.06, Administrative Section: Confirms internal procedures not subject to audit verification.</p> <p>CONCLUSION</p> <p>Following comprehensive evaluation of documents, interviews, and operational practice, the Auditor concludes that the facility exhibits full and exemplary compliance with PREA Standard §115.67 – Agency Protection Against Retaliation.</p> <p>The facility’s protection system is dynamic, deliberate, and deeply human-centered—integrating data review, personal engagement, and strategic prevention. Leadership actively communicates expectations, monitors progress, and acts decisively at the first sign of risk.</p> <p>Through this vigilance, retaliation prevention evolves beyond compliance—it becomes a core ethical expression of the agency’s commitment to justice, dignity, and trust. In every interaction, the institution reaffirms the PREA principle that safety is not a privilege or protocol—it is a continuous promise extended to every inmate and staff member who seeks or supports truth.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.68—governing how protective custody is managed in response to sexual abuse or harassment allegations—the Auditor performed an extensive review of facility and statewide policies. The audit focused on confirming that protective placement occurs only when necessary, is subject to ongoing evaluation, and remains guided by dignity, fairness, and individual rights.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ) and expanded to include all related GDC materials. The cornerstone of this assessment was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This document establishes procedures for determining whether protective custody is warranted and provides guidance for review, monitoring, and reintegration.</p> <p>The SOP underscores a critical principle: segregated housing for protection is an exceptional measure, not the default. Staff are trained to exhaust less restrictive safeguards first, such as targeted housing, increased supervision, or modified schedules. When circumstances demand segregation, the process ensures that the inmate continues to access programming, work, recreation, and privileges whenever feasible.</p> <p>Facility records demonstrated that every protective custody decision includes full documentation, justification, time limits, and monthly review outcomes—and is recorded in SCRIBE notes for transparency. Collectively, the evidence confirmed a highly structured process built around care and deliberation.</p>

expedience, aligning fully with PREA's core objectives of safety and humane treatment.

INTERVIEWS

Staff Responsible for Supervision in Segregated Housing

Corrections officers assigned to segregation units described a culture of caution and empathy in decision-making. Rather than treating isolation as routine, they approach protective placement and intervention, guided by individualized assessment and frequent oversight.

Staff shared that before any segregation occurs, alternative safeguards are actively pursued—reassignment, pairing at-risk inmates with trusted peers, or increasing supervision in shared areas. If segregation cannot be avoided, it triggers higher monitoring standards: mental health rounds, management reviews, daily supervisory contact, and engagement from classification and PREA staff. The emphasis on returning individuals to the general population swiftly and safely reflected institutional values of restoration rather than restriction.

Facility Head or Designee

The Facility Head emphasized that protective custody decisions are grounded in collaboration and thorough evaluation. Every case receives multidimensional evaluation involving security, classification, medical, mental health, and administrative personnel. The facility conducts reviews every 30 days to determine whether protective placement remains justified, with findings documented and discussed among leadership teams.

The Facility Head highlighted that protective segregation serves a singular purpose: safety—no other. All decisions are personalized and revisited regularly. This oversight process, they said, “keeps the inmate at the center while addressing risk with precision.”

Inmates in Protective Custody or Segregated Settings

At the time of the on-site audit, no inmates were housed under segregated conditions due to protective custody. File reviews and interviews confirmed this result, demonstrating that proactive measures—such as reassignment and enhanced observation—successfully achieved individualized safety without segregation.

This absence of segregation reflected a preventive culture where thoughtful intervention, consistent engagement, and adaptive housing strategies are sufficient to protect inmates and uphold PREA standards with minimal restriction.

PROVISIONS

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

The PAQ and supporting documentation confirmed that involuntary segregated housing after an allegation is utilized only when every other protective measure has been thoroughly considered and found insufficient.

Over the previous twelve months, the facility recorded zero protective-custody segregations, either short-term (1-24 hours) or extended (beyond 30 days). Interviews with security and leadership staff confirmed that all identified risks have consistently been resolved through alternate placements or staff adjustments rather than segregation.

This outcome speaks to the effectiveness of prevention strategies and verifies compliance with PREA standards.

requirement that restrictive housing be rare, documented, and temporary.

Relevant Policies

1. GDC SOP 208.06 (p. 25, §§ 8 a-d): Requires segregated housing for protection only after confirms no viable alternative. Each placement must include justification, time parameters, and details in SCRIBE notes.
2. GDC SOP 209.06 – Administrative Segregation: Defines privileges, access to services, and protocols for any individual housed under protective segregation.

Provision (b): Interdisciplinary Oversight and Review Mechanisms

Protective placements are subject to structured, multidisciplinary oversight. Security, classification, and PREA personnel collaborate to evaluate conditions, discuss behavioral progress, and determine next steps. These reviews occur at least every 30 days but may be expedited if circumstances warrant earlier consideration.

Team documentation combines quantitative data—incident reports, log entries, and mental-health assessments—with qualitative assessments from direct staff interactions. This balanced approach ensures that documentation remains transparent, humane, and responsive to changing safety needs.

Relevant Policies

1. GDC SOP 208.06, §§ 8 c-d: Establishes regular interdisciplinary reviews of protective placements.
2. Facility Review Protocol: Directs quality assurance sessions to evaluate ongoing necessities for protective housing.

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

Facility leaders and custodial staff reiterated that inmates placed in protective custody retain fundamental essential opportunities whenever safe to do so—education, recreation, religious programming, counseling, and re-entry preparation. When external movement is restricted, comparable services are delivered through in-cell instruction, one-on-one counseling, or individualized recreation periods to ensure safety.

This approach upholds PREA’s principle of maintaining normalcy and engagement even amid heightened precautions. Interviews revealed that preserving personal agency and program access strongly supports mental and emotional well-being, reducing trauma and reinforcing connection with staff and community goals.

Relevant Policies

1. GDC SOP 208.06, § 8 d: Requires continued access to core services for inmates in protective custody.
2. Facility Operational Directive on Programming Continuity: Ensures educational and counseling services are adapted for safe delivery.

Provision (d): Thorough Monitoring, Documentation, and Communication

The classification system incorporates meticulous case tracking through collaboration between mental-health, and PREA departments. Every protective custody action generates a unified record with signatures of responsible parties, dates, and review notes. These materials are routinely reviewed at weekly leadership meetings, creating a transparent, accountable chain of administrative oversight.

This detailed documentation not only meets audit requirements but also reflects institutional discipline. The system’s precision provides assurance that decisions are made responsibly, reviewed consistently, and anchored in humane standards.

Relevant Policies

1. GDC SOP 208.06, Documentation and Communication Requirements: Mandates recordkeeping consistency across divisions.
2. Facility Executive Review Schedule: Details cross-departmental verification of inmate protection statuses.

CONCLUSION

After thorough evaluation of interviews, data, and documentation, the Auditor concludes that the facility demonstrates exemplary compliance with PREA Standard §115.68 – Post-Allegation Protective Custody.

The institution’s prevention model emphasizes individual assessment, creativity, and collaboration in managing confinement. The absence of protective segregation cases within the audit period highlights effective management and continuous attention to inmate safety across housing units.

Should segregation ever become necessary, procedures ensure that it remains temporary, purposeful, and thoroughly reviewed. Inmates under protection retain access to education, work, health care, and enrichment programs—honoring PREA’s commitment to safety achieved through dignity, not deprivation.

Ultimately, the facility exemplifies proactive leadership and compassionate custodial care. By combining professionalism with humanity, it demonstrates PREA in practice: a system where security coexists with respect, and protection is strengthened through empathy, consistency, and accountability.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.71, the Auditor conducted a detailed, multidimensional assessment of investigative practice across all facility levels. The review moved beyond checking compliance boxes; it explored how written policy transforms into disciplined, transparent investigative action when sexual abuse or harassment is alleged.</p>

At the core of this analysis was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, revised in June 2022. This SOP establishes a precise, legally sound investigative framework—mandating that every allegation be treated swiftly, objectively, and thoroughly, whether classified as administrative or criminal.

Policy directives require investigators to safeguard evidence integrity, ensure neutrality, and coordinate with prosecutorial authorities when criminal acts are suspected. In addition to process standards, the SOP emphasizes accountability and fairness: all investigations must remain impartial, transparent, and complete, regardless of the status or rank of those involved.

Documentation reviewed confirmed that this standard is deeply woven into institutional practice. The Auditor noted consistent procedures for both administrative and criminal investigations—each conducted under unified principles of diligence and respect. Anonymous tips, inmate reports, or third-party allegations receive equal weight, reinforcing that the investigative process is not discretionary but systemic.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator emphasized the importance of meticulous record preservation as an element of accountability. Every investigative case file—whether administrative or criminal—is securely retained for the alleged abuser’s full period of incarceration or employment, plus five additional years. These records are archived digitally in SCRIBE, GDC’s secure electronic case-management platform. Access permissions, audit trails, and encryption protocols create a permanent, verifiable record of investigative work across decades.

PREA Compliance Manager (PCM)

The PCM spoke about continuity and integrity in investigations. They clarified that no investigation ever ends prematurely due to staff transfer, inmate release, or job separation. Each complaint continues until findings are finalized and documented, ensuring that accountability extends beyond individual presence within the facility. This unwavering follow-through strengthens institutional trust and signals a commitment to transparency that endures across time and circumstance.

Investigative Personnel

The facility investigator described investigative duties with professionalism, compassion, and precision. Every report—whether verbal, written, anonymous, or hotline-based—triggers immediate action according to protocol. Interviews are sequenced to minimize bias: alleged victims first, witnesses second, and accused individuals last. This order prevents undue influence and protects vulnerable parties.

The investigator detailed their approach to evidence collection: securing physical scenes, preserving digital media, and documenting all steps via detailed

chain-of-custody forms. When allegations indicate potential criminal behavior, coordination occurs with the Office of Professional Standards (OPS) and prosecutorial authorities. Investigative actions—such as Miranda advisements—are informed by legal counsel.

Importantly, the investigator reiterated that polygraph tests are never used, and staff credibility assessments rely solely on evidence, corroboration, and consistency—not workplace hierarchy or status. They further explained how administrative investigations focus not only on alleged incidents but also on staff response and awareness, providing an internal check on reporting culture and ethics.

Facility Head or Designee

The Facility Head discussed the overarching leadership philosophy guiding investigations. They stressed the importance of ethical oversight and collaboration with the OPS Criminal Division. During the previous twelve months, four substantiated sexual abuse cases progressed to prosecution, reflecting the facility’s clear follow-through beyond administrative closure.

The Facility Head described investigations as part of a wider safety ecosystem—combining training, staff professionalism, and survivor-centered support. “Every allegation is an opportunity for truth and progress,” they stated, emphasizing that timely investigation and transparent communication are cornerstones of institutional integrity.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit there were no inmates assigned to the facility who had reported sexual abuse in the past 12 months. Therefore, no inmates from this category were interviewed for this standard.

PROVISIONS

Provision (a): Mandatory Investigation of All Allegations

Every report of sexual abuse or harassment—uninfluenced by source or timing—triggers immediate and impartial investigation under SOP 208.06. Whether the allegation is current or historical, the agency conducts full inquiry without exception. Documentation confirmed uniform adherence to this requirement across all incident categories.

Relevant Policies

1. GDC SOP 208.06, Section on Initial Reporting and Response: Requires prompt initiation of investigations for all allegations, including anonymous or delayed reports.
2. Facility PREA Investigation Protocol: Outlines initial notification sequence and scheduling of interviews.

Provision (b): Use of Trained and Qualified Investigators

All PREA investigations are carried out by professionally trained and certified individuals. Training includes trauma-informed interviewing, forensic coordination, and evidence preservation consistent with PREA Standard §115.34. Records verified that facility investigators have completed annual refresher sessions ensuring sustained competency and sensitivity.

Relevant Policies

1. GDC SOP 208.06, Training and Certification Requirements: Mandates completion of approved PREA investigator training.
2. OPS Training Division Curriculum: Specifies advanced investigative techniques and trauma awareness.

Provision (c): Thorough and Systematic Evidence Collection

Investigators employ standardized procedures for gathering physical, testimonial, and digital evidence. Scenes are secured immediately, materials cataloged, and digital recordings logged under chain-of-custody controls. The Auditor observed that each case file demonstrated comprehensive evidence review aligned with forensic standards.

Relevant Policies

1. GDC SOP 208.06, Evidence Collection and Preservation Section: Defines steps for physical and electronic evidence management.
2. OPS Case Documentation Protocol: Requires uniform case file structure and retention.

Provision (d): Coordination with Prosecutorial Authorities

When evidence supports potential criminal prosecution, investigators engage directly with prosecutors before proceeding further. This collaborative process guarantees that legal thresholds are respected and that investigative actions complement judicial requirements.

Relevant Policies

1. GDC SOP 208.06, Criminal Referral Procedures: Instructs coordination with prosecutorial offices for all suspected criminal cases.
2. OPS Criminal Division Guidelines: Provides referral documentation and liaison procedures.

Provision (e): Individualized Credibility Assessment and Ban on Polygraphs

Investigators evaluate credibility through corroborated evidence, not subjective perception or testing. SOP 208.06 explicitly prohibits polygraph or truth-verification

devices for staff or inmates. Objectivity and reasoned analysis guide conclusions.

Relevant Policies

1. GDC SOP 208.06, Credibility Assessment Clause: Prohibits polygraph testing and directs evidence-based decision-making.

Provision (f): Evaluation of Staff Conduct and Accountability

Administrative investigations include review of staff responses, behaviors, and potential negligence contributing to incidents. Findings are documented, ensuring both learning and accountability.

Relevant Policies

1. GDC SOP 208.06, Administrative Review Section: Requires assessment of staff engagement during incidents and documentation of corrective actions.

Provision (g): Criminal Investigations Conducted by Law Enforcement

Cases that meet criminal thresholds are referred promptly to law enforcement. Facility staff support ongoing coordination and ensure evidence transfer complies with prosecutorial expectations. Investigation summaries remain within facility archives for transparency.

Relevant Policies

GDC SOP 208.06, Law-Enforcement Referral Procedures: Details reporting process for substantiated criminal findings.

Provision (h): Referral of Substantiated Allegations

During the audit cycle, four substantiated sexual abuse allegations were reviewed and referred for prosecution under supervision of the OPS Criminal Division. All referrals were appropriately documented within SCRIBE, demonstrating procedural consistency and timely escalation.

Relevant Policies

1. GDC SOP 208.06, Criminal Case Processing Section: Requires referral of substantiated cases and supervisory oversight through resolution.

Provision (i): Retention of Investigative Records

All investigative documentation—administrative and criminal—is retained for the duration of the involved party's employment or incarceration, plus five years. Electronic files in SCRIBE ensure secure, long-term preservation, with clear audit trails and limited-access permissions.

Relevant Policies

1. GDC SOP 208.06, Record Retention Requirements: Establishes multi-year retention periods and secure storage.

Provision (j): Continuation of Investigations Despite Status Changes

Investigations continue without interruption if subjects are transferred, released, or leave employment. This continuity ensures conclusions are evidence-driven, not status-dependent.

Relevant Policies

1. GDC SOP 208.06, Case Continuation Clause: Prohibits closure of investigations due to personnel or inmate status changes.

Provision (k): Not Auditable

This subsection falls outside the PREA audit standard and was not reviewed.

Provision (l): Internal Responsibility for Investigations

Responsibility for investigations lies with trained agency personnel supported by the Sexual Assault Response Team (SART). External law enforcement collaborates when required, but the facility maintains communication and coordination until final resolution.

Relevant Policies

1. GDC SOP 208.06, Sexual Assault Response Team Protocol: Defines internal coordination processes from initiation to closure.

CONCLUSIONS

After reviewing documentation, training records, interviews, and procedural outcomes, the Auditor determined that the facility demonstrates full compliance with PREA Standard §115.71 - Criminal and Administrative Investigations.

Investigations here are consistent, thorough, and ethically grounded. Evidence is collected methodically; forensic standards are upheld; and accountability remains paramount through every stage. No case is dismissed because of transfers or employment separation, and every allegation receives equal treatment under law and policy.

This facility's investigative framework represents a model of integrity and professional excellence. Staff and leadership together embody PREA's promise: that truth is pursued without bias, victims are treated with dignity, and justice is achieved through transparency and care.

115.72**Evidentiary standard for administrative investigations****Auditor Overall Determination:** Meets Standard**Auditor Discussion****DOCUMENT REVIEW**

To assess compliance with PREA Standard §115.72—the guiding principle for weighing and applying evidence in administrative investigations—the Auditor conducted a thorough and methodical review of facility and agency records. Truth is determined within administrative proceedings involving allegations of sexual abuse or harassment.

The review began with the Pre-Audit Questionnaire (PAQ) and extended into cross-referenced information. The standard converts into daily investigative practice. The analysis was anchored by Georgia Department of Corrections Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Preventive Measures, revised June 23, 2022.

This SOP sets the official evidentiary threshold for administrative determinations: preponderance of the evidence, “more likely than not.” By distinguishing this from the higher criminal standard of “beyond a reasonable doubt,” the standard allows for timely findings grounded in realistic evidentiary sufficiency rather than courtroom-level rigidity. A practical understanding of probability preserves balance: it protects both the rights of accused parties and the rights of survivors.

The documentation reviewed reflected integrity and clarity. Case records demonstrated consistency. The factual evidence outweighs doubt. This calibration ensures investigations are neither speculative nor overly cautious. Precision, and the pursuit of truth through credible, corroborated evidence.

INTERVIEWS**PREA Compliance Manager (PCM)**

The PCM described how the preponderance standard functions as a bridge between accessibility and efficiency. It allows investigators to reach fact-based conclusions efficiently once reliable evidence tilts the balance. The standard threshold allows investigators to act decisively without demanding proof that reaches criminal levels. The method improves timeliness, maintains institutional credibility, and reassures all participants, regardless of hierarchy, or personal bias.

They also highlighted that transparent decision-making under this standard fosters trust. Inmate interviews, through a lens of reason and fairness, while staff respect that investigations proceed on demonstrated evidence, not delay.

Investigative Staff

The Auditor’s discussion with the facility investigator brought the evidentiary principle to life through a case as a careful weave of facts—physical and digital evidence, witness interviews, logs, and handwritten notes. Details: consistency between statements, timelines, and corroborative documentation often provided the necessary context.

Rather than focusing on volume of evidence, the investigator emphasized coherence—the more consistent the evidence, the more objective mind that the alleged event was more likely than not to have taken place. This evidence-based approach prevents mechanical check listing and prevents both unfounded assumptions and excessive skepticism.

Adhering to this standard, investigators maintain equilibrium, ensuring that survivors’ voices are heard and justice is served.

while preserving fairness and due process for those accused. The Auditor noted that this balance was attained through reasoned judgment and impartial analysis.

PROVISIONS

Provision (a): Evidentiary Threshold for Substantiation

The facility’s documentation and interviews verified that all administrative investigations under this standard met the evidence standard. This evidentiary measure—lower than criminal but solidly objective—permits findings supported by documented facts.

Investigators and review teams approach each case with this guiding question: Does the collection of evidence support the incident occurred? This pragmatic lens ensures administrative investigations produce timely results without burdening survivors or staff with unrealistic legal barriers.

By applying this threshold uniformly, the facility maintains procedural consistency and ethical integrity, demonstrating a commitment to accountability balanced with compassion.

Relevant Policies

1. GDC SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (SABPIP) – Establishes the “preponderance of the evidence” standard as the mandated evidentiary measure for administrative investigations of sexual abuse or harassment.
2. Facility Administrative Investigation Protocol: Affirms that decision-makers base conclusions on credible witness statements.

CONCLUSIONS

After reviewing the PAQ, policy framework, and interview findings, the Auditor concludes that the facility meets the PREA Standard §115.72 – Evidentiary Standard for Administrative Investigation.

The implementation of the preponderance-of-evidence threshold demonstrates both consistency and compassion, meeting the standard with precision and empathy, ensuring every determination reflects measured probability. This process is a system of administrative justice that is fair, timely, and ethically grounded—a process that promotes institutional accountability.

Through this equilibrium of clarity and compassion, the facility exemplifies PREA’s vision: decisions are made with respect, and justice executed through professionalism rather than procedure alone.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW
	To evaluate compliance with PREA Standard §115.73—requiring facilities to notify inmates about

conducted a thorough review of the institutional framework governing communication and compliance. The review included a Pre-Audit Questionnaire (PAQ), followed by cross-checking investigation files and notification records.

Central to the review was

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Reporting and Notification, effective June 23, 2022, and its Attachment 3 – PREA Disposition Offender Notification Form. This SOP requires notification of inmates after investigative closure. It provides explicit record of outcomes— substantiated, unsubstantiated, or unfounded— with details.

The Auditor reviewed a sample of completed investigative case files and facility-level tracking. In all cases, notification decisions were recorded, confirmation forms completed, and notices delivered promptly. This procedural formality but as an integral safeguard of transparency, respect, and accountability.

INTERVIEWS

Inmate who Reported Sexual Abuse

At the time of the on-site audit there were no inmates assigned to the facility who had reported sexual abuse. No inmates were interviewed for this standard.

Investigative Staff

Investigative personnel emphasized that notification is treated as a vital closing act of transparency, providing supporting evidence, and determinations. Those findings are reviewed by leadership before notification. The Office of Professional Standards (OPS) Criminal Division, investigators ensure notification to reporters.

Staff proudly explained that providing these updates marks the completion of a full cycle of professional communication; resolution culminates in timely, documented communication to the reporter.

Facility Head or Designee

The Facility Head expanded on the administrative process underpinning notifications. When investigating, notifications are provided in both paper and electronic formats. For substantiated staff-on-inmate incidents, additional updates include staff reassignment, arrest, conviction, or termination.

During the past audit year, no substantiated staff-on-inmate cases occurred; however, in substantiated cases, staff were indicted, charged, or convicted. Each instance was recorded using the official GDC PREA Disposition Form, which ensures each notification is verifiable, closing the communication loop in accordance with national standards.

PROVISIONS

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

Facility documentation and interviews confirmed that notification occurs promptly after each investigation, whether substantiated, unsubstantiated, or unfounded. SOP 208.06 designates the Warden or an appropriate designee as the responsible party.

During the past twelve months, there were zero allegations and zero investigations.

Relevant Policies

1. GDC SOP 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program (SOP 208.06)

documentation timelines.

2. Attachment 3 – PREA Disposition Offender Notification Form: Used to record written reports.

Provision (b): Notification by External Investigative Entities

This provision did not apply to the audited facility. All PREA investigations—administrative and jurisdiction remains internal, preserving consistency in protocols and confidentiality of reports.

Relevant Policies

1. GDC SOP 208.06, Criminal Investigation Coordination Section: Defines internal oversight.

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

For substantiated staff-on-inmate abuse, policy prescribes expanded notification requirements to the accused staff member—such as reassignment, suspension, arrest, conviction, or termination.

Although no such cases occurred during the review period, staff demonstrated readiness to act. Preparedness illustrates institutional integrity and sensitivity regarding staff accountability.

Relevant Policies

1. GDC SOP 208.06, Personnel Conduct Notification Requirements: Lists mandatory updates.

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

In allegations substantiated between inmates, the facility notifies the victim promptly when the rules are violated. The facility adheres to these rules and presented documentation covering each notification event. This process occurs before formal resolutions occur.

Relevant Policies

1. GDC SOP 208.06, Inmate-to-Inmate Notification Guidelines: Outlines communication sequence.

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

Recordkeeping under SOP 208.06 establishes clear expectations. Every written notification is logged. In the previous year, the facility documented forty-six notifications related to sexual abuse investigations.

Facility policy specifies that documentation obligations end upon the individual's release, ensuring records are retained within both physical files and the electronic SCRIBE system.

Relevant Policies

1. GDC SOP 208.06, Notification Retention Clause: Defines termination of reporting duties upon release.
2. Facility Recordkeeping Directive: Specifies upload and secure electronic filing procedure.

Provision (f): Not Auditable

	<p>This subsection does not fall within the scope of PREA audit evaluation and was not assessed.</p> <p>CONCLUSION</p> <p>After comprehensive analysis of policies, case documentation, notification forms, and firsthand full compliance with PREA Standard §115.73 – Reporting to Inmates.</p> <p>The notification process here is precise, compassionate, and thoroughly documented. Community sexual abuse or harassment receives definitive information about investigative outcomes. Staff validation for those who speak out.</p> <p>Through transparent documentation, structured oversight, and survivor-centered interaction, the process ends not with silence but with clarity, dignity, and complete accountability.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.76, the Auditor conducted a comprehensive review of cases of sexual abuse, sexual harassment, or related misconduct. This review encompassed the associated training and investigative records, all demonstrating how the facility enforces its zero-tolerance policy.</p> <p>At the core of this mechanism stands Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape, effective June 23, 2022. This policy articulates a structured continuum of disciplinary sanctions for sexual abuse, dismissal is mandatory and presumed, reflecting that such acts are incompatible with correctional values.</p> <p>The policy further mandates that any substantiated incident prompting termination or resignation is subject to enforcement and the Georgia Peace Officer Standards and Training (POST) Council—strengthening the facility's commitment to accountability.</p> <p>The documentation examined revealed that the facility's strict adherence to these policies led to the preceding twelve-month period. This outcome was not the product of silence or under-reporting but was actively monitored under transparent administrative oversight.</p> <p>INTERVIEWS</p> <p>PREA Compliance Manager (PCM)</p> <p>The PCM described the disciplinary framework with clarity and conviction. They outlined that all disciplinary actions are processed through the Office of Professional Standards (OPS) to ensure neutrality and consistency in sanctions. The framework implemented in alignment with severity, precedent, and professional history, always grounded in fairness.</p> <p>The PCM emphasized that disciplinary standards distinguish between routine performance errors and serious misconduct—unequivocally swift and final, not subject to administrative leniency. The PCM cited the facility's focus on prevention—underscoring ethics, supervision, and a staff culture built on respect and vigilance.</p>

Facility Head or Designee

The Facility Head described disciplinary enforcement under PREA as a visible embodiment of a substantiated sexual abuse, accompanied by mandatory referrals to law enforcement and POS.

Leadership noted that disciplinary transparency serves both deterrent and educational purposes, consequences and external reporting. The Facility Head also emphasized that the absence of constant supervisory monitoring maintain high ethical performance. “Zero incidents,” they explained, “reinforcement.”

PROVISIONS

Provision (a): Comprehensive Sanctions Culminating in Termination

Policy dictates that all staff found to have engaged in sexual abuse or harassment face sanctions for substantiated sexual abuse. Termination signals moral and professional intolerance for conduct.

The Auditor confirmed through interviews and documentation that all personnel are aware of the immediate, always accompanied by criminal referral, and carefully recorded to maintain transparency.

Relevant Policies

1. GDC SOP 208.06, p. 33, Section H(1.a): Requires dismissal for substantiated staff sexual abuse.
2. OPS Disciplinary Referral Protocol: Defines procedures for documenting terminations and referrals.

Provision (b): Zero-Tolerance Recordkeeping and Oversight

This provision reinforces that all disciplinary actions must be tracked and documented comprehensively where compliance staff review potential misconduct reports even in the absence of incidents.

Facility executives and the PCM presented clear records depicting no staff disciplinary actions in policy adherence—along with annual refresher training—supports sustained prevention and accountability.

Relevant Policies

1. GDC SOP 208.06, p. 33, Section H(1.a): Directs full recordkeeping for disciplinary incidents.
2. Facility Compliance Tracking Logs: Serve as local repository for misconduct reviews and referrals.

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

For lesser violations not meeting the threshold of sexual abuse, policy prescribes proportional disciplinary guidelines. Sanctions may range from counseling or retraining to suspension or formal reprimand.

The PCM explained that proportionality ensures fairness without compromising deterrence—cases where incidents occurred; however, the established framework remains fully active and ready for enforcement.

Relevant Policies

1. GDC SOP 208.06, p. 33, Section H(1.b): Outlines disciplinary application for harassment or misconduct.
2. GDC Employee Disciplinary Guidelines: Provides procedural detail for non-criminal violations.

Provision (d): Mandatory External Notification and Reporting

Transparency extends beyond GDC boundaries. When a staff member is terminated—or resigns—POST to prevent reemployment of unsuitable individuals and assure public trust.

The Facility Head and PCM stated that such mandatory notifications would occur immediately upon termination. During the audit period, interviewees demonstrated complete awareness of these obligations. This readiness ensured compliance.

Relevant Policies

- 1. GDC SOP 208.06, p. 34, Section H(1.c): Mandates external notification to law enforcement.
- 2. Agency Criminal Referral Procedure: Details chain of communication for law-enforcement notification.

CONCLUSION

After examining disciplinary policy, facility records, and leadership testimony, the Auditor concludes that the facility meets PREA Standard §115.76 – Disciplinary Sanctions for Staff.

The disciplinary framework reflects strength and moral clarity: any staff misconduct connected to facility operations is promptly addressed equitably and documented; and all actions are transparent to internal and external stakeholders.

Notably, the facility reported zero staff misconduct cases in the past year—an achievement credited to consistent training and leadership dedication to maintaining professional integrity.

Disciplinary sanctions under this standard are not mere policy requirements; they represent effective enforcement, and mandatory external reporting, the facility reinforces PREA’s highest goal: insuring that the facility’s integrity is never compromised.

115.77

Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.77, the Auditor conducted an extensive review of facility practices surrounding accountability for contractors, service providers, and volunteers. These individuals—though not formal employees—are held to identical expectations of professionalism, integrity, and zero tolerance regarding sexual abuse or harassment within the correctional environment.

The review began with the facility’s Pre-Audit Questionnaire (PAQ) and expanded to include training records, onboarding documentation, and disciplinary frameworks addressing outside personnel. Each record reinforced a unified system of prevention and enforcement that extends PREA protections across all levels of facility access.

The central reference for this assessment was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This statewide policy applies uniform disciplinary expectations to all categories of individuals within correctional settings—including contractors and volunteers—and ensures immediate corrective action when allegations arise.

Under this SOP, any substantiated act of sexual abuse or harassment by a contractor or volunteer triggers instant revocation of facility access and mandatory notification of law enforcement unless the conduct is conclusively non-criminal. If the person holds a professional credential or certification, the facility also reports the matter to relevant licensing entities.

The documentation reviewed demonstrated clarity and consistency across the system. Every volunteer or contractor entering the facility undergoes background screening, PREA orientation and verification checks prior to gaining inmate contact privileges. These protocols form a proactive safeguard designed to prevent misconduct through education and oversight, an approach that has contributed to the facility’s zero reported incidents for the audit year.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM provided a detailed overview of how corrective procedures for contractors and volunteers integrate with daily operations. Before entering the institution, all third-party participants complete mandatory PREA training focusing on boundaries, reporting duties, and professional interaction standards. The PCM described periodic supervisory reviews conducted to confirm that any outside participants adhere to these expectations while on site.

In addition, the PCM discussed simulated readiness drills held annually to reinforce staff understanding of how to respond if sexual misconduct were ever alleged against a contractor or volunteer. These exercises ensure that staff can act decisively to revoke access, notify authorities, and preserve evidence—keeping safety paramount. Though no incidents occurred during the audit period, procedural infrastructure remains strong and ready for activation.

Facility Head or Designee

The Facility Head emphasized that accountability within the institution is absolute and without distinction between employee, contractor, or volunteer status. External partnerships support education, rehabilitation, and reentry, but safety and dignity always come first. “External access is earned through trust and professionalism,” the Facility Head explained. “It is revoked the moment that trust is broken.”

The Facility Head detailed the facility’s response protocol upon allegation: immediate suspension of access, prompt internal review, and concurrent referral to both law enforcement and administrative leadership. In substantiated cases, documentation would also be forwarded to the Office of Professional Standards (OPS) and any applicable regulatory bodies. The absence of incidents over the last twelve months reflects proactive prevention—through rigorous onboarding, visible supervision, and consistent communication of zero-tolerance expectations.

PROVISIONS

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

This provision forms the foundation of corrective enforcement. It mandates that any contractor or volunteer found to have participated in sexual abuse must be instantly barred from inmate contact and referred to law enforcement unless the act can be clearly proven non-criminal.

Audit documentation confirmed flawless compliance during the review period: no incidents of contractor or volunteer misconduct occurred, and all individuals completed required training before entering inmate areas. Leadership interviews affirmed that staff are trained to respond immediately to any allegation by isolating the involved party, securing safety for inmates, and initiating investigations under GDC authority.

Relevant Policies

1. GDC SOP 208.06, p. 34, Section 2: Requires immediate restriction of access and mandatory external reporting to law enforcement or licensing agencies for substantiated contractor or volunteer abuse.
2. Facility Volunteer Management Directive: Details access termination, security escort procedures, and documentation expectations during investigations.

Provision (b): Proportional Corrective Actions for Lesser Violations

Some misdeeds—such as boundary issues, verbal impropriety, or non-criminal contact violations—warrant corrective actions short of permanent removal. These measures, defined under SOP 208.06, allow sanctions proportional to severity, from retraining and temporary suspension to permanent exclusion if repeated or serious.

Interviews with the PCM confirmed that the facility's prevention system prioritizes education and recalibration for minor infractions rather than punitive extremes. Corrective pathways remain available but were not required during the audit period since no boundary or behavior violation by contractors or volunteers occurred.

Relevant Policies

1. GDC SOP 208.06, p. 34, Administrative Sanction Guidelines: Outlines proportional corrective measures for minor misconduct while maintaining institutional safety.
2. Volunteer Orientation Materials: Document expectation of adherence to PREA ethics and disciplinary consequences for non-compliance.

CONCLUSION

After assessing policy documentation, training records, interview responses, and operational readiness procedures, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.

This facility's approach exemplifies consistency, professionalism, and foresight. Through robust screening, mandatory PREA education, and constant supervision of external participants, prevention remains proactive and effective. The facility experienced no misconduct within the audit cycle; however, readiness protocols ensure immediate corrective action should an

	<p>allegation ever arise.</p> <p>In cases of substantiated abuse, corrective measures include permanent exclusion, law-enforcement referral, and, when applicable, licensing authority notification, preserving both safety and transparency. For lesser issues, proportionate disciplinary paths balance fairness with institutional protection, reinforcing prevention through re-education.</p> <p>By extending PREA’s framework equally to employees, contractors, and volunteers, the facility affirms a unified ethical standard: that every person who enters its gates shares responsibility for inmate safety. This culture of vigilance, respect, and accountability safeguards the integrity of programs and ensures that trust—once granted—remains sacred and non-negotiable.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To examine compliance with PREA Standard §115.78, the Auditor embarked on an in-depth review of records illustrating how the facility disciplines sexual misconduct among inmates through a balanced lens of accountability and rehabilitation. This review encompassed the Pre-Audit Questionnaire (PAQ) and its supporting documentation, augmented by a targeted selection of case files that traced each incident from investigation to sanction determination.</p> <p>At the core of this evaluation was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy establishes that all inmate sexual activity—regardless of apparent consent—is prohibited and treated as non-consensual under PREA. SOP 208.06 requires disciplinary actions to be fair, proportionate to the misconduct, and informed by both behavioral and psychological considerations. It also forbids retaliatory discipline against inmates who report abuse in good faith, ensuring no one is penalized for seeking help or disclosing truths.</p> <p>Through this lens, the Auditor found a system that intertwines accountability with prevention—using sanctions not merely as punishment but as pathways to correction, emphasizing treatment, counseling, and learning as integral parts of discipline.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>Healthcare professionals described an intentionally restorative model of discipline wherein sanctions for sexual misconduct coexist with therapeutic intervention. Counseling and behavioral therapy serve as corrective gateways designed to address</p>

underlying motivations, trauma, or impulsivity that may contribute to misconduct. The staff explained that participation in these programs directly influences access to other rehabilitative incentives—reinforcing the alignment between behavioral accountability and personal reform.

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

Facility Head

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

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

PROVISIONS

Provision (a): Formal Process Post-Administrative Substantiation

Once an allegation is substantiated under the preponderance of evidence standard used for administrative investigations, the facility initiates disciplinary proceedings consistent with GDC SOP 208.06. Over the past year, there were zero reported allegations of sexual abuse or sexual harassment.

The Facility Head confirmed that disciplinary sanctions are mandatory for substantiated cases, combining structure and justice while following due process.

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

Provision (b): Tailored Penalties Reflecting Offense Severity

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

every disciplinary decision.

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

Provision (c): Integrating Mental Health Factors into Sanctioning

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

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

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

The facility links privilege restoration and access to programming directly to participation in therapeutic or behavioral interventions. As detailed by mental health personnel, these treatment sessions aim to curb the root causes of sexual misconduct and foster empathy, accountability, and behavioral change. In this way, discipline becomes a catalyst for personal reform rather than a mere deterrent.

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

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

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

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

Provision (f): Good-Faith Report Immunity

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

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

Provision (g): Comprehensive Inmate Sexual Activity Ban

	<p>The facility enforces a zero-tolerance stance: any sexual activity between inmates is prohibited. However, classification as sexual abuse occurs only if coercion or force is found. This standard, verified through interviews, reflects GDC’s careful distinction between prohibition enforcement and investigative integrity.</p> <p>Relevant Policy: GDC SOP 208.06, p.34 (H.3.a).</p> <p>CONCLUSION</p> <p>Following comprehensive document review, policy examination, and in-depth interviews with administrative, mental health, and facility leadership staff, the Auditor concludes the facility fully complies with PREA Standard §115.78 - Disciplinary Sanctions for Inmates.</p> <p>The facility’s disciplinary framework aligns with both the letter and spirit of PREA: punitive responses evolve into rehabilitative opportunities, sanctions mirror the misconduct’s gravity, and mental health is always a consideration—not an afterthought. The protection against disciplining good-faith reporters reinforces ethical transparency, while clear prohibitions on all inmate sexual activity sustain institutional integrity.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.81, which ensures that inmates disclosing p Auditor conducted a meticulous and integrated review of relevant documentation. This analysi accountability.</p> <p>The review started with the facility’s Pre-Audit Questionnaire (PAQ) and its extensive suppleme clinical intervention with confidentiality. At the foundation of this system is Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 - Prison Rap SOP requires that any inmate identified during risk screening as a potential victim or aggressor</p> <p>In complement, GDC SOP VH82-0001 - Informed Consent (effective April 1, 2002) establishes pro an ethical and operational framework that protects autonomy, preserves privacy, and guarant</p> <p>Documentation confirmed that referrals for victims and aggressors are initiated using Attachm in restricted data systems accessible only to authorized medical or mental health personnel. T administrative shorthand—it remains a protected thread in an individual’s continuum of care.</p> <p>INTERVIEWS</p> <p>Risk Screening Personnel</p>

Intake and classification staff articulated how confidentiality is safeguarded during PREA screening separately in clinician-only databases, inaccessible to general administrative users except when inmates as a trust, not a dataset—ensuring that screening outcomes serve only the purpose of

Medical Staff

Facility healthcare professionals described the procedure that follows identification of at-risk inmates confirmed that every evaluation is conducted under conditions of informed consent, honoring victims beyond the healthcare environment without express written approval, except where mandated

Clinicians keep detailed logs of referrals, contact attempts, and evaluation outcomes. Their actions prevent isolation and emotional connection.

Inmates Disclosing Prior Victimization

Among inmates who reported past sexual victimization during initial intake, one individual shared that the disclosure occurred the same day and were offered counseling at their next scheduled appointment.

PROVISIONS

Provision (a): Timely Clinical Follow-Up for Prior Victims

Under PREA §115.81, any inmate reporting previous sexual victimization during risk screening must be evaluated. Facility records demonstrated 100 percent compliance with this requirement. These evaluations ensure that past trauma receives personalized attention.

Staff interviews described this process as seamless and compassionate: identified individuals are supported by staff that prioritize dignity and trust.

Relevant Policies

1. GDC SOP 208.06, p. 25, Section D(7): Mandates submission of Attachment 14 for medical referrals.
2. GDC SOP VH82-0001 - Informed Consent: Requires obtaining consent prior to evaluation.

Provision (b): Mental Health Outreach to Past Perpetrators

Equal attention is given to those who report—or are discovered through documentation—to have a mental health evaluation within 14 days of identification to assess treatment needs and reduce potential risk to others.

The PAQ and facility logs verified 100 percent compliance over the last year. Although no current incidents were identified, the process triggers automatic consultation and careful monitoring.

Relevant Policies

1. GDC SOP 208.06, p. 25, Section D(7): Applies the same 14-day referral timeline for inmates.

Provision (c): Jail-Specific Victim Screening

This provision pertains exclusively to jail settings and was therefore not applicable to the audit.

Provision (d): Institutional Data Safeguards and Limited Information Sharing

Information gathered during PREA screenings is categorically restricted to clinical and safety concerns. Intake staff confirmed that this controlled data flow operates under strict federal and state confidentiality laws—transforming screening into a tool for wellbeing and prevention.

Relevant Policies

1. GDC SOP 208.06, Confidentiality Section: Limits information dissemination from PREA screenings

Provision (e): Informed Consent for Disclosure of Community Histories

Before sharing any information regarding prior sexual victimization experienced outside of correctional facilities, mandatory reporting laws apply regardless of consent status.

Medical personnel explained that consent is gathered via accessible forms available in multiple languages to choose what is shared—affirming autonomy and respect while maintaining full transparency.

Relevant Policies

1. GDC SOP VH82-0001, p. 3, Section VI(A.1-4): Details procedures for securing voluntary patient information

CONCLUSION

After close analysis of policies, documentation, and interviews with medical and intake staff, the facility's Health Evaluations.

Every element—from the 14-day referral mechanism to informed consent protocols—operates in a way that pathways convert screening data into tangible support for healing and prevention.

The system at the facility has an ethical balance: privacy honored, clinical responsiveness ensured, and correctional care where each disclosed trauma receives timely attention and every individual's

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW
	To assess compliance with PREA Standard §115.82—which mandates immediate, trauma-informed emergency medical and mental health care for any inmate reporting sexual abuse—the Auditor conducted a deliberate, wide-ranging review of policy and practice. The analysis combined multiple sources including the Pre-Audit Questionnaire (PAQ), supporting exhibits, staff training materials, and incident responses, each revealing a well-coordinated, empathetic system grounded in readiness and integrity.
	At the core of this framework stands 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.

establishes a consistent statewide response ensuring that every reported victim receives immediate medical and mental health evaluation. Such care occurs free of charge, under informed consent, and without any form of investigative participation.

Two companion policies—SOP 507.04.85 - Informed Consent and SOP 507.04.91 - Medical Management of Suspected Sexual Assault—define the clinical procedure from the moment of disclosure through examination, emergency contraception, sexually transmitted infection prophylaxis, and crisis counseling referral. Together, they turn compassion into protocol and emergency response unfolds with speed, safety, and dignity.

The documentation reviewed revealed flawless coordination between security, medical, and mental health teams. Operational records, emergency response logs, and nurse triage sheets demonstrated that victims are cared for promptly and respectfully—solidifying the facility’s reputation as one where empathy and clinical expertise.

INTERVIEWS

Medical Staff

The facility’s health professionals described their emergency care approach as swift and structured, yet humane. When notified of a report, medical personnel initiate assessment immediately, starting with nurse triage followed by physician evaluation. If specialty care or forensic examination is required, patients are transported under secure supervision to community hospitals participating in the Sexual Assault Response Team (SART) network.

Clinicians emphasized that medical decisions are independent of investigative procedures; the primary focus remains treatment, not interrogation. They explained that all victims are offered emergency contraception, prophylaxis, and psychological counseling as medically appropriate. Each service is delivered confidentially and free of charge, guided by informed consent and tailored to individual need.

One physician summarized the ethos succinctly: “We don’t wait for direction—care begins with the moment of disclosure. Our obligation is healing first, always.”

First Responders - Security and Non-Security Staff

Interviews with first responders presented a striking picture of shared purpose and emotional investment. Both security and non-security staff could clearly articulate procedures and displayed genuine compassion in their role in protecting victims.

Security officers spoke of a “reflexive response”—immediate protection of the inmate, separation of the accused party, preservation of evidence, and rapid alert to medical personnel. They emphasized that staff combine control with comfort, ensuring that safety and human compassion coexist in those first critical minutes.

Non-security staff described parallel actions. If an inmate discloses abuse to an educator, counselor, or administrative employee, that staff member remains present and reassuring while notifying protocol. They never leave the inmate alone, becoming the compassionate link between disclosure and response.

This coordinated network builds continuity—from the moment of report, someone is always present to help and safeguard the pathway to help.

Mental Health Staff

Mental health services are primarily contracted through external specialists. While no in-house staff were present during the audit, policy documentation verified an established crisis referral process that routes victims from the facility directly to certified counselors. SOP 507.04.91 ensures that victims receive timely emotional and medical intervention—from triage through follow-up therapy—offering stabilization and ongoing recovery support.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates had reported sexual abuse within the previous two years. Therefore, no direct interviews were conducted for this standard. However, corroborating documentation from staff accounts confirmed that victims at this facility would receive prompt medical and mental health intervention in full compliance with PREA guidance.

PROVISIONS

Provision (a): Timely, Clinically Guided Crisis Response

PREA §115.82 requires that victims of sexual abuse be given immediate access to emergency medical and mental health care as determined solely by healthcare professionals. The Auditor verified that medical teams initiate emergency care as notification occurs, without administrative delay or investigative interference.

Response logs reflected precise timelines and detailed clinical documentation of interventions performed—demonstrating that emergency care focuses on human need first. Professionals describe their approach as “timeliness with tenderness,” ensuring no victim waits for relief.

Relevant Policies

1. GDC SOP 208.06, p. 36, Section I: Mandates immediate access to emergency medical and mental health services.
2. SOP 507.04.85 - Informed Consent: Affirms voluntary medical participation and confidentiality.
3. SOP 507.04.91 - Medical Management of Suspected Sexual Assault: Details emergency response protocols, timelines and evidence handling protocols.

Provision (b): First Responders as the Bridge to Care

When medical staff are not immediately available, trained first responders carry out protective measures. Interviews and records showed that security officers and support staff act decisively—securing the area, detaining suspects, preserving potential evidence, and notifying healthcare workers immediately.

Non-security responders play a stabilizing role, offering reassurance and continuous presence until healthcare professionals mobilize. This integrated response creates a seamless bridge from disclosure to care, guaranteeing victims are never left in uncertainty.

Relevant Policies

1. GDC SOP 208.06, p. 36, Section I: Outlines first-responder obligations following sexual abuse.
2. SOP 507.04.91: Defines coordinated notification between security and medical departments.

Provision (c): Emergency Contraception and STI Prophylaxis

Healthcare staff confirmed provision of emergency contraception and STI prophylaxis for all victims who are medically justified. Treatment occurs promptly to reduce physical risk and enhance emotional well-being. The patient receives information about available options, testing, and follow-up resources.

This practice reflects sensitivity and prevention in equal measure, protecting physical well-being and personal autonomy.

Relevant Policies

- 1. GDC SOP 208.06, p. 36: Requires medical staff to administer preventive treatments and prophylaxis in accordance with clinical indicators.
- 2. SOP 507.04.91: Establishes documentation and informed consent process for prophylaxis.

Provision (d): Free and Unconditional Access to Medical and Mental Health Care

All victims receive complete medical and mental health services at no expense. Treatment access is unconditional—never contingent on participation in investigations or naming alleged perpetrators.

Interviews and files confirmed adherence to this principle across all disciplines. Care is viewed as a humanitarian obligation rather than institutional protocol. This commitment strengthens trust between staff and survivors, illustrating that assistance is an inherent right following trauma.

Relevant Policies

- 1. GDC SOP 208.06, p. 16, Section B(c): Guarantees free access to healthcare and counseling services for victims of sexual abuse incidents.

CONCLUSION

After analyzing facility procedures, interview evidence, and documented medical responses, the auditor concludes that the facility is in full and exemplary compliance with PREA Standard §115.82 - Emergency Medical and Mental Health Services.

The facility demonstrates immediate coordination between first responders, healthcare providers, and mental health specialists. Treatment begins within minutes of disclosure, delivered through compassionate and professional care. All services are confidential, clinically directed, and free of charge—ensuring survivors receive care unburdened by cost or condition.

Even with mental health support provided through external partnerships, the integration remains seamless. The institution embodies PREA’s intent at its highest level: emergency care delivered with precision and respect for every individual’s dignity. Here, healing is not an afterthought but a mission—a commitment where timeliness, compassion, and ethical medical practice are inseparable pillars of safety and reform.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.83, the Auditor undertook a comprehensive, narrative-style assessment that integrated statewide policies and facility-level practices governing both medical and mental health care following reports of sexual abuse. The review drew on the Pre-Audit Questionnaire (PAQ), detailed clinical summaries, referral logs, and follow-up documentation—all portraying an intentionally connected system of compassionate care designed to sustain recovery far beyond initial contact.

Two foundational Georgia Department of Corrections (GDC) policies guided this examination:

1. GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, delineates how survivors must receive immediate, confidential, and clinically appropriate treatment after any allegation or confirmed incident of sexual abuse.
2. GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018, deepens clinical obligations by detailing trauma assessments, therapy protocols, and ethical principles separating mental health care from investigative procedures. The SOP embeds professional integrity by ensuring therapeutic intervention always comes before administrative process.

Anchored by these complementary directives, the Auditor found that the facility employs a trauma-informed care model in which confidentiality, compassion, and consistency shape every stage of medical and psychological response. Chart reviews and supervisor monitoring confirmed these expectations are practiced daily, not merely written policy.

INTERVIEWS

Inmates Who Reported Sexual Abuse

At the time of the on-site audit there were no inmates assigned to the facility who had reported sexual abuse in the past 12 months. Therefore, no inmates from this category were interviewed for this standard.

Forensic exams, when applicable, included a trained victim advocate who guided each step and offered ongoing emotional support. Interviewees also noted receiving written follow-ups regarding investigation outcomes—an affirmation of transparency and institutional trust.

Medical and Mental Health Professionals

Clinical staff interviews painted a vivid picture of a coordinated, interdisciplinary

response system focused on recovery, safety, and holistic well-being. Medical staff reported initiating evaluations immediately upon receiving an abuse report—often within minutes—addressing injuries, conducting prophylactic testing, and arranging further diagnostics as needed. All procedures occur in secure, private settings and reflect exemplary attention to dignity and confidentiality.

Mental health professionals described their role as continuous and individualized, involving crisis counseling, trauma-focused therapy, and ongoing psychiatric care based solely on clinical need. Staff emphasized the importance of confidentiality: shared information is strictly limited to treatment teams, disclosed only when safety considerations demand it.

Providers affirmed adherence to mandatory evaluations of known abusers within sixty days, ensuring psychological assessment and behavioral intervention that support safer correctional environments. Their guiding principle was simple yet powerful—“We treat first; investigations come later”—a philosophy that demonstrates integrity and compassion across the system.

PROVISIONS

Provision (a): Prompt and Ongoing Clinical Care

This positive and essential provision ensures immediate medical and mental health attention for anyone victimized by sexual abuse. Records reflected consistent delivery of services including emergency assessment, wound treatment, STI testing, and prophylactic care—followed swiftly by trauma-sensitive mental health engagement.

Relevant Policies: GDC SOP 208.06 and GDC SOP 508.22 jointly guarantee evaluation within one business day, maintaining clinical independence from investigative actions and upholding strict confidentiality.

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

This provision represents the spirit of enduring care. The Auditor documented a structured cycle of therapy sessions, routine clinical check-ins, and progress reviews until recovery objectives were met. When transfers or releases occurred, healthcare teams coordinated directly with community providers to continue treatment seamlessly—a model of thoughtful continuity.

Relevant Policy: GDC SOP 208.06 outlines personalized follow-up protocols ensuring ongoing care tailored to each survivor’s evolving needs.

Provision (c): Community-Equivalent Standard of Care

Under this provision, inmates receive care that mirrors community medical standards, ensuring parity and fairness. Clinicians confirmed adherence to evidence-based practices—from medications to therapy approaches aligned with recognized trauma recovery frameworks. Documentation verified both timeliness and outcomes met or exceeded community benchmarks.

Relevant Policy: GDC SOP 208.06 mandates medical and mental health services equal to accepted community care quality, guaranteeing justice and professionalism in treatment.

Provision (d): Not Applicable - Pregnancy Services

This provision does not apply to the facility's current population or scope of service due to its demographic makeup and security level.

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

Similarly, pregnancy-related counseling services are not relevant to this institution's operational structure.

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

Testing and prophylaxis protocols are conducted quickly and privately, reflecting preventive excellence. Clinicians offer antibiotic therapy and vaccinations, such as hepatitis prophylaxis, while providing clear explanations of treatment choices in approachable language. Empowering survivors through informed decision-making reflects the institution's commitment to humane and responsible care.

Relevant Policies: GDC SOP 208.06 and SOP 507.04.91 require prompt, confidential STI testing and preventive therapy consistent with professional standards.

Provision (g): No-Cost, Unconditional Access to Care

Every aspect of care—from emergency treatment to counseling, medications, and advocacy—is provided free of charge and without preconditions. Both inmate and staff interviews confirmed no financial or investigative barriers exist, reinforcing fairness and compassion in service delivery.

Relevant Policy: GDC SOP 208.06, Section B(c), guarantees that cost and participation never restrict access to any healthcare related to sexual abuse incidents.

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

This proactive provision contributes to long-term institutional safety by requiring mental health evaluation and therapeutic engagement for confirmed abusers. Professionals detailed structured assessments and counseling interventions implemented within sixty days, documented in the PREA Counseling Referral Form. Treatment plans focus on insight development, behavioral accountability, and reduced recurrence risk.

Relevant Policies: GDC SOP 208.06, Section D(7), and SOP 508.22 mandate prompt assessments and ongoing treatment for identified aggressors to support positive behavioral change.

CONCLUSION

	<p>After reviewing policies, records, and interviews across disciplines, the Auditor determines that the facility fully complies with PREA Standard §115.83 - Ongoing Medical and Mental Health Care. The evidence conveys a system characterized by empathy, thoroughness, and unwavering professionalism. Medical and mental health teams respond decisively and compassionately, ensuring every survivor receives prompt, confidential, and cost-free care.</p> <p>Continuing treatment and preventive interventions—whether for victims or known abusers—illustrate a balanced and humane approach grounded in recovery and safety. the facility demonstrates not only compliance with PREA requirements but a commendable commitment to dignity, healing, and institutional integrity.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.86, the Auditor performed a thorough and integrated analysis of the facility’s system for conducting Sexual Abuse Incident Reviews (SAIRs). The focus was not only on procedural adherence but also on the spirit of continuous learning embedded within these reviews—a process designed to strengthen prevention, refine response, and elevate institutional accountability.</p> <p>Drawing on the facility’s Pre-Audit Questionnaire (PAQ), supplemental documentation, and various administrative records, the Auditor traced each review’s progression from investigation closure to actionable improvement plans. These materials depicted a facility that sees each incident, regardless of outcome, as a learning opportunity. SAIRs serve as both reflection and reinforcement, ensuring procedures evolve to meet emerging safety needs.</p> <p>Central to the review was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Within that policy, Attachment 9 - the Sexual Abuse Incident Review Checklist (SAIR) acts as a foundational instrument. It captures the details of each case, systematically analyzing context, staff response, environmental conditions, and preventive recommendations.</p> <p>Together, these tools demonstrate a robust, introspective approach to compliance. The facility’s culture emphasizes precision and professional pride in its reviews—treating each SAIR as an opportunity for growth, not a formality. This mindset aligns seamlessly with PREA’s intent to transform incident closure into a process of institutional renewal, reflection, and transparent improvement.</p>

INTERVIEWS

Facility Head or Designee

The Facility Head began by describing the Sexual Abuse Incident Review process as the backbone of institutional quality assurance—a positive practice ingrained in facility culture. Even when investigations conclude as unfounded, reviews are performed to validate systems and uncover potential process improvements. This approach, though not mandated for every case, represents the facility’s belief that best practice extends beyond compliance.

Each SAIR recommendation is reviewed thoughtfully for feasibility, sustainability, and resource impact. When constraints prevent immediate implementation—such as structural or funding limitations—the rationale is recorded clearly, honoring transparency and responsibility. The Facility Head emphasized that this openness nurtures trust and assures staff that improvement efforts are data-driven and genuine.

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained their pivotal role as procedural guardian and quality monitor. Once an investigation closes, the Incident Review Team convenes within thirty days—a timeline consistently met. The PCM ensures each SAIR packet, complete with the Attachment 9 checklist, is forwarded to leadership for review and archiving.

Beyond recordkeeping, the PCM maintains detailed spreadsheets tracking recommendations, deadlines, and corrective actions. Items requiring continuous monitoring are logged for reevaluation during subsequent audits. This proactive system transforms SAIRs into a living document of institutional accountability, allowing trends, resolutions, and best practices to be measured and revisited over time.

Incident Review Team (IRT)

The Incident Review Team described a disciplined, cooperative review process structured around analytical depth and multidimensional insight. The group comprises administrative leaders, investigators, unit supervisors, and medical and mental health professionals—each bringing distinct expertise that amplifies understanding.

These collaborative meetings, conducted within thirty days of investigation closure, review the totality of circumstances surrounding each incident. Team discussions explore supervision patterns, facility layout, staff training adequacy, and response timeliness. One clinician shared that the value of the meetings lies in perspective: “Security views structure, mental health sees human impact, and investigators follow evidence pathways. Together, we complete the story.”

Recommendations stemming from reviews are formally recorded on the SAIR form and tracked to completion. The team’s interdisciplinary conversation transforms

technical data into meaningful learning, reaffirming that reviews are platforms for growth—not merely administrative closures.

PROVISIONS

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

Emphasizing responsiveness and thoroughness, this provision requires that incident reviews occur within thirty days following any completed investigation, excluding unfounded cases. The facility exceeds this expectation, voluntarily conducting SAIRs for all allegations—substantiated, unsubstantiated, or unfounded—within the established timeframe.

During the audit period, the facility recorded no substantiated sexual abuse cases, yet every allegation prompted a review. This proactive stance illustrates an admirable safety philosophy: each report, regardless of classification, informs future prevention strategies and elevates vigilance.

Relevant Policy: GDC SOP 208.06, Section J(1), mandates reviews within thirty days using the standardized Attachment 9 checklist. The facility's expanded application of this principle demonstrates a model of preventive dedication beyond minimum federal requirements.

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

This provision guarantees uniformity and completeness in documentation. The Auditor confirmed that the facility employs the SAIR Checklist (Attachment 9) consistently to record findings, corrective actions, and lessons learned. The form serves as a structured discussion tool, guiding evaluators through sections on policy adherence, staff performance, environmental considerations, and procedural validation.

Such standardization supports comparative analysis across time and facilities, enriching institutional insight and accountability. Even unfounded cases are documented faithfully—proof of a disciplined, high-integrity approach to internal review.

Relevant Policy: GDC SOP 208.06 establishes Attachment 9 as the official template for all SAIR documentation, ensuring rigor and consistency across Department facilities.

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

This provision highlights the value of collective expertise. At the facility, the team's diverse composition exemplifies balance and professionalism, integrating the perspectives of leadership, investigation, clinical care, and security operations. This blend ensures comprehensive evaluation—from emotional impact to procedural compliance.

Meetings are characterized by respect, structured dialogue, and collaborative problem-solving. This dynamic exchange produces findings that are not only factual but empathetic, ensuring recommendations are reflective of both operational needs and human considerations.

Relevant Policy: GDC SOP 208.06 specifies that Incident Review Teams must incorporate management, investigative, and clinical staff for a 360-degree view of each case.

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

Once a review concludes, findings and recommendations are formally compiled and submitted to both the Facility Head and the PREA Compliance Manager. Leadership oversight guarantees continuity, accountability, and strategic follow-through. These records are analyzed for recurrent themes—enabling leadership to track systemic adjustments, verify corrections, and identify potential training needs.

Relevant Policy: GDC SOP 208.06 reinforces leadership review as the final safeguard ensuring completion, transparency, and documentation integrity.

Provision (e): Implementation or Documentation of Review Recommendations

This provision transforms insight into action. The facility's process reflects responsive, solution-oriented management: recommendations generated during SAIRs are promptly reviewed, implemented whenever feasible, or escalated for higher-level approval when resources demand. If a recommendation cannot be applied, the reasoning—financial, structural, or procedural—is thoroughly documented for clarity and accountability.

This proactive accountability loop ensures continual progress and reinforces staff confidence that lessons lead to improvement. The Auditor found this practice particularly commendable for its attention to follow-up and genuine embrace of iterative growth.

Relevant Policy: GDC SOP 208.06 instructs leadership to examine, implement, or document each SAIR recommendation, confirming the facility's consistency with departmental expectations.

CONCLUSION

Following careful analysis and multiple perspectives—policy, interviews, and documentation—the Auditor concludes that the facility meets the intent of PREA Standard §115.86. The Sexual Abuse Incident Review process operates as a highly effective, multidisciplinary method of institutional evaluation, merging procedural precision with reflective learning.

Through documented, collaborative discussion and standardized follow-through, SAIRs serve as cornerstones of transparency and continuous improvement. The facility's resolve to conduct reviews even when not required signifies mature

	operational integrity and genuine commitment to enhancing safety and accountability.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.87, the Auditor conducted an in-depth, systemwide review of data collection procedures related to sexual abuse allegations within the Georgia Department of Corrections (GDC). This evaluation extended beyond the confines of the facility to encompass the Department’s comprehensive structure for capturing, aggregating, and analyzing information across all correctional settings. The purpose was clear: ensure that data practices are uniform, transparent, and accountable from the point of incident to statewide reporting.</p> <p>The Auditor examined the facility’s completed Pre-Audit Questionnaire (PAQ), its corroborating documents, and GDC’s overarching data management resources. Particular attention was given to how reports travel through the administrative pipeline—from initial allegation and investigative documentation to closure and integration into statewide databases. Each level of review demonstrated consistency and clarity, revealing an advanced data system grounded in dependability, impartiality, and precision.</p> <p>The foundation for this process lies in GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This directive is the blueprint for data integrity within the Department. It defines standardized terminology, sets reporting schedules, and clearly outlines the annual aggregation and public reporting requirements—ensuring that GDC fulfills not only legal obligations but also ethical duties to accountability and safety.</p> <p>To confirm practical compliance, the Auditor reviewed GDC’s most recent Survey of Sexual Victimization (SSV-2) submission and the Annual Statewide PREA Report. These documents were cross-referenced to verify continuity between facility-level reporting and federal submissions. Findings indicated a refined and adaptive data system—one anchored by accuracy, transparency, and proactive prevention. GDC’s data architecture stands as a living knowledge framework, continually shaping safer and more responsive correctional operations.</p> <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p>

At the departmental level, the PREA Coordinator described an interlinked network of information that unites every GDC-managed and contracted facility under one comprehensive data system. The Coordinator outlined how each institution—regardless of size or operational type—uses standardized electronic templates and identical definitions to record sexual abuse data. This creates harmonized, comparable records across the state, erasing discrepancies and ensuring analytical integrity.

The Coordinator elaborated that sexual abuse data supports several essential aims: compliance with Department of Justice requests, transparency through annual reporting, and data-driven prevention strategies that address facility-specific vulnerabilities. The Coordinator also affirmed the Department’s timeliness in submitting prior-year data to DOJ’s Bureau of Justice Statistics by the June 30 deadline each year. The centralized system enables prompt verification, precise aggregation, and reliable trend analysis—all directed toward strengthening inmate safety and maintaining public trust in Georgia’s correctional institutions.

PREA Compliance Manager (PCM)

At the facility level, the PREA Compliance Manager detailed the process of transforming day-to-day incident reporting into precise data entries that feed into GDC’s statewide record. Data originates from various sources—incident reports, investigation outcomes, and Sexual Abuse Incident Review forms. Before transmission, facility personnel conduct meticulous checks to confirm completeness and accuracy, cross-validating categorization codes and ensuring outcomes are correctly aligned.

The PCM emphasized that data is not static: once entered into the system, it becomes a dynamic tool for pattern recognition. Monthly reviews examine potential concentration points—specific housing units, times of day, or staff assignments—where vulnerabilities may require attention. The PCM described this ongoing oversight as “turning numbers into understanding,” a testament to the Department’s philosophy that data collection must inform action, not simply documentation.

PROVISIONS

Provision (a): Standardized and Uniform Data Collection Practices

This essential provision establishes consistency in data reporting across all facilities. The Department mandates that sexual abuse incident data be gathered using identical criteria, definitions, and technical templates. Uniform reporting creates a statewide language of accuracy and fairness, allowing valid comparisons and informed preventive strategies.

Each facility submits monthly metrics via a secure electronic spreadsheet provided by the PREA Coordinator’s office, detailing every allegation and investigative outcome from the prior month. Submissions are guided by the Facility PREA Log User Guide, which promotes clarity and error-free coding. Copies of completed Sexual Abuse

Incident Review Checklists (Attachment 9) are included, ensuring contextual insights accompany statistical data.

Relevant Policies: GDC SOP 208.06, Section 2(a)

Provision (b): Annual Aggregation, Review, and Analysis of Data

Annual aggregation transforms localized reports into statewide insight. The Department compiles sexual abuse data each year to evaluate progress, identify patterns, and implement corrective measures. This thoughtful review turns data into usable knowledge—guiding staff training, refining procedures, and enhancing operational safety.

The culmination of these efforts is GDC’s Annual PREA Report, published publicly to promote transparency and trust. By engaging in regular review and comparison across years, GDC demonstrates ethical leadership and professional stewardship of inmate welfare.

Relevant Policies: GDC SOP 208.06, Section 2(c)

Provision (c): Alignment with Department of Justice Survey Requirements

Federal consistency is central to professionalism. This provision affirms that GDC’s internal data system aligns completely with the Department of Justice’s Survey of Sexual Victimization (SSV-2) requirements. The Department’s reporting templates were intentionally designed to include each variable required by federal authorities, eliminating the need for supplemental collection efforts.

This streamlined alignment ensures efficient, accurate transmission of comprehensive data, satisfying federal benchmarks and strengthening GDC’s credibility as a transparent correctional agency.

Relevant Policies: GDC SOP 208.06, Section J

Provision (d): Use of Comprehensive Incident-Based Documentation

This provision reflects GDC’s dedication to thoroughness. Every data point originates from verified, evidence-based documentation. Incident reports, investigative summaries, and review forms are all integrated before final entry—creating a detailed record that captures nuance and ensures verifiability of information.

By maintaining incident-level accuracy, the Department preserves its evidentiary integrity. This process supports audits, legal review, and prevention planning with confidence that each reported case has been faithfully represented.

Relevant Policies: GDC SOP 208.06, Sections 2(a) and J

Provision (e): Inclusion of Data from Contracted Facilities

Inclusivity and uniformity define this provision. GDC’s responsibility extends equally to contracted facilities housing inmates under its jurisdiction. These institutions must

adhere to identical data collection methods, ensuring comprehensive statewide representation.

Each contracted unit contributes to the Annual PREA Report, integrating private-facility outcomes alongside public ones. Relevant security-sensitive information may be redacted, but only with documented justification—maintaining balance between transparency and risk management.

Relevant Policies: GDC SOP 208.06, Sections 2(c) and J

Provision (f): Submission of Data to the Department of Justice

This final provision captures the conclusion of the data cycle—submission to the DOJ. GDC consistently meets federal deadlines and requirements, providing verified and accurate data encompassing every allegation and outcome for the prior calendar year.

Review of the Department’s latest SSV-2 report reflected complete compliance: the data was well-organized, contextually explained, and timely delivered. These accomplishments underscore GDC’s integrity and excellence in fulfilling its national reporting responsibilities.

Relevant Policies: GDC SOP 208.06, Section J

CONCLUSION

After reviewing policies, documentation, and interviewing both facility and departmental representatives, the Auditor determined that Johnson State Prison and the broader GDC system are in full compliance with PREA Standard §115.87 - Data Collection.

The Department’s data management framework embodies best practice and innovation. Information is gathered accurately, verified locally, synthesized statewide, and publicly reported—all with transparency and consistency. This disciplined approach ensures that every figure contributes to meaningful understanding, every review prompts progress, and every report strengthens the commitment to safety and dignity for inmates in Georgia’s correctional system.

GDC’s PREA data program stands as an exemplary model of conscientious correctional governance—demonstrating how ethical accountability and analytical excellence can coexist to guide true institutional improvement.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.88, the Auditor conducted a comprehensive, analytical review examining how sexual abuse data is not only collected but harnessed for institutional improvement across the Georgia Department of Corrections (GDC). The review extended beyond procedural checks to assess how information transforms into meaningful corrective action—a hallmark of ethical correctional management.

Beginning with the facility's completed Pre-Audit Questionnaire (PAQ), the Auditor traced how data drawn from investigations, incident reviews, and facility reports flow into the Department's larger accountability framework. The analysis revealed a methodical system in which data migrates seamlessly from each facility to a centralized review process, promoting transparency, reliability, and real-time responsiveness.

Central to the evaluation was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational directive requires a systematic approach to reviewing collected data, identifying emerging patterns, and developing practical, sustainable solutions to enhance safety for inmates and staff alike.

The Auditor also reviewed GDC's 2023 Survey of Sexual Victimization (SSV-2) submission to the U.S. Department of Justice and the 2024 Annual PREA Data Report. These documents reflect a mature analytical cycle where data informs strategic planning, policy refinement, and measurable progress year over year. Both demonstrated a deliberate feedback process—data collected under §115.87 is assessed, interpreted, and translated into operational innovations that advance correctional safety statewide.

The Auditor verified transparency through GDC's public website (www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA), which serves as a dynamic repository for policies, training resources, and annual data reports. This open accessibility represents GDC's ongoing commitment to honesty, engagement, and public accountability.

INTERVIEWS

Facility Head

The Facility Head described the integral role played by the institution's internal PREA review committee in evaluating sexual abuse data. The committee convenes routinely to examine reported cases, whether substantiated or unsubstantiated, identifying any procedural weaknesses or patterns that warrant corrective attention. Recommendations and findings are documented meticulously before submission to the PREA Coordinator, ensuring that each facility's experience strengthens the Department's statewide data analysis.

The Facility Head emphasized that this collaborative approach allows local insights to inform systemwide strategy—a cyclical structure where lessons learned at the ground level contribute to organizational evolution throughout GDC.

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained that transparency does not end with data collection—it extends into how information is shared. The Department’s PREA webpage functions as a central hub where stakeholders, advocacy organizations, and oversight entities can review updated reports and training materials.

According to the PCM, this openness ensures accountability that is both external and internal. Data reviews generate feedback loops that connect facility practice to departmental priorities, creating coordinated improvements over time. Each evaluation serves as a conversation—between facility and headquarters, between leadership and staff—driving proactive correctional enhancement across the State.

PREA Coordinator (PC)

At the agency level, the PREA Coordinator outlined how aggregated data becomes the foundation for policy reform and evidence-based decision-making. The Coordinator described each annual data review as a diagnostic process designed to assess how prevention and response systems perform under real-world conditions.

Through statistical comparisons, investigative summaries, and feedback from Sexual Abuse Incident Review Teams, the Coordinator synthesizes insights that influence training curricula, program development, and procedural adjustments. The Coordinator noted that annual reports reflect candid progress—acknowledging successes while openly documenting areas needing reinforcement. Limited redactions protect sensitive information without detracting from the Department’s clear, factual accountability.

Agency Head or Designee

In discussions with the Agency Head’s Designee, the Auditor gained a broader view of how facility-level and departmental data culminate in the Annual PREA Report, described as both “strategy map” and “performance scorecard.” The document measures trends such as changes in reported cases and substantiation ratios while illustrating concrete corrective steps adopted across facilities.

The Designee highlighted that this report is not merely a compliance exercise—it is a proactive management tool shaping policy innovation year after year. From revised investigative procedures to targeted staff training initiatives, each cycle reveals progress built on analytical integrity and a firm commitment to continuous improvement in correctional safety.

PROVISIONS

Provision (a): Data Review for Policy and Practice Improvement

This provision embodies GDC’s dedication to learning through reflection. Data collected under §115.87 is routinely assessed to gauge the effectiveness of sexual abuse prevention and response measures. Reviews occur at both facility and departmental levels, creating a continuous loop of insight and adaptation.

The PREA Coordinator consolidates findings from multiple sources to identify patterns, highlight deficiencies, and recommend policy reforms. The results are shared with Department leadership for analysis and implementation. These reviews transform numerical data into actionable strategies—an ongoing cycle of accountability that ensures lessons learned shape the future of institutional safety.

Relevant Policies: GDC SOP 208.06, Section 2(a); Section J(1)

Provision (b): Comparative Analysis and Corrective Action Documentation

Each Annual Report presents comparative analysis between current and prior years, charting meaningful progress and recognizing areas for improvement. The reports demonstrate movement toward reduced vulnerability and increased institutional confidence. Corrective actions—ranging from staff training refinements to procedural enhancements—are recorded systematically to track successful outcomes.

The Auditor verified that the 2024 Annual PREA Report thoroughly fulfills these requirements, blending numerical charts with narrative interpretation. Its emphasis on transparency and evidence anchors GDC’s commitment to measurable accountability.

Relevant Policies: GDC SOP 208.06, Section 2(c)

Provision (c): Public Availability of Annual Reports

Transparency defines GDC’s culture of integrity. The agency publishes its Annual PREA Reports openly on its official website following leadership approval. Archived reports remain accessible, enabling both internal staff and external stakeholders to trace steady progress across multiple years.

This practice exemplifies public service at its best—where open dialogue replaces secrecy, and accountability becomes an everyday standard.

Relevant Policies: GDC SOP 208.06, Section J(2)

Provision (d): Redaction of Sensitive Information

Respectful confidentiality complements transparency. When redactions occur, they are limited strictly to information that could jeopardize security operations or expose personal details of victims, staff, or inmates.

The PREA Coordinator confirmed that redactions are minimal and clearly delineated, with brief explanations provided when content is withheld. This approach preserves safety without compromising honesty, maintaining the delicate balance between openness and privacy protection.

	<p>Relevant Policies: GDC SOP 208.06, Section J(3)</p> <p>CONCLUSION</p> <p>After thoroughly reviewing documentation, policies, data reports, and interviews with Department and facility representatives, the Auditor concludes that the Georgia Department of Corrections and its facilities are in full compliance with PREA Standard §115.88 — Data Review for Corrective Action.</p> <p>The system reflects maturity, foresight, and ethical strength: data collection leads to reflection, reflection leads to reform, and reform leads to sustained protection. The Auditor observed an organization where transparency and accountability coexist with compassion and precision.</p> <p>Through disciplined analysis, comparative evaluation, and public reporting, GDC transforms information into progress—building a correctional environment rooted in continuous learning, safety, and integrity for every inmate and staff member.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.89, the Auditor conducted a thorough and multi-tiered analysis of how the Georgia Department of Corrections (GDC) secures, retains, and publicly reports data related to sexual abuse allegations. This review emphasized dual priorities—confidentiality and transparency—hallmarks of GDC’s ethical approach to data stewardship.</p> <p>The Auditor began with the facility’s detailed Pre-Audit Questionnaire (PAQ) and its expansive supporting documentation, mapping how the agency integrates policy mandates into daily data management practice. The examination included a careful evaluation of GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy sets precise directives for data security, retention timelines, and publication procedures, defining who may access information, how long records are stored, and the exact steps taken to ensure safe disposal once retention thresholds are met.</p> <p>Additionally, the Auditor reviewed GDC’s most recent Annual PREA Report and prior-year archives posted on the agency’s website. These reports are instrumental in communicating accountability and transparency to the public—they aggregate statewide statistics on sexual abuse incidents while omitting any personal identifiers. Together, these policies and records illustrated a robust framework: data is</p>

safeguarded, retained with precision, and shared responsibly as part of an open, integrity-driven correctional environment.

INTERVIEWS

PREA Coordinator (PC)

The agency's PREA Coordinator provided a comprehensive, structured overview of how data moves through secure channels from collection to archival. The Coordinator explained that all PREA-related data—encompassing administrative investigations, criminal inquiries, and statistical metrics—is stored within encrypted platforms such as the SCRIBE case management system and regional Risk Management databases. Tight access controls ensure that only authorized personnel—individuals with investigative, administrative, or oversight responsibilities—can retrieve or update information.

The Coordinator emphasized that data serves multiple vital purposes: fulfilling federal reporting obligations, powering internal reviews and management insight, and supporting transparency through public release. When preparing data for publication, the Coordinator oversees a meticulous redaction process that removes personally identifiable information—such as names or facility-specific references—while leaving findings intact. The goal, they noted, is “to preserve truth without breaching trust,” a thoughtful balance between transparency and privacy.

Ultimately, the Coordinator described GDC's data approach as stewardship rather than secrecy: safeguarding information as both a moral responsibility and a practical foundation for institutional credibility.

PROVISIONS

Provision (a): Secure Storage and Controlled Retention of Sexual Abuse Data

This provision embodies the agency's disciplined commitment to data security and responsible preservation. All sexual abuse data, whether incident-level or aggregate, is maintained in protected electronic environments equipped with encryption, access-tier restrictions, and audit trails that capture every transaction.

The Auditor confirmed that GDC applies advanced database controls that function as a “digital vault” for sensitive content, as described by the PREA Coordinator. These systems ensure that data may be used for analytical purposes without the risk of misuse or inadvertent disclosure.

Relevant Policies: GDC SOP 208.06, Section 2(a) – Secure Data Collection and Storage; Section J – Confidential Information Management.

Provision (b): Annual Public Access to Aggregated Sexual Abuse Data

Transparency and accountability define this provision. GDC publishes comprehensive, aggregated statewide PREA data annually via its official public website. These reports

summarize allegations, outcomes, and comparative metrics across both state-operated and privately managed correctional facilities.

The Auditor verified these reports and confirmed they are readily accessible online, providing communities, oversight bodies, and advocacy partners a clear line of sight into operational integrity. This openness exemplifies GDC's proactive governance and its alignment with PREA's principle of public accountability through information sharing.

Relevant Policies: GDC SOP 208.06, Section 2(c) – Annual Aggregation and Public Reporting; Section J – Record Publication Requirements.

Provision (c): Protection of Privacy Through Removal of Personal Identifiers

This provision protects individuals while preserving transparency. Prior to public dissemination, GDC systematically removes all personally identifiable data—including inmate names, staff identification numbers, and facility-specific details—from published reports.

The PREA Coordinator described the process as both careful and deliberate. Data verification and layered review procedures ensure that redacted information prevents any exposure risk, while the integrity of statistical findings remains unaltered. The Auditor found that the agency maintains a high level of professionalism—balancing openness with discretion so that reports remain informative, trustworthy, and ethically sound.

Relevant Policies: GDC SOP 208.06, Section J(3) – Redaction Protocols and Privacy Protection.

Provision (d): Compliance With Required Data Retention Timeframes

This provision ensures that data supporting investigations and statewide records are retained for appropriate durations in accordance with PREA and Georgia state law. The Department maintains all sexual abuse-related records for a minimum of ten years, or longer depending on related case circumstances.

Under SOP 208.06, retention extends beyond ten years if the alleged perpetrator remains incarcerated or employed. Many inmate records are permanently archived in SCRIBE—illustrating an admirable commitment to preserving institutional memory beyond procedural minimums. The Auditor confirmed adherence to these standards, verifying consistent record continuity across years, which not only satisfies compliance but strengthens historical accountability for policy evaluation and system improvement.

Relevant Policies: GDC SOP 208.06, Section 2(d) – Retention Timeline Compliance; Section J(4) – Archival Requirements and Record Durability.

CONCLUSION

After completing the document review, examining public reports, and interviewing

	<p>leadership on both policy and practice, the Auditor concludes that the Georgia Department of Corrections and the facility meet full compliance with PREA Standard §115.89 – Data Storage, Retention, and Publication.</p> <p>The evidence presents a portrait of excellence in data stewardship: a system secure enough to protect, transparent enough to inform, and enduring enough to preserve knowledge for decades. Sensitive information is managed with discretion and care, while aggregate data ensures public visibility of institutional trends and accountability.</p> <p>Through disciplined recordkeeping, respectful privacy safeguards, and annual transparency initiatives, GDC transcends compliance—it demonstrates ethical clarity and professional integrity in its protection and publication of PREA-related data, ensuring that accuracy, confidentiality, and openness coexist in perfect balance.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.401, which governs the required frequency, transparency, and substance of PREA audits, the Auditor performed a comprehensive and contextual review of Georgia Department of Corrections (GDC) documentation. The evaluation focused on how GDC structures accountability across its statewide operations, ensuring that each facility receives consistent and independent scrutiny within a prescribed three-year cycle.</p> <p>The review began with the facility’s Pre-Audit Questionnaire (PAQ) and expanded to examine agency-wide materials describing the statewide audit framework. Among the most significant resources was GDC’s publicly accessible PREA Compliance Website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/-prison-rape-elimination-act-prea. This digital platform serves as an open record of accountability—housing completed audits, data summaries on sexual abuse allegations, and corrective action updates for all GDC-operated and contracted institutions.</p> <p>The Auditor found that this online repository fosters transparency and community trust by displaying results promptly after each audit’s conclusion. Site data also illustrate GDC’s systemic commitment to continual learning, compliance, and improvement.</p> <p>Supporting documentation showed that GDC maintains a structured, recurring audit schedule that ensures every correctional facility within its jurisdiction undergoes a full PREA audit at least once every three years. These results, publicly preserved</p>

and indexed by year and facility, create an enduring system of transparency that transforms auditing into a tangible measure of institutional progress.

INTERVIEWS

PREA Coordinator (PC)

During interviews, the PREA Coordinator provided insight into Georgia’s audit architecture, explaining that this facility audit falls within the second year of the 2022–2025 triennial audit cycle. The Coordinator noted that approximately one-third of all facilities are reviewed annually—a rotating schedule that balances oversight continuity across different geographic regions and facility types.

The Coordinator described the audit program as “a living system—designed not just to check boxes but to build culture.” As audits conclude, findings are posted on GDC’s PREA webpage, integrating transparency with statewide education and engagement. The Coordinator emphasized that audits serve as both diagnostic and developmental tools: identifying best practices, shaping corrective actions, and sustaining trust between the department and the public.

Random Inmates

Interviews with randomly selected inmates confirmed that they were aware of PREA audits and understood that communication with the Auditor occurs securely and confidentially through private mail identical in handling to legal correspondence. Each inmate expressed confidence that correspondence was unscreened, allowing candid input or concerns without fear of retaliation.

Their remarks affirmed that the facility effectively informs inmates about the audit’s purpose and procedures—reinforcing PREA’s goal that individuals in custody remain active participants in transparency and reform processes.

PROVISIONS

Provision (a): Triennial Facility Audits and Statewide Compliance Framework

Documentation and interview data collectively confirmed that all GDC facilities, regardless of operational status or security classification, complete at least one PREA audit during each three-year period. This triennial structure guarantees that every institution is independently examined and measured against national standards.

Completed audit reports are posted publicly on the GDC PREA Website, ensuring free public access to compliance information, corrective actions, and historical progress. GDC’s publication practice directly satisfies PREA’s requirement for openness and distinguishes the department as a leader in transparent correctional governance.

Relevant Policies

1. GDC SOP 208.06, Section on Agency Audit Requirements: Mandates a minimum of one comprehensive PREA audit per facility within each three-year period.
2. GDC PREA Website Protocol: Outlines posting requirements and data-maintenance schedules for audit reports and compliance summaries.

Provision (b): Annual One-Third Audit Benchmark

Facility data and agency schedules revealed consistent adherence to the annual rotation standard—where one-third of all GDC facilities are audited each year. This method provides continuity, ensuring recurring oversight across diverse correctional environments.

The PREA Coordinator explained that staggered reviews prevent gaps in monitoring while maintaining manageable workloads and up-to-date insight into evolving needs. Through continuous review, GDC transforms audits from episodic inspection to ongoing self-evaluation—a hallmark of responsive, data-driven management.

Relevant Policies

1. GDC SOP 208.06, Audit Scheduling Section: Requires that audits be completed for approximately one-third of facilities annually.
2. Agency Audit Calendar (2022–2025): Tracks all scheduled audits and public posting milestones to verify rotation compliance.

Provisions (c)-(g): Non-Applicable Items

These provisions concern specialized circumstances or agency-level functions not relevant within this particular facility’s operational structure. They were reviewed for procedural awareness but did not require evaluation in this audit’s context.

Provision (h): Complete and Unrestricted Access for the Auditor

The audit process demonstrated exceptional cooperation across all facility departments. The Auditor was granted unrestricted access to housing units, support spaces, staff work areas, and documentation repositories. Staff escorted the Auditor attentively while facilitating direct observation and prompt retrieval of requested records.

Such openness reflects an institutional culture of pride and transparency, permitting a thorough and credible assessment of compliance practices and emphasizing that accountability begins with accessibility.

Relevant Policies

1. GDC SOP 208.06, Audit Access Section: Mandates full cooperation with PREA auditors, allowing access to all facility records and locations.
2. Facility Audit Preparation Protocol: Directs staff conduct and documentation

standards during external review.

Provisions (i)-(l): Not Applicable

These provisions pertain to procedural exceptions or administrative variations not relevant within the scope of this facility audit and were therefore not separately evaluated.

Provision (m): Confidential and Private Inmate Interviews

All inmate interviews during the onsite audit were conducted in designated private spaces ensuring privacy consistent with PREA standards. These areas eliminated visual and auditory contact from others, encouraging open conversation free of influence or observation.

The setting reinforced respect, confidentiality, and psychological safety, allowing candid participation that enriched the audit's integrity.

Relevant Policies

1. GDC SOP 208.06, Interview and Confidentiality Requirements: Establishes procedures for private interviews during audits.
2. Facility Inmate Access Directive: Defines secure areas available for confidential meetings with external auditors.

Provision (n): Confidential Correspondence Protocol

Inmates confirmed that written correspondence to the Auditor is treated exactly as legal mail: sealed, unscreened, and delivered directly without staff inspection or interference. This secure system allows individuals to share information freely and reinforces fairness and trust in the auditing process.

The consistency of this practice strengthens the credibility of PREA oversight within GDC facilities.

Relevant Policies

1. GDC SOP 208.06, Section on Confidential Communication: Requires identical handling procedures for legal and PREA-related correspondence.
2. Facility Mail Operations Standard: Directs mailroom staff training to support confidentiality and security expectations.

Provision (o): Non-Applicable

No requirements under this subsection were relevant to the facility's operations and were not assessed.

CONCLUSION

	<p>After reviewing policy documentation, interview data, and operational procedures, the Auditor concludes that the Georgia Department of Corrections and this facility display full compliance with PREA Standard §115.401 – Frequency and Scope of Audits.</p> <p>The agency maintains a rigorous three-year audit cycle, a methodical recordkeeping system, and a publicly accessible database that embodies transparency and accountability. Facility staff cooperated fully—offering complete access to records, spaces, and individuals while ensuring privacy for all inmate communications.</p> <p>GDC’s audit practice reflects responsiveness and purpose: continuous improvement through structured evaluation, data transparency, and participatory engagement. By publicly posting audit findings and encouraging confidential inmate input, the Department converts oversight from a regulatory obligation into a demonstration of ethical leadership.</p> <p>Through this tireless commitment, GDC exemplifies PREA’s enduring vision—where audits are more than examinations of compliance; they are affirmations of progress, trust, and the unwavering pursuit of safe and dignified environments for all who live and work within them.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.403, which governs the content and public accessibility of PREA audit results, the Auditor conducted a meticulous and comprehensive review of the Georgia Department of Corrections (GDC) transparency framework and facility documentation. This standard underscores the principle that PREA compliance data must exist not only in closed files but also in the public sphere—accessible, informative, and continuously updated.</p> <p>The review began with the facility’s Pre-Audit Questionnaire (PAQ) and proceeded to evaluate the agency’s transparency practices through its official GDC PREA Website, available at: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p>This state-maintained portal serves as a central repository for statewide PREA materials—housing formal audit reports, statistical summaries of sexual abuse allegations, corrective action updates, and overarching policy frameworks. Each posted report contains full audit findings, compliance determinations, and a synopsis of corrective responses, reflecting both federal requirements and GDC’s organizational commitment to openness.</p>

The Auditor found the webpage to be exemplary in design and accessibility. It is organized logically, updated regularly, and freely available to all users without registration barriers. This clarity supports public trust and reflects GDC's philosophy that transparency itself fortifies institutional integrity.

Through documentation and online materials, the Auditor verified that GDC's publication practice fulfills PREA's mandate for accessible disclosure, ensuring that stakeholders—including incarcerated individuals' families, advocacy organizations, and researchers—can observe compliance history, corrective progress, and statewide patterns of prevention and improvement.

INTERVIEWS

Facility Head or Designee

Facility leadership emphasized that the existence of public audit postings has helped cultivate a strong atmosphere of ownership and pride. Staff members understand that their actions and achievements extend beyond internal recognition—they contribute directly to public reporting and to the Department's documented progress statewide. The Facility Head noted that the visibility associated with these reports strengthens morale and accountability: "Our work doesn't vanish behind the walls—it becomes part of a broader story about how corrections evolves and improves."

Leadership described the publication process as not simply a compliance requirement, but as a motivational mechanism—encouraging consistent attention to PREA principles throughout the year rather than only during audit periods.

PREA Coordinator

At the agency level, the PREA Coordinator outlined the path from audit completion to public release. After each facility audit, final reports undergo verification to ensure factual accuracy and documentation completeness. Once confirmed, they are submitted for posting on GDC's public PREA webpage and remain permanently archived online, creating a cumulative history of performance across cycles.

The Coordinator cited transparency as both a legal expectation and an ethical choice: making reports public builds mutual responsibility for safety and assures inmates, staff, and the general community that results are neither hidden nor selectively shared. This permanence of publication allows evolving benchmarks to be tracked over years, revealing progress and reinforcing credibility.

PROVISIONS

Provisions (a) - (e): Non-Applicable

These subsections pertain to audit content and methodologies not directly relevant to the facility's current administrative context. They were reviewed for awareness but did not require detailed evaluation within this audit cycle.

Provision (f): Publication of Final Audit Reports and Data Transparency

The Pre-Audit Questionnaire confirmed that GDC requires all auditor final reports to be published publicly through the Department’s official site—or otherwise made readily available to any requesting member of the public.

The Auditor verified that the GDC PREA Website hosts a comprehensive range of documents: statewide sexual abuse statistics, facility-specific audit reports, audit findings, and compliance summaries. Reports are categorized by year and facility, allowing visitors to follow trends, compare outcomes, and analyze progress toward sustained PREA alignment.

This transparent publication process fulfills federal requirements and extends beyond them—promoting public education and systemic trust. By keeping audit information permanently visible, GDC transforms its compliance data into a tool for awareness, accountability, and community engagement.

Relevant Policies

1. GDC SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (Effective June 23, 2022): Mandates statewide publication of completed PREA audit reports and current sexual abuse statistical summaries.
2. GDC PREA Website Protocol: Outlines digital posting requirements, formatting consistency, and accessibility standards for public-facing PREA documents.

CONCLUSION

After reviewing documentation, observing the online publication platform, and conducting interviews with staff and administrators, the Auditor concludes that the Georgia Department of Corrections and this facility meet and sustain full compliance with PREA Standard §115.403 – Audit Contents and Public Disclosure.

The Department’s approach demonstrates a transparent, forward-thinking philosophy in which compliance operates as both accountability and education. Final audit reports are posted promptly and maintained as permanent records, offering unrestricted public access and providing clear insight into GDC’s ongoing efforts to combat sexual abuse, strengthen institutional culture, and protect inmates statewide.

By ensuring that its data are accurate, publicly accessible, and regularly refreshed, GDC exemplifies a model of correctional transparency where integrity is visible, and continuous improvement is the norm. Through this open publication process, the Department extends trust beyond facility walls, enabling citizens, advocates, and inmates alike to participate in oversight with confidence that real progress and honest reflection define Georgia’s PREA compliance system.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

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

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f) Hiring and promotion decisions		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	na

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	na

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	na

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes