PREA Facility Audit Report: Final

Name of Facility: Washington State Prison
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 05/07/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Darla P. O'Connor	**Date of Signature:** 05/07/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	03/31/2026
End Date of On-Site Audit:	04/03/2026

FACILITY INFORMATION	
Facility name:	Washington State Prison
Facility physical address:	13262 Georgia 24, Davisboro, Georgia - 31018
Facility mailing address:	P.O. Box 206, Davisboro, Georgia - 31018

Primary Contact

Name:	Tarra Jackson
Email Address:	tarra.jackson1@gdc.ga.gov
Telephone Number:	4783482248

Warden/Jail Administrator/Sheriff/Director	
Name:	Veronica Stewart
Email Address:	veronica.stewart@gdc.ga.gov
Telephone Number:	478-348-2241

Facility PREA Compliance Manager	
Name:	Tarra Jackson
Email Address:	tarra.jackson1@gdc.ga.gov
Telephone Number:	
Name:	Wanda Atkins
Email Address:	wanda.atkins@gdc.ga.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Angela Thomas
Email Address:	athomas8@TeamCenturion.com
Telephone Number:	478-348-2276

Facility Characteristics	
Designed facility capacity:	1496
Current population of facility:	1359
Average daily population for the past 12 months:	1462

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-99
Facility security levels/inmate custody levels:	Minimum, Medium, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	117
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	26
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	65

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

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

Agency-Wide PREA Coordinator Information			
Name:	Barbra Colon	**Email Address:**	Barbra.Colon@gdc.ga.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
1	• 115.17 - Hiring and promotion decisions
Number of standards met:	
44	
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:	2026-03-31
2. End date of the onsite portion of the audit:	2026-04-03

Outreach

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

a. Identify the community-based organization(s) or victim advocates with whom you communicated:	As part of the PREA audit verification process, various community-based advocacy and support organizations were consulted to evaluate the facility's adherence to victim support services and access to external reporting for incarcerated individuals. **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 6 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 Davisboro, GA or 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:	1496
15. Average daily population for the past 12 months:	1462

16. Number of inmate/resident/detainee housing units:	16
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	1260
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:	0
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:	108
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:	4
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:	10

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:	107
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:	2
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:	5
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:	2
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:	2
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a detailed and systematic evaluation of the institution's processes for identifying, documenting, monitoring, and responding to inmates who may be at increased risk for sexual abuse or sexual victimization. This assessment was intentionally structured to capture both policy-level compliance and operational effectiveness. It included an extensive review of institutional records, an analysis of classification and population tracking systems, and targeted interviews with staff responsible for intake, screening, and classification functions. Particular attention was given to populations identified under PREA standards as requiring heightened awareness and protective measures. These populations include inmates who identify as transgender, intersex, gay, or bisexual; inmates with physical, cognitive, or developmental disabilities; those with visual or hearing impairments; inmates with limited English proficiency; individuals detained for civil immigration purposes; and inmates with a prior history of sexual victimization. The Auditor assessed not only whether individuals from these populations were present, but also whether facility practices ensured appropriate identification, documentation, and safeguards were consistently applied. During the onsite portion of the audit, the Auditor confirmed the presence of inmates across nearly all identified categories, with the exception of youthful inmates, inmates with a physical disability and those assigned to involuntary segregation specifically due to risk of sexual victimization. A representative sample of inmates from the identified populations was selected for private, confidential interviews. These interviews were conducted early in the onsite process to inform and guide subsequent record reviews and staff discussions. In total, twenty inmates were interviewed. The inmates interviewed consistently

	reported feeling safe within the facility. They indicated that their identified needs were being addressed appropriately by both staff and contracted service providers. Importantly, inmates did not report feeling targeted, disadvantaged, or neglected due to any personal characteristics or vulnerabilities. Interviewees also confirmed that they received PREA education in formats they could understand, including accommodations when necessary, and were given meaningful opportunities to ask questions and seek clarification. The information obtained through inmate interviews was corroborated through a thorough review of documentation, including intake screening instruments, classification records, housing assignments, and population tracking data. These records demonstrated a high level of consistency and accuracy across systems. Documentation was complete, well-maintained, and readily accessible, allowing the Auditor to efficiently verify compliance. Follow-up discussions with intake and classification staff further confirmed that screening processes were conducted in accordance with policy and that identified risk factors were appropriately considered in housing and supervision decisions. Policy provides clear, detailed guidance regarding the management and protection of vulnerable inmate populations. The procedure outlines requirements for timely PREA risk screenings, individualized housing determinations that prioritize safety and dignity, and access to necessary medical and mental health services. It also emphasizes ongoing staff training to ensure awareness of diverse inmate needs and appropriate responses to disclosures of abuse or vulnerability. Observations during the audit confirmed that these procedures are actively implemented in daily operations and are not merely theoretical or policy-driven. Overall, the facility demonstrated strong alignment between written policy and actual practice. Staff exhibited a clear understanding

	of PREA requirements and applied them consistently. Documentation practices were reliable, and responses to identified risks reflected a trauma-informed and safety-focused approach. The institution’s operational culture supports accountability, respect, and equitable treatment for all inmates. No significant issues were identified with tracking or identifying vulnerable populations. Systems currently in place appear effective in capturing relevant characteristics and ensuring appropriate follow-up. The facility is well-positioned to continue maintaining compliance with PREA standards while providing a safe and supportive environment 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:	117
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:	65
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:	26

39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility reported that it currently maintains approval for one non-medical contractor, twenty-five medical contractors, and sixty-five volunteers to enter the facility and interact with inmates. Facility leadership clarified that while all contractors are actively engaged in providing services, not all approved volunteers are currently active. However, all individuals—regardless of current activity status—have been properly vetted, approved, and trained in accordance with facility requirements prior to being authorized to enter the institution and have contact with inmates. To assess compliance with PREA training requirements, the Auditor conducted a targeted review of training documentation. This review included a sample of records for twenty-five volunteers, one non-medical contractors, and twenty-five medical contractors. Each file contained appropriate documentation, including acknowledgments verifying completion of required annual PREA training. The records were well-organized, consistently maintained, and readily accessible for review. The documentation demonstrated that the facility has established and implemented a reliable process to ensure that all contractors and volunteers receive PREA education prior to engaging with inmates, as well as ongoing annual training to reinforce expectations. This process supports the facility’s commitment to maintaining a safe environment by ensuring that all individuals entering the institution are informed of their responsibilities related to the prevention, detection, and reporting of sexual abuse and sexual harassment.

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

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	On the first day of the onsite audit, the facility reported a total institutional population of 1,260 inmates. In accordance with guidance outlined in the PREA Auditor Handbook, this population size required the Auditor to conduct a minimum of forty inmate interviews. This total includes twenty randomly selected inmates and twenty targeted inmates identified as potentially vulnerable or at an elevated risk for sexual abuse or victimization. During the audit, the Auditor completed interviews with twenty randomly selected inmates. To preserve the integrity and objectivity of the selection process, the Auditor utilized alphabetical housing unit rosters to identify interview participants. Inmates were selected from a variety of housing units to ensure representation across the facility. The selection process also took into account key demographic factors, including age, race, and ethnicity, to better reflect the diversity of the inmate population. This structured approach allowed the Auditor to gather a broad and balanced range of perspectives, capturing experiences from inmates housed in different areas and representing varied backgrounds. As a result, the information obtained through these interviews contributed to a more comprehensive and reliable assessment of facility conditions and practices. Overall, the selection and interview process demonstrated a commitment to fairness, inclusivity, and adherence to PREA standards. It ensured that inmate voices were meaningfully incorporated into the audit process and that the resulting findings were grounded in a representative sample of the population.
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):	The selection and interview process for randomly chosen inmates was conducted efficiently and without significant barriers, allowing for meaningful participation across the facility. The Auditor was granted appropriate access to multiple housing areas and was able to conduct interviews in settings that ensured privacy, confidentiality, and open communication. To support a comprehensive assessment, the Auditor intentionally included inmates from a range of housing units, custody levels, and program assignments. While the selection process remained fundamentally random, there was a purposeful effort to include a slightly higher proportion of inmates from specialized housing areas and those with increased day-to-day interaction with staff, such as individuals assigned to institutional work details or programming. This approach provided additional perspective on facility operations and staff-inmate engagement. No significant barriers were identified that would limit participation. There were no issues related to language access, cognitive ability, or physical accessibility that interfered with the interview process. All selected inmates agreed to participate, and each interview was conducted in a confidential environment, which encouraged candid and thoughtful responses. Overall, the process resulted in appropriate representation of the inmate population. No limitations were identified that would impact the reliability, depth, or completeness of the information collected during the interviews.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported zero inmates with physical disabilities assigned to the facility at the time of the on-=site audit. The facility reports they do not house ADA inmates. During the facility walk through the auditor did not observe any inmates with physical disabilities.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
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:	2
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:	5
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported there were no inmates assigned to the facility who had been placed in segregated housing for risk of sexual victimization. During the facility tour the auditor toured the segregation unit. At that time there were no inmates being housed in segregation for risk of sexual victimization.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The targeted interview selection was completed without difficulty, and no barriers were encountered that prevented the Auditor from completing the interviews. The sample included all relevant targeted populations that were present, and no oversampling was necessary beyond the standard PREA audit requirements.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	15

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	During the selection and interview process for random staff, the Auditor made a deliberate effort to ensure representation across a broad cross-section of personnel, including various shifts, departments, and functional roles within the facility. This approach was intended to capture a diverse range of perspectives regarding PREA-related practices and the institution's overall culture of safety. Staff selected for interviews reflected varying levels of experience, job responsibilities—including custody, medical, and support roles—and differing degrees of direct interaction with inmates, ensuring that the feedback obtained was both balanced and representative of the workforce. Throughout the interview process, staff consistently demonstrated a clear understanding of PREA policies, reporting requirements, and their individual responsibilities in preventing, detecting, and responding to sexual abuse and sexual harassment. The scheduling and coordination of interviews proceeded without difficulty, and there were no notable barriers to staff participation. Staff were cooperative, engaged, and willing to provide thoughtful and candid responses, offering meaningful insight into daily operations and institutional practices. The information gathered through these interviews reflected a workforce that is knowledgeable, accountable, and attentive to PREA expectations. Staff responses indicated that PREA principles are actively reinforced in routine operations and that maintaining a safe and respectful environment for inmates is a shared priority. Overall, the random staff interviews contributed significantly to the assessment process by providing a comprehensive and authentic understanding of how PREA standards are implemented in practice across the facility.

Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

70. Provide any additional comments regarding selecting or interviewing specialized staff.	During the selection and interview process for specialized staff, the Auditor focused on individuals whose responsibilities are directly connected to PREA compliance and the prevention, detection, and response to sexual abuse and sexual harassment. This group included key personnel such as the PREA Coordinator, facility investigators, medical and mental health professionals, case management staff, and individuals responsible for staff training and supervision related to PREA standards. The selection process was purposeful and designed to obtain detailed, role-specific information regarding specialized procedures, documentation practices, investigative protocols, and interdisciplinary coordination. These interviews provided valuable insight into how PREA policies are implemented in practice, including how allegations are managed, how victims are supported, and how ongoing staff education and compliance efforts are sustained. Specialized staff demonstrated a strong level of knowledge, professionalism, and commitment to their respective roles. Interviewees were able to clearly explain their responsibilities, applicable procedures, and the resources available to support inmates. The interviews were conducted without difficulty, and staff were forthcoming and engaged throughout the process, contributing to a transparent and informative exchange. Overall, the targeted interviews with specialized staff played a critical role in validating the facility's comprehensive approach to PREA compliance. The consistency of responses, depth of knowledge, and collaborative approach observed among staff reinforced confidence in the facility's ability to effectively manage PREA-related responsibilities and maintain a safe and accountable environment.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The facility is an all-male institution operating across a broad range of security levels, from minimum to close custody. It does not house youthful inmates; according to the Pre-Audit Questionnaire (PAQ), all individuals in custody are age 18 or older. The facility has a rated capacity of 1,496 inmates, and on the first morning of the onsite audit, the population was reported at 1,260 inmates. At the time of the audit, the facility remained on lockdown following a significant gang-related incident in January 2026 in which three inmates were killed and one correctional officer was injured. As reported in the PAQ, the facility consists of sixteen housing units, including one single-occupancy cell unit, eleven multiple-occupancy cell units, and four open bay dormitories. All cell housing units are two-tiered and feature a large central common area equipped with tables, benches, and an officer station. Each cell contains a toilet and sink, while showers are located outside the cells. Shower areas consist of single stalls positioned on each tier, with two or three showers per tier depending on the size of the unit. Open bay dormitories contain primarily double-stacked beds, with some units also including single-stacked beds. Bathroom and shower areas throughout the facility are equipped with appropriate privacy measures, including properly maintained shower curtains. These measures prevent cross-gender viewing while maintaining adequate supervision. During the onsite phase of the PREA audit, the Auditor conducted a comprehensive and unrestricted tour of the entire facility, allowing for a thorough evaluation of the physical environment, operational practices, and overall institutional climate. From the outset, staff demonstrated professionalism, transparency, and a high level of cooperation. They provided clear explanations, answered questions thoroughly, and ensured full access to all areas, supporting accurate observations and a complete assessment.

	The tour included all major functional areas of the institution. In addition to general population housing units, the Auditor reviewed specialized housing areas such as segregation, medical observation, and protective custody. Additional areas toured included intake and classification, medical and mental health clinics, educational classrooms, vocational and programming spaces, food service and dining areas, visitation, laundry operations, recreation yards, central control, administrative offices, the chapel, canteen, hobby and crafts areas, the barber shop, the law library, maintenance areas, and designated strip search locations. Movement throughout the facility was orderly and efficient, allowing the Auditor to observe operations without disruption and to engage meaningfully with both staff and inmates. Particular attention was given to the facility's physical layout and its support of PREA compliance. PREA-related signage, including the required Pre-Audit Notice, was prominently displayed throughout housing units and common areas. These materials clearly communicated the facility's zero-tolerance policy and provided straightforward instructions for reporting sexual abuse and sexual harassment. Signage was accessible and presented in a manner intended to be easily understood by the inmate population. The Auditor also evaluated reporting mechanisms and found them to be clearly identified, accessible, and operational. Designated reporting telephones were functional and appropriately labeled. Posted instructions outlined multiple reporting options, including anonymous and third-party reporting avenues. Grievance forms and secure drop boxes were placed in accessible locations, allowing inmates to submit concerns privately. Hotline information was widely posted in high-traffic areas—including near telephones, housing units, restrooms, and recreation spaces—ensuring consistent and visible access. Environmental factors such as cleanliness,

	lighting, and privacy safeguards were also assessed. Housing units and common areas were clean, orderly, and well maintained. Lighting levels were adequate throughout the facility, supporting both safety and visibility. Shower and restroom areas included appropriate privacy features designed to prevent cross-gender viewing while maintaining necessary supervision. The strategic placement of cameras, combined with the use of security mirrors, enhanced visibility and minimized blind spots, contributing to effective monitoring of inmate movement and activity. Throughout the tour, the Auditor engaged in informal interactions with both staff and inmates. These exchanges provided valuable insight into daily operations and overall PREA awareness. Staff demonstrated a clear understanding of their responsibilities, including reporting requirements and appropriate response procedures. Inmates also exhibited awareness of their rights, were able to identify multiple reporting options, and expressed confidence in their ability to report concerns without fear of retaliation. Overall, the facility presented as secure, well maintained, and effectively managed. The condition of the physical plant, combined with appropriate supervision practices, privacy considerations, and accessible reporting mechanisms, reflects a strong institutional commitment to safety, dignity, and respect. Observations made during the tour indicate that PREA standards are actively integrated into daily operations and supported by knowledgeable staff, informed inmates, and a culture of transparency. These factors collectively demonstrate the facility’s ongoing commitment to maintaining compliance with PREA and fostering a safe environment for all individuals in custody.

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 audit process, the Auditor conducted a thorough and methodical review of forty-eight staff personnel files to verify compliance with PREA hiring and employment standards. Each file was complete, well-organized, and contained the required documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms when applicable. The review confirmed that the facility follows a consistent and structured approach to staff screening and hiring practices. In addition to pre-employment screening, the facility demonstrated compliance with ongoing monitoring requirements. Annual background checks are conducted for staff and are routinely aligned with annual firearm qualification requirements for applicable personnel. This coordinated process reflects a proactive and consistent approach to ensuring staff suitability and maintaining compliance with PREA standards over time. The Auditor also reviewed fifty-one staff training records to assess adherence to PREA training requirements. Each record included clear documentation of completed training, along with a signed PREA acknowledgment form verifying annual training completion. The records confirmed that staff receive comprehensive instruction on the facility's zero-tolerance policy, reporting obligations, maintaining professional boundaries, and conducting cross-gender searches in a respectful and appropriate manner. Overall, the documentation demonstrates that staff are adequately trained and prepared to support a safe and respectful environment for inmates. **Volunteer Training** The Auditor reviewed twenty-five volunteer training records to evaluate compliance with PREA training standards. Each record contained documentation of completed training as well as a signed PREA acknowledgment form. The records were

consistent, complete, and well-maintained, confirming that volunteers receive appropriate PREA education prior to interacting with inmates. This training ensures that volunteers understand their responsibilities and are equipped to engage with inmates in a safe, respectful, and informed manner.

Contractor Training

Contractor training records were also examined as part of the audit. The Auditor reviewed one non-medical contractor files, which contained clear documentation of PREA training completion and signed acknowledgment forms. These records confirm that contractors are properly trained and informed of PREA requirements before being authorized to work within the facility.

In addition, twenty-five health services contractor training records were reviewed. Each file included documentation verifying completion of PREA training along with signed acknowledgment forms. The records were organized and consistent, demonstrating that medical contractors are appropriately trained to support a safe, professional, and compliant environment for inmates.

Specialized Training

The Auditor reviewed the specialized training records for investigators responsible for handling PREA-related cases. Each file included documentation confirming successful completion of required specialized training. This training prepares investigators to conduct thorough, objective, and professional investigations in accordance with PREA standards.

Additionally, the specialized training records for medical and mental health practitioners were reviewed. Each file contained documentation verifying completion of specialized PREA training relevant to their roles. These records confirm that clinical staff are equipped to provide appropriate, trauma-informed care and to respond effectively to allegations of sexual abuse and sexual harassment.

Inmate Records

A random sample of forty-four inmate files, representing admissions over the previous twelve months, was reviewed to assess compliance with PREA education requirements. Each file included a signed acknowledgment confirming receipt of PREA education. Documentation also indicated that inmates were provided with the facility orientation handbook, PREA informational materials, and access to the PREA education video during intake.

Interviews and record reviews confirmed that all forty-four inmates received PREA education as part of the intake process, consistent with agency policy and PREA standards.

Risk Assessments and Reassessments

To evaluate compliance with PREA screening requirements, the Auditor reviewed fifty-four inmate files for risk assessment documentation. Each record demonstrated that an initial risk screening was completed within 72 hours of arrival. Additionally, all files included a reassessment conducted within 30 days of intake.

The consistency and completeness of these records indicate that the facility maintains a structured and reliable process for identifying inmates who may be at risk of victimization or who may pose a risk to others, as well as for reassessing those risks within required timeframes.

Grievances

According to the Pre-Audit Questionnaire (PAQ), and as confirmed through interviews with the PREA Compliance Manager, there were no grievances filed specifically related to sexual abuse or sexual harassment during the audit period. Documentation reflects that when concerns were raised, they were addressed through the PREA reporting and investigative process rather than the formal grievance system.

Record reviews confirmed that allegations were documented appropriately, statements were obtained, and all matters were handled

	in accordance with established PREA procedures and timelines. **Incident Reports** Documentation and staff interviews confirmed that the facility recorded thirteen allegations of sexual abuse (9) and sexual harassment (4) during the previous twelve months. The Auditor reviewed all thirteen incident reports, each of which was complete, well-organized, and consistent with established reporting requirements. **Investigation Records** The Auditor reviewed thirteen PREA investigative files (9 sexual abuse and 4 sexual harassment) corresponding to the reported allegations during the same twelve-month period. Each file contained the required documentation, including investigative reports, supporting evidence, and final determinations. All investigations were completed within established timelines. Overall, the review of investigative records demonstrates a consistent, structured, and compliant approach to handling allegations. Documentation was thorough and clearly reflected adherence to PREA standards, reinforcing the facility's commitment to accountability and effective response practices.

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	9	0	3	6
Staff-on-inmate sexual abuse	0	0	0	0
Total	9	0	3	6

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	4	0	4	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	6	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	6	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	6	2	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	6	2	1	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	0
Staff-on-inmate sexual harassment	0	2	1	0
Total	0	3	1	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:	9

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	9
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed all PREA allegation and investigation files from the previous 12 months. **Sexual Abuse Allegations** There were 9 sexual abuse allegations reported during the last 12 months. All 9 involved inmate-on-inmate conduct. Three allegations were investigated administratively. At the time of the on-site audit two of these had been determined to be unfounded and one had been determined to be unsubstantiated. The remaining 6 allegations were investigated criminally. At the time of the on-site audit these six allegations remained open. Medical and mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation. There were six forensic examinations in the past 12 months. All forensic exams were conducted by SANE certified personnel. All six victims were offered victim advocates. All inmates were notified of the result of the investigations. All closed sexual abuse allegations, except those that were determined to be unfounded, had a sexual abuse incident review within 30 days of the close of the investigation. In the past 12 months there were zero sexual abuse allegations involving staff-on-inmate conduct. **Sexual Harassment Allegations** During the same 12-month period, there were four reported allegations of sexual harassment. Of those, one allegation was inmate-on-inmate. It was investigated administratively. After investigation it was determined to be unfounded. The remaining three allegations were staff-on-inmate and were investigated administratively. After investigation two allegations were determined to be unfounded and one was determined to be unsubstantiated. Mental health services were made available to all victims and perpetrators within 24 hours

	of the staff becoming aware of the allegation. All inmates were notified of the result of the investigations.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

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

Identify the name of the third-party auditing entity	M.P. Wheeler and Associates

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The review of documentation provided a solid and well-organized understanding of the agency's structure and its commitment to PREA compliance. The Auditor examined the Pre-Audit Questionnaire (PAQ) along with all supporting materials submitted by the facility. In addition, the Auditor reviewed 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. The agency's current Organizational Chart was also reviewed in detail to confirm the placement, authority, and reporting relationships of both the PREA Coordinator and the PREA Compliance Manager. This review confirmed that PREA responsibilities are clearly defined and supported by a structured chain of command. **INTERVIEWS**

PREA Compliance Manager (PCM)

The interview with the facility's PREA Compliance Manager offered a clear picture of how PREA responsibilities are managed at the institutional level. The PCM explained that sufficient time is set aside to oversee all PREA-related duties and confirmed that the position carries the authority needed to ensure compliance throughout the facility. The PCM reported being placed in that position July 1, 2025.

The PCM reports to the Warden or Superintendent for daily operational matters while maintaining direct accountability to the PREA Coordinator for all PREA-related functions. This dual reporting structure supports both operational alignment and compliance oversight. The PCM described responsibilities that include coordinating training, managing documentation, assisting with investigations, and ensuring that policy requirements are consistently followed. The PCM also confirmed that these duties are not limited by unrelated assignments, allowing for a clear focus on PREA compliance.

PREA Coordinator (PC)

The PREA Coordinator provided detailed insight into the agency's statewide PREA framework. The PC explained that the position is located within the Office of Professional Standards, Compliance Unit, at a high administrative level. This placement allows for direct communication with executive leadership, including reporting to the Commissioner.

The PC confirmed that the role is full-time and dedicated entirely to PREA oversight. With this structure, the PC maintains broad authority to develop, implement, and monitor compliance efforts across all facilities. The PC also stated that each facility has a PREA Compliance Manager who is responsible for local coordination and implementation, ensuring consistency across the system.

PROVISIONS

Provision (a) – Zero Tolerance Framework and Policy Structure

The PAQ reflects a clear and firm zero-tolerance approach to sexual abuse and sexual harassment. The agency maintains a written policy that applies to all facilities, including those directly operated and those under contract. This policy establishes a simple and direct expectation that all forms of sexual abuse and sexual harassment are prohibited and will be addressed through prevention, detection, reporting, investigation, and response.

The PAQ confirms that the policy:

1. Establishes a zero-tolerance mandate for sexual abuse and sexual harassment.
2. Describes the agency's approach to classification, prevention, detection, and response.
3. Provides clear definitions of prohibited behaviors.

4. Includes disciplinary sanctions for violations.
5. Outlines strategies for reducing and preventing incidents.

The Auditor verified these elements through a detailed review of SOP 208.06. Section I(A), page 1, clearly states the agency's zero-tolerance position. Pages 1 through 39 describe the full PREA program in a structured and practical way. Definitions of sexual abuse, sexual harassment, and related behaviors are outlined on pages 4 through 6. Disciplinary sanctions are detailed on pages 33 and 34.

The SOP also requires each facility to maintain a PREA Local Procedure Directive and a Coordinated Response Plan. These documents must be specific to the facility and reflect its layout and operations. The Directive is required to:

1. Identify staff responsibilities from the first report through the final outcome of an investigation.
2. Ensure proper response actions and evidence protection for inmates.
3. Describe how individuals accused of abuse are monitored.
4. Establish clear procedures for housing, medical care, mental health services, forensic services, victim support, and investigative follow-up.

Relevant Policies:

GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program

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

The PAQ confirms that the agency has appointed a PREA Coordinator at a high level within the organization. The organizational chart supports this by showing the PREA Coordinator within the Office of Professional Standards, Compliance Unit, positioned to influence agency-wide operations.

Information gathered during interviews supports that the PREA Coordinator has adequate time, authority, and resources to manage PREA compliance across all facilities. The position is full-time and focused only on PREA responsibilities. Direct reporting to the Commissioner strengthens accountability and ensures that PREA issues receive immediate attention when needed.

Each facility is required to designate a PREA Compliance Manager who reports locally to the Warden or Superintendent while remaining accountable to the PREA Coordinator for PREA-related matters. This structure supports consistent application of PREA standards across the agency.

Relevant Policies:

GDC SOP 208.06, Sections outlining PREA Coordinator authority and agency structure

Provision (c) – PREA Compliance Manager Assignment and Capacity

	The PAQ confirms that the facility has assigned a PREA Compliance Manager with sufficient time and authority to coordinate PREA compliance efforts. The PCM is positioned at the Deputy Warden level, reflecting the importance of the role within the facility's leadership structure. The interview process confirmed that the PCM has the authority to oversee training, coordinate investigative efforts, manage documentation, and ensure that PREA policies are followed at the facility level. The PCM operates with a clear focus on PREA responsibilities and is supported by both facility leadership and the agency's PREA Coordinator. GDC, SOP 208.06, pages 7 and 8, Section A(1), requires each facility to designate a PREA Compliance Manager and outlines the duties associated with the role. The Auditor confirmed that the facility meets this requirement and that the PCM is actively fulfilling these responsibilities. **Relevant Policies:** GDC SOP 208.06, Section A(1), PREA Compliance Manager designation and duties **CONCLUSION** Based on a thorough review of documentation, interviews with the PREA Compliance Manager and PREA Coordinator, and evaluation of agency policy and structure, the Auditor finds that the agency is in full compliance with Standard §115.11. The Georgia Department of Corrections demonstrates a clear, organized, and effective PREA framework supported by strong leadership, defined roles, and practical policies. This structure ensures that the zero-tolerance standard is consistently applied and actively maintained across all facilities.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.12, the Auditor completed a careful and detailed review of all materials submitted before the onsite audit. This review included the Pre-Audit Questionnaire (PAQ) and all supporting documents provided by the Georgia Department of Corrections. The Auditor also reviewed Georgia DOC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. SOP 208.06 presents a clear and structured outline of the agency's expectations for preventing, detecting, reporting, and responding to sexual abuse and sexual

harassment. The policy applies to all facilities, including those operated through contracts with private providers or local government agencies that house inmates on behalf of the Department. Through this review, the Auditor confirmed that the agency has established firm contract requirements and oversight practices that support PREA compliance across all settings.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator described a detailed and organized contracting process used by the Georgia Department of Corrections. The Administrator explained that all contracts for inmate housing follow strict guidelines and are reviewed carefully before approval. PREA compliance is a required condition and is included in every agreement without exception.

The Administrator explained that before any contract is approved, the contractor must show that PREA-compliant policies and practices are already in place. If these requirements are not met, the contract is not finalized. This step ensures that only qualified providers are approved to house inmates.

The Administrator also stated that PREA language is clearly written into all contracts and remains in effect throughout the life of the agreement. Contractors must continue to meet PREA standards at all times, and failure to do so can affect the status of the contract. In addition, the Administrator described ongoing oversight activities, including regular reviews, required reporting of allegations, and submission of investigative findings to the agency. These practices support accountability and consistent compliance.

PROVISIONS

Provision (a) – Clear Contract Requirements for PREA Compliance

The PAQ provides a direct and well-supported summary of the agency's contracting activity and PREA expectations. The information confirms that the agency has entered into or renewed confinement contracts after August 20, 2012, or since the last PREA audit, and that each of these contracts includes mandatory PREA compliance language.

The PAQ further shows that:

1. All contracts require contractors to adopt and follow PREA standards.
2. A total of 25 contracts were entered into or renewed during the audit period.
3. Zero contracts were reported without PREA requirements.

The Auditor found that PREA expectations are written in clear and simple terms within each contract. These requirements apply to all facilities housing inmates under the authority of the Department. While the facility itself does not manage contracts directly, the centralized process ensures that every agreement includes the same

standards.

The Contract Manager plays an active role in monitoring compliance by reviewing contractor performance and confirming that PREA obligations are met. The facility reported one contract activity within the past year, while the agency reported a total of twenty-six contracts during the same timeframe, all of which included PREA language. Information gathered during the interview confirmed that these requirements are applied consistently and without exception.

Relevant Policies:

GDC SOP 208.06, PREA compliance requirements for contracted facilities

Provision (b) – Active Monitoring of Contractor Compliance

The PAQ confirms that all contracts include clear requirements for monitoring PREA compliance. It also confirms that no contracts are exempt from this requirement. This demonstrates a consistent and agency-wide approach to oversight.

The monitoring process described is structured, active, and ongoing. Contractors are required to follow PREA standards and must also demonstrate compliance through regular reporting and review. Each contractor must report all allegations of sexual abuse and sexual harassment in a timely manner and provide documentation of investigative outcomes.

The Agency Contract Administrator explained that the Department uses several simple but effective methods to monitor compliance. These include reviewing contractor policies, examining procedures, and verifying that reporting practices meet PREA standards. The PREA Coordinator also receives investigative reports, which allows for additional oversight and review.

This system creates a clear line of accountability and ensures that all contracted facilities maintain safe environments for inmates. Even when a facility is not directly involved in contract management, it remains part of a system that emphasizes transparency and compliance.

Relevant Policies:

GDC SOP 208.06, contractor monitoring and reporting requirements

CONCLUSION

After reviewing documentation and conducting the interview with the Agency Contract Administrator, the Auditor determines that the Georgia Department of Corrections and the reviewed facility meet the requirements of PREA Standard §115.12. The agency has established clear, firm, and consistent contract requirements that include PREA compliance in every agreement.

The Department also maintains a strong and active monitoring process that supports ongoing compliance. Through regular oversight, required reporting, and clear expectations, the agency ensures that all facilities housing inmates operate under the

	same PREA standards. This approach reflects a steady and well-managed commitment to safety, accountability, and the protection of inmates across all contracted environments.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.13, the Auditor completed a detailed and organized review of all materials submitted prior to the onsite audit. This review included the Pre-Audit Questionnaire (PAQ), all supporting documentation, Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and the facility's approved Staffing Plan dated January 15, 2026. These documents provided a clear and complete picture of the facility's approach to staffing, supervision, and monitoring. The information showed how staff are assigned, how supervision is carried out, and how the facility works to protect inmates through steady and planned practices. The review also confirmed that staffing decisions are based on the facility's layout, inmate population, and available resources. **OBSERVATIONS** During the onsite visit, the Auditor completed a random review of housing unit logbooks. These logbooks showed clear and consistent documentation of unannounced supervisory rounds. Entries were simple, complete, and recorded on a regular basis. The timing and pattern of these rounds matched policy requirements and staff statements. Supervisory staff were visible throughout the facility, and the documentation confirmed that rounds were conducted as required. These observations showed that supervision practices are active, routine, and effective. **INTERVIEWS** **PREA Compliance Manager (PCM)** The PREA Compliance Manager described a structured and ongoing process for reviewing staffing levels and monitoring systems. The PCM explained that staffing decisions consider blind spots, inmate movement, and access to programs. The PCM also confirmed that camera systems are reviewed and adjusted when needed to match changes in the facility's layout or daily operations. This process helps ensure that monitoring remains effective and supports inmate safety.

Intermediate- or Higher-Level Supervisory Staff

Supervisory staff explained that unannounced rounds are conducted on all shifts and are documented in housing unit logbooks. These rounds are used to increase staff presence, identify concerns, and support a safe environment.

Supervisors stated that rounds are completed at different times to prevent predictability. During the onsite tour, the Auditor observed supervisors actively conducting rounds, reviewing logs, and interacting with staff and inmates.

Random Line Staff

Line staff demonstrated a clear understanding of unannounced rounds and their purpose. Staff consistently stated that providing advance notice of rounds is not allowed. Responses were direct and firm, showing strong awareness of expectations.

Staff explained that supervisors move through the facility at various times, including nights and weekends. These rounds include checking operations, reviewing documentation, and addressing concerns as they arise.

Random Inmates

Inmates reported that supervisory staff are regularly present in housing areas. Many inmates described supervisors as visible and easy to approach. They shared that concerns can be raised when needed, which reflects a steady staff presence.

These responses are aligned with staff interviews and the Auditor’s observations, confirming that supervision is consistent and meaningful in daily operations.

Facility Head

The Facility Head provided a broad overview of how staffing and monitoring decisions are made. Staffing levels are based on simple and practical factors, including the size and layout of the facility, inmate population needs, camera coverage, required posts, and available resources.

The Facility Head also described the role of internal reviews and outside oversight in shaping staffing decisions. At the time of the audit, the facility reported 117 staff members, including 15 new hires in the past year. The facility also reported 26 contractors and 65 volunteers, with some volunteers inactive. This reflects a stable and supported staffing structure.

PROVISIONS

Provision (a) – Clear and Detailed Staffing Plan

The PAQ confirms that the facility follows a structured and well-developed staffing plan designed to provide proper supervision and monitoring. The plan is based on an average daily inmate population of 1,472, with an actual average of 1,462 inmates.

The Auditor verified that the staffing plan includes all required PREA elements. It

clearly identifies key posts, outlines staff coverage, describes camera placement, and considers inmate movement and daily activities. The plan reflects a practical and thoughtful approach to maintaining safety.

The annual review process shows that the facility regularly evaluates staffing needs and makes updates when necessary. The Facility Head confirmed that adjustments are made as conditions change, ensuring continued effectiveness.

Relevant Policies:

1. GDC SOP 208.06, Staffing Plan requirements and Attachment 11
2. GDC SOP 208.06, staffing plan compliance and documentation standards

Provision (b) – Consistent and Documented Staffing Deviations

The PAQ states that all staffing deviations are documented and explained. Common reasons include staff call-ins, tactical squad callouts, institutional shakedowns, hospital assignments, training, and extended leave.

The Auditor reviewed deviation records and found that each instance was clearly documented with a simple explanation. When shortages occurred, the facility addressed them through overtime or staff reassignment to maintain coverage of critical posts.

These records were complete and matched the information reported in the PAQ. The process reflects a consistent and reliable method for managing staff changes.

Relevant Policies:

1. GDC SOP 208.06, Post Roster documentation requirements
2. GDC SOP 208.06, review and oversight of staffing deviations

Provision (c) – Regular and Ongoing Annual Review

The PAQ confirms that the facility conducts an annual review of its staffing plan in coordination with the PREA Coordinator. This review evaluates staffing levels, camera coverage, and overall resource use.

The Auditor reviewed the most recent staffing plan review dated January 15, 2026; and approved February 16, 2026. The review addressed blind spots, supervision levels, and monitoring effectiveness. Documentation confirmed that staffing and camera systems were aligned with the facility’s needs.

Supporting records, including shift rosters, showed that staffing practices matched the conclusions of the review. This reflects a steady and forward-looking process.

Relevant Policies

1. GDC SOP 208.06, annual staffing plan review requirements

2. GDC SOP 208.06, PREA Coordinator review and approval process

Provision (d) – Active and Unpredictable Supervisory Rounds

The PAQ confirms that unannounced rounds are conducted on all shifts and are documented. The facility also enforces a strict rule that staff may not provide advance notice of these rounds.

The Auditor confirmed through logbook review and direct observation that rounds occur regularly and are properly recorded. Supervisors were observed conducting rounds during the audit, and both staff and inmates confirmed that this is a routine practice.

Rounds are conducted at varied and unpredictable times, which strengthens oversight and helps prevent misconduct. This approach supports a safe and controlled environment for inmates and staff.

Relevant Policies

1. GDC SOP 208.06, unannounced supervisory round requirements
2. GDC SOP 208.06, prohibition of advance notice and documentation standards

CONCLUSION

Based on the review of documentation, onsite observations, and interviews with staff and inmates, the Auditor finds that the facility is in full compliance with PREA Standard §115.13 – Supervision and Monitoring. The facility demonstrates a clear and organized approach to staffing, maintains accurate and complete documentation, conducts regular reviews, and ensures active supervision through unannounced rounds.

These practices reflect a steady and well-managed system that supports inmate safety, staff accountability, and continued PREA compliance.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.14, the Auditor conducted a careful and complete review of all materials submitted before the onsite audit. This review included the facility’s Pre-Audit Questionnaire (PAQ), all supporting documentation, and Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and

Intervention Program, effective June 23, 2022.

These materials provided clear guidance on the care, housing, and supervision of youthful inmates under the age of 18. The review confirmed that while the policy includes firm and detailed requirements for managing youthful inmates, the facility does not house youthful inmates.

The documentation also showed that if a youthful inmate were to be assigned, the facility would follow strict and structured separation practices. These include proper housing placement, controlled movement, and direct staff supervision to prevent any contact with adult inmates.

OBSERVATIONS

During the onsite tour, the Auditor reviewed all housing units, the infirmary, program areas, and other locations where a youthful inmate might be placed. The inspection was thorough and included both living and common areas.

No individual appeared to be under the age of 18 during the walkthrough. A follow-up review of intake, admission, and classification records confirmed that no youthful inmates were assigned to the facility at the time of the audit.

The Auditor also reviewed the inmate roster and verified that no inmates had a birthdate indicating they were under the age of 18. These findings confirmed that the facility does not currently house youthful inmates.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that the facility does not house youthful inmates. The PCM explained that current practices and facility operations are designed for an adult population only.

The PCM also stated that if a youthful inmate were ever assigned, the facility would follow established PREA requirements, including strict separation and direct supervision. These expectations are clearly outlined in policy and understood by staff.

Facility Head

The Facility Head confirmed that the facility does not accept or house youthful inmates. Further, the Facility Head explained that the facility’s design, mission, and operational focus are intended for adult inmates.

The Facility Head also noted that any placement of a youthful inmate would require special consideration and coordination, and that appropriate safeguards would be applied if such a situation were to occur.

Youthful Inmate

At the time of the onsite audit, there were no youthful inmates assigned to the facility.

Therefore, no inmate interviews were conducted for this standard.

PROVISIONS

Provision (a) – Clear Policy for Safe and Separate Housing

This provision addresses the requirement for safe, complete, and consistent separation between youthful inmates and adult inmates in all housing areas.

The PAQ confirms that the facility does not house youthful inmates. During the audit period, no youthful inmates were assigned to the facility. The Auditor verified this through a review of the inmate roster, which showed no inmates with a birthdate after 2008.

Although not currently applied, the policy provides clear and simple direction for maintaining separation if a youthful inmate were present. These safeguards are direct and focused on preventing any contact with adult inmates.

Relevant Policies:

1. GDC SOP 208.06, youthful inmate housing and separation requirements
2. GDC SOP 208.06, classification and housing procedures

Provision (b) – Controlled Movement and Separation Practices

This provision focuses on maintaining separation during movement, services, and activities outside of housing areas.

Because the facility does not house youthful inmates, this provision is not currently applicable. However, policy clearly outlines that if a youthful inmate were present, all movement would be controlled and supervised to prevent contact with adult inmates.

These procedures are simple, clear, and designed to ensure safety at all times.

Relevant Policies:

1. GDC SOP 208.06, movement and supervision requirements
2. GDC SOP 208.06, separation standards during activities and services

Provision (c) – Direct Supervision and Documentation Practices

This provision addresses supervision and documentation when a youthful inmate’s access to services may be limited or restricted.

Since the facility does not house youthful inmates, this provision is not applicable at this time. The policy, however, provides clear guidance requiring documentation and direct supervision if such situations occur.

These expectations support a structured and accountable approach to care and supervision.

Relevant Policies:

1. GDC SOP 208.06, supervision and documentation requirements
2. GDC SOP 208.06, safeguards and restrictions for youthful inmates

CONCLUSION

Based on the review of documentation, onsite observations, and interviews with the PREA Compliance Manager and Facility Head, the Auditor finds that the facility is in full compliance with PREA Standard §115.14 – Youthful Inmates.

The facility does not house youthful inmates, and this was confirmed through multiple sources, including records and direct observation. Policies are in place that clearly outline required actions should a youthful inmate be assigned. These policies reflect a structured and consistent approach that supports safety and compliance.

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

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.15, the Auditor conducted a detailed and organized review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted prior to the onsite audit. This review provided a clear understanding of the facility's policies, training practices, and daily procedures related to searches, cross-gender interactions, and privacy protections.

The materials reviewed included Georgia Department of Corrections SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and SOP 226.01, which outlines search procedures and staff responsibilities. Training curricula, facilitator guides, and staff training records were also reviewed to confirm that staff receive regular instruction on proper search methods and respectful interactions.

Additional documentation included a policy update memorandum dated September 12, 2024, which introduced improved guidance on search preferences and communication practices. Interview summaries and training records confirmed that staff are trained annually on PREA requirements, including cross-gender search limits and protections for transgender and intersex inmates.

Overall, the document review showed a clear, structured, and well-supported approach to maintaining privacy, safety, and professionalism.

OBSERVATIONS

During the facility tour, the Auditor observed consistent and routine use of privacy safeguards. Staff of a different gender than the housing unit occupants made clear and loud announcements before entering areas where inmates could be in a state of undress. These announcements were repeated when needed and were easily heard throughout the units.

This practice was observed in housing units, medical areas, restrooms, shower areas, and program spaces. The Auditor also observed inmates who identified as transgender, which was confirmed through classification records.

The overall environment reflected a respectful and professional approach, with staff consistently following procedures designed to protect inmate privacy.

INTERVIEWS

Non-Medical Staff Who Perform Searches

Staff responsible for conducting searches described clear and simple procedures for carrying out pat searches and security checks. They demonstrated a strong understanding of restrictions on cross-gender searches and explained that strip searches and body cavity searches are not conducted by security staff.

Staff emphasized that such searches, if ever required, must be handled by medical personnel and only under approved conditions. They also described how searches of transgender and intersex inmates are conducted in a respectful and least intrusive manner.

Random Inmates

Inmates reported that staff conduct searches in a respectful and professional way. They consistently stated that they have not experienced cross-gender strip searches or body cavity searches.

Inmates also confirmed that staff of the opposite gender announce their presence before entering housing areas. They reported being able to shower, change clothes, and use restroom facilities without being viewed by staff of a different gender.

Transgender Inmates

Transgender inmates shared that they feel their privacy is respected. They reported having access to appropriate housing and being able to shower and change in a private setting.

They also stated that staff communicate clearly during searches and respond appropriately to requests related to privacy. Their responses reflected a sense of safety and fair treatment.

Random Staff

Staff across different roles demonstrated a clear understanding of PREA requirements. They confirmed receiving annual training and described policies related

to cross-gender searches, privacy, and respectful communication.

Staff consistently stated that cross-gender strip searches are not allowed and that all procedures must follow strict guidelines. They also explained how privacy is maintained through announcements and controlled access to sensitive areas.

PROVISIONS

Provision (a) – Strict Limits on Cross-Gender Strip and Cavity Searches

This provision requires clear and firm limits on cross-gender strip searches and visual body cavity searches.

The PAQ and all interviews confirmed that the facility strictly prohibits these types of searches except in rare emergency situations and only when performed by medical staff. No such searches were reported during the past 12 months.

Staff demonstrated a strong understanding of these limits and clearly explained that such actions require proper authorization and documentation. These practices reflect a simple and strict standard that protects inmate dignity.

Relevant Policies:

1. GDC SOP 208.06, Section 8(a), cross-gender search restrictions
2. GDC SOP 226.01, search procedures and staff responsibilities
3. Policy memorandum dated September 12, 2024, search preference updates

Provision (b) – Clear Cross-Gender Viewing and Search Practices

This provision focuses on safe and respectful cross-gender interaction and search practices.

The facility houses adult inmates and may occasionally house inmates with special needs. Staff demonstrated a clear understanding of gender-specific search rules and consistently follow them in daily operations.

Practices observed and reported show that searches are conducted by appropriate staff and that privacy is maintained at all times. These procedures are clear, consistent, and easy to follow.

Relevant Policies:

1. GDC SOP 208.06, cross-gender viewing and search requirements
2. GDC SOP 226.01, institutional search procedures

Provision (c) – Clear Documentation and Emergency Procedures

This provision requires proper documentation and approval for any search conducted under emergency conditions.

	The PAQ and staff interviews confirmed that any cross-gender strip or cavity search, if ever necessary, must be approved by the Facility Head, conducted by medical staff, and fully documented. Staff demonstrated awareness of these requirements and described the process clearly. This reflects a controlled and accountable approach. **Relevant Policies:** 1. GDC SOP 208.06, Section 8(c), documentation requirements 2. GDC SOP 226.01, reporting and review procedures **Provision (d) – Strong Privacy Protections for Daily Activities** This provision addresses privacy during showering, changing, and restroom use. The facility uses clear and consistent methods to protect privacy. Staff announce their presence before entering housing areas, and inmates are able to complete personal activities without being viewed by staff of another gender. Inmate interviews confirmed that these practices are followed daily. Observations during the tour also supported these findings. **Relevant Policies:** 1. GDC SOP 208.06, Sections 8(d)–(f), privacy and announcement requirements **Provision (e) – Prohibition on Searches for Genital Status** This provision prohibits searches conducted only to determine an inmate’s genital status. Staff clearly stated that such actions are not allowed. Any necessary information is obtained through medical evaluation, not through security searches. This rule is simple, clear, and well understood by staff. It supports respectful and appropriate treatment of all inmates. **Relevant Policies:** 1. GDC SOP 208.06, Sections 8(g)–(h), restrictions on examinations 2. Training curriculum for respectful search practices **Provision (f) – Consistent and Complete Staff Training** This provision requires that staff receive proper training on cross-gender searches and interactions with transgender and intersex inmates. Training records confirmed that all required staff have completed this training. Staff reported receiving this instruction regularly and demonstrated a strong understanding

	during interviews. The training program is clear, practical, and focused on respectful and professional conduct. **Relevant Policies:** 1. GDC SOP 208.06, training requirements 2. Contraband search training curriculum and annual refresher training **CONCLUSION** Based on the review of documentation, direct observations, and interviews with staff and inmates, the Auditor finds that the facility is in full compliance with PREA Standard §115.15 – Cross-Gender Viewing and Searches. The facility demonstrates clear policies, consistent practices, and strong staff understanding. Privacy protections, training, and supervision practices are well established and routinely followed, supporting a safe and respectful environment for all inmates.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.16, the Auditor completed a thorough and well-organized review of materials submitted by the facility and the Georgia Department of Corrections. The review began with the Pre-Audit Questionnaire (PAQ) and expanded to include a wide range of supporting documents that demonstrate how the facility ensures clear communication and meaningful access for all inmates. A key document reviewed was GDC Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy clearly outlines the agency’s responsibility to provide PREA information in ways that are understandable and accessible to inmates with disabilities and those with limited English proficiency (LEP). Additional materials reviewed included PREA posters, brochures, and handouts available in both English and Spanish, as well as interpreter service guides such as LanguageLine and Video Remote Interpreting (VRI) instructions. The Auditor also reviewed interpreter usage logs and facility guidance for accessing the confidential

PREA hotline.

These materials reflected a thoughtful and inclusive system designed to ensure that all inmates, regardless of ability or language, have equal access to PREA information and reporting options.

OBSERVATIONS

During the onsite visit, the Auditor observed PREA informational materials displayed throughout the facility in clear and visible locations. These included housing units, hallways, medical areas, visitation spaces, and program areas. The materials were easy to read, well-placed, and designed with simple language and clear formatting.

Brochures and written information were available in both English and Spanish. The facility also confirmed that additional translation services are available when needed. Materials were placed in intake and orientation areas, ensuring that inmates receive PREA information as soon as they arrive.

The overall presentation of information showed a strong and positive commitment to communication, accessibility, and inclusion.

INTERVIEWS

Inmates with Disabilities

Inmates who identified as having hearing, vision, or learning challenges shared that they received PREA information in ways that were easy to understand. Some described receiving verbal explanations, while others noted the use of visual aids or captioned materials.

These inmates reported that staff took time to explain information clearly and answered questions when needed. All interviewed inmates stated they understood how to report concerns and felt confident in their ability to access help.

Facility Head

The Facility Head described a clear and supportive approach to communication. The facility uses professional interpreter services, accessible materials, and trained staff to ensure that all inmates can understand PREA information and participate in reporting processes.

The Facility Head emphasized that communication needs are addressed in a respectful and organized way. The use of trusted vendors and reliable technology ensures that services are available when needed and that communication remains private and effective.

Random Staff

Staff demonstrated strong knowledge of communication procedures for inmates with disabilities and LEP inmates. They clearly stated that inmate interpreters are not used for PREA-related matters except in rare emergency situations.

Staff explained how to access interpreter services and described the process as simple and reliable. Their responses reflected consistent training and a clear understanding of expectations.

PROVISIONS

Provision (a) – Equal and Inclusive Access to PREA Information

This provision focuses on providing fair, clear, and accessible PREA information to all inmates, including those with disabilities and those with limited English proficiency.

The facility uses a strong and inclusive approach to ensure equal access. Inmates with hearing, vision, or learning needs are provided with helpful aids and services at no cost. LEP inmates have access to professional interpreters through phone and video services.

The Auditor reviewed interpreter guides and found them to be simple, clear, and easy to use. Inmates confirmed that information is understandable and available when needed. These practices reflect a positive and supportive communication system.

Relevant Policies:

1. GOC SOP 208.06, Sections 9–10, communication access requirements
2. GDC SOP 103.63, ADA accommodations for inmates with disabilities
3. Facility Communication Access Plan, procedures for interpreter and support services

Provision (b) – Effective and Supportive Communication Services

This provision addresses how the facility provides communication tools and services in a clear and effective way.

The facility uses a wide range of helpful resources, including LanguageLine and VRI services, to provide real-time interpretation in many languages. Educational materials are available in English and Spanish, and video materials include captions.

Inmates who are deaf or hard of hearing have access to visual tools and interpreter services. Inmates with vision or learning challenges receive information through audio or simplified explanations. These efforts create a positive and respectful environment where all inmates can understand important information.

Relevant Policies:

1. GDC SOP 208.06, Sections 10(a)–(c), communication formats and access
2. GDC SOP 103.63, auxiliary aids and accommodation procedures
3. LanguageLine and VRI user guides, interpreter access instructions

Provision (c) – Clear Prohibition on Use of Inmate Interpreters

This provision ensures that inmate interpreters are not used in PREA-related matters,

protecting privacy and confidentiality.

The facility follows a strict and clear rule that only qualified professional interpreters may be used. Staff confirmed that inmate interpreters are not used except in rare emergency situations, and no such instances were reported.

This practice supports a safe and confidential reporting process. It also ensures that communication remains accurate and professional.

Relevant Policies:

1. GDC SOP 208.06, Section 10(e), prohibition on inmate interpreters
2. Facility directive on confidential communication and reporting procedures

CONCLUSION

Based on the review of documentation, onsite observations, and interviews with staff and inmates, the Auditor finds that the facility is in full compliance with PREA Standard §115.16.

The facility demonstrates a strong, positive, and inclusive approach to communication. Policies, training, and daily practices work together to ensure that all inmates—regardless of ability or language—can understand PREA information and access reporting services. This approach supports a respectful, safe, and well-managed environment for everyone.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.17, the Auditor completed a detailed and well-structured review of documentation related to hiring, promotion, and personnel screening practices. This review included the facility's Pre-Audit Questionnaire (PAQ) along with a strong collection of supporting materials provided by the Georgia Department of Corrections (GDC). Key documents reviewed included GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), GDC SOP 104.09, Filling a Vacancy (effective May 27, 2022), and GDC SOP 104.18, Obtaining and Using Records for Criminal Justice Employment (effective October 13, 2020). The Auditor also reviewed Applicant Verification forms, contractor and volunteer screening records, background check documentation, and a representative sample of employee files.

The documentation reflected a clear, organized, and dependable system for hiring and promotion decisions. The process demonstrated a strong commitment to professionalism, safety, and ethical standards. Each stage of hiring and promotion is supported by detailed screening, consistent verification, and clear documentation practices.

INTERVIEWS

Random Inmates

Inmates from different housing areas shared positive feedback regarding staff professionalism and conduct. They described staff as respectful, consistent, and professional in their daily interactions. Inmates expressed confidence in the facility's ability to hire and retain qualified individuals, noting that staff behavior reflects strong standards and accountability.

Random Staff

Staff members confirmed their understanding of the agency's hiring and promotion expectations. They clearly stated that individuals with a history of sexual abuse, harassment, or misconduct are not eligible for employment or advancement. Staff expressed confidence in the agency's hiring process and described it as thorough, fair, and focused on maintaining a safe environment.

Human Resources Staff

Human Resources staff provided a detailed overview of the hiring and promotion process. They described a consistent and well-managed system that includes criminal background checks, verification of prior employment, and required PREA disclosure forms.

HR staff explained that background checks are conducted before hiring and promotion, with additional checks completed on a recurring basis. They also described a reliable tracking system that monitors compliance for employees, contractors, and volunteers. The Auditor reviewed a sample of personnel files and confirmed that each file contained complete documentation, including background checks, signed disclosures, and verification of prior misconduct inquiries.

Follow-up discussions with HR staff reinforced that all hiring decisions are reviewed carefully and must meet all PREA requirements before approval.

PROVISIONS

Provision (a) – Clear and Protective Hiring Standards

This provision ensures that individuals with a history of sexual abuse or misconduct are not hired, promoted, or contracted.

The facility follows a strong and consistent process that prevents individuals with disqualifying histories from being employed. Background checks and PREA disclosure forms are reviewed carefully for every applicant. Staff confirmed that these standards

are clearly understood and consistently applied.

The Auditor’s review of personnel files showed complete compliance, with each file containing required documentation and verification steps. This process reflects a positive and protective approach to staffing decisions.

Relevant Policies:

1. GDC SOP 208.06, Section 14(a)–(c), disqualification criteria
2. GDC SOP 104.09, hiring and background verification requirements
3. Applicant Verification Form (Attachment 4), PREA disclosure documentation

Provision (b) – Careful Consideration of Harassment History

This provision requires that prior sexual harassment is considered during hiring and promotion decisions.

Human Resources staff confirmed that any history of sexual harassment is reviewed as part of the screening process. Decisions are made carefully, with attention to maintaining a respectful and professional workplace.

This approach supports a positive environment and reinforces clear expectations for staff conduct.

Relevant Policies:

1. GDC SOP 208.06, Section 14(b), review of harassment history
2. Human Resources evaluation procedures and screening checklists

Provision (c) – Thorough Background Checks and Employer Verification

This provision focuses on completing detailed background checks and contacting prior employers before hiring.

The facility completed background checks and employment verification for all new hires. During the audit period, 19 new employees were hired, and each file reviewed showed full compliance with required screening steps.

The process includes reviewing criminal history, confirming prior employment, and checking for any past misconduct. This structured approach ensures that all candidates are carefully evaluated.

Relevant Policies:

1. GDC SOP 208.06, Section 14(c), background investigation requirements
2. GDC SOP 104.09, employer contact and verification procedures
3. Applicant review and tracking documentation

Provision (d) – Consistent Screening of Contractors and Volunteers

This provision ensures that contractors and volunteers are held to the same high standards as staff.

The facility conducts background checks for all contractors and volunteers before they begin work and repeats these checks every five years. Records reviewed by the Auditor confirmed that all active individuals have current and complete screenings.

This process reflects a fair and consistent approach that applies to everyone with inmate contact.

Relevant Policies:

1. GDC SOP 208.06, Section 14(e), contractor and volunteer screening
2. Contractor and Volunteer Verification forms and tracking systems

Provision (e) – Ongoing and Reliable Background Monitoring

This provision requires regular background checks for employees and contractors.

Human Resources staff described a dependable system for tracking and completing background checks at required intervals. These checks occur at least every five years, with additional annual checks for certain staff.

The Auditor confirmed that records are complete and current. This ongoing process supports a safe and well-monitored environment.

Relevant Policies:

1. GDC SOP 104.18, criminal history record procedures
2. GDC SOP 208.06, Section 14(f), recurring background checks
3. Employee background tracking logs

Provision (f) – Honest and Complete Disclosure Requirements

This provision requires all staff to disclose prior misconduct.

All employees are required to complete written disclosures regarding past conduct during hiring and throughout employment. These disclosures are reviewed and maintained in personnel files.

This process supports honesty, transparency, and accountability across the workforce.

Relevant Policies:

1. GDC SOP 208.06, Section 14(g), disclosure requirements
2. Annual PREA acknowledgment and certification forms

Provision (g) – Clear Consequences for False Information

This provision addresses accountability for providing false or incomplete information.

Staff confirmed that providing false information or failing to disclose required details can result in termination. This expectation is clearly communicated and consistently enforced.

This approach promotes integrity and reinforces the importance of accurate reporting.

Relevant Policies:

1. GDC SOP 208.06, Section 14(h), disciplinary action for falsification
2. Facility integrity and conduct policies

Provision (h) – Responsible Sharing of Employment Information

This provision ensures that relevant information about former employees is shared when appropriate.

Human Resources staff confirmed that, when allowed by law, the agency provides information regarding substantiated misconduct to other employers. This process is handled carefully and confidentially.

This practice supports accountability and helps maintain professional standards across agencies.

Relevant Policies:

1. GDC SOP 208.06, Section 14(i), information sharing requirements
2. State personnel information sharing guidelines

CONCLUSION

Based on a comprehensive review of documentation, personnel records, and interviews with staff and inmates, the Auditor finds that the facility exceeds PREA Standard §115.17.

This decision was based on the yearly background fingerprint checks on all correctional and security staff within the agency and facility. The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and well-managed approach to hiring and promotion decisions. Clear policies, thorough screening processes, and ongoing monitoring practices support a safe and professional environment. These efforts reflect a positive commitment to integrity, accountability, and the protection of all inmates.

115.18	Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.18, the Auditor conducted a detailed and well-organized review of documentation provided by the Georgia Department of Corrections (GDC) and the facility. The purpose of this review was to confirm that the agency thoughtfully considers the prevention, detection, and response to sexual abuse and sexual harassment when planning facility design or implementing technology changes.

The Auditor reviewed GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and GDC SOP 204.09, Facilities Maintenance and Construction Management Program. Additional materials included a Facilities Management Review Memorandum confirming that no construction, renovation, or system upgrades occurred during the audit period, as well as a PREA Coordinator consultation log documenting ongoing oversight procedures for future projects.

These documents reflected a clear and forward-thinking framework. While no new projects were initiated during this period, the agency maintains a strong and reliable process that ensures PREA considerations are included in all future planning and approval stages.

OBSERVATIONS

During the onsite visit, the Auditor toured all major areas of the facility, including housing units, program areas, and support spaces. The facility was observed to be clean, orderly, and well-maintained. The physical layout supported effective supervision, with clear lines of sight and appropriate staff presence.

The existing camera system was operational and positioned in a way that supports monitoring of key areas. No new equipment had been installed during the audit period; however, the current system was functioning properly and supported safe operations.

Staff confirmed that there were no active or planned renovation or upgrade projects. The facility continues to rely on a stable and effective infrastructure that supports daily operations and inmate safety.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained that the facility’s physical structure and monitoring systems have remained consistent since the previous audit. The PCM described the current setup as stable, reliable, and supportive of supervision needs.

The PCM also explained that if any future upgrades or changes are proposed, they would be reviewed in coordination with the PREA Coordinator. This process ensures that all design and technology decisions include PREA considerations before implementation.

Facility Head

The Facility Head confirmed that no construction, renovation, or technology upgrades have taken place during the current audit cycle. The Facility Head described a clear and proactive process for handling future changes, which includes review and approval by GDC Facilities Management and consultation with the PREA Coordinator.

The Facility Head also highlighted the importance of routine inspections to ensure that existing systems remain functional and effective. These inspections support a safe, secure, and well-managed environment.

PROVISIONS

Provision (a) – Thoughtful Planning for Facility Design and Construction

This provision focuses on ensuring that PREA considerations are included in the design and construction of new or modified facilities.

The facility confirmed that no new construction or expansion projects occurred during the audit period. However, agency policy clearly requires that any future construction or renovation include a careful review of how design elements impact supervision and safety.

This forward-looking approach reflects a strong and responsible planning process. Leadership demonstrated clear awareness of these requirements and readiness to apply them when needed.

Relevant Policies:

1. GDC SOP 208.06, Section 15(a)–(c), PREA review for design and construction
2. GDC SOP 204.09, facility planning and construction oversight procedures

Provision (b) – Effective Use and Review of Monitoring Technology

This provision addresses how the facility evaluates and updates monitoring systems to support safety and supervision.

The facility reported no new installations or upgrades to monitoring technology during the audit period. The Auditor confirmed that the existing camera system is active, properly maintained, and effective in supporting supervision.

Routine checks are conducted to ensure that all equipment remains in good-working order. These efforts reflect a consistent and dependable approach to maintaining security technology.

	Relevant Policies: 1. GDC SOP 208.06, Section 15(d)–(f), monitoring system review requirements 2. Facility camera inspection and maintenance logs **CONCLUSION** Based on the review of documentation, onsite observations, and interviews with facility leadership and the PREA Compliance Manager, the Auditor finds that the facility is in full compliance with PREA Standard §115.18. Although no new construction or technology upgrades occurred during the audit period, the Georgia Department of Corrections maintains a clear, structured, and proactive process for ensuring that PREA standards are integrated into all future projects. The facility's current environment is stable, well-maintained, and supportive of effective supervision, reflecting a positive and ongoing commitment to safety and compliance.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.21, the Auditor completed a detailed and well-organized review of all materials submitted prior to the onsite audit. This review included the facility's Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting documents related to evidence handling, forensic medical services, and victim support. Key documents reviewed included Georgia Department of Corrections (GDC) SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders (effective August 11, 2022), and SOP 103.10, Evidence Handling and Crime Scene Processing (effective August 30, 2022). The Auditor also reviewed the services agreement between GDC and the Sexual Assault Response Team (SART), the SANE contact list, and certification records for trained staff victim advocates. These materials reflected a strong, coordinated, and clearly defined system that supports proper evidence collection, timely forensic care, and consistent victim services. The framework is structured, reliable, and aligned with PREA requirements. **INTERVIEWS**

SAFE/SANE Staff

SAFE/SANE personnel described a well-organized and professional process for conducting forensic medical examinations. They confirmed that the Georgia Department of Corrections maintains an active agreement with SART, ensuring that qualified professionals are available when needed.

They explained that exams are conducted in a careful and respectful manner, beginning with informed consent and continuing through medical history collection, evidence gathering, documentation, and follow-up care. All services are provided at no cost to the inmate. The process includes maintaining proper chain of custody and ensuring that each step is completed with attention to detail and patient care.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported that the facility completed six forensic examinations during the past 12 months, all conducted onsite in the medical unit. The PCM confirmed that trained staff advocates were available to support inmates during these examinations.

The PCM also explained that the facility follows a consistent and structured process for coordinating with SANE professionals and ensuring timely access to services. The availability of trained staff and established partnerships supports a smooth and effective response.

Inmates Who Reported Sexual Abuse

Inmates who had reported sexual abuse described a prompt and supportive response from staff. They reported being referred quickly for medical care and receiving access to advocacy services during the process.

They confirmed that examinations were conducted without cost and that they were not asked to take polygraph tests. Each inmate also stated they were informed of the outcome of their case. Their feedback reflected a respectful and supportive experience.

Random Staff

Staff demonstrated a clear and confident understanding of their responsibilities when responding to allegations. They described immediate actions such as protecting the scene, preserving evidence, and notifying appropriate personnel.

Staff responses were consistent and reflected strong training and awareness. Their ability to clearly explain procedures showed a dependable and well-reinforced system.

Rape Crisis Center Representative

The local rape crisis center Sexual Abuse Response Center (SARC) representative explained that while a formal agreement is not currently in place, services are available to support individuals in the community. The center provides a 24-hour

hotline staffed by trained advocates who offer emotional support and guidance.

Although in-person services are not provided within the facility, the organization expressed willingness to offer remote support and referrals when needed.

PREA Coordinator (PC)

The PREA Coordinator confirmed that the agency uses a standardized and effective evidence protocol across all facilities. This protocol supports both administrative and criminal investigations and is designed to ensure proper evidence collection.

The coordinator also stated that investigative processes are handled internally and that procedures are applied consistently. The protocol is adaptable and appropriate for all inmates, including youthful individuals when present.

PROVISIONS

Provision (a) – Clear and Consistent Evidence Protocol

This provision ensures that the facility follows a standardized and reliable process for collecting and preserving evidence.

The facility conducts both administrative and criminal investigations and uses a clear and structured evidence protocol. Investigators have received specialized training in evidence collection and follow established procedures to collect, document, and preserve evidence in a careful and professional manner.

The PREA Coordinator confirmed that these practices are consistently applied and supported by strong training.

Relevant Policies:

1. GDC SOP 208.06, standardized evidence protocol requirements
2. GDC SOP 103.06, investigative procedures
3. GDC SOP 103.10, evidence handling and crime scene processing

Provision (b) – Developmentally Appropriate and Professional Practices

This provision focuses on ensuring that evidence protocols are suitable for all inmates, including youthful individuals when applicable.

The facility follows nationally recognized guidelines to ensure that procedures are appropriate, respectful, and effective. These practices are designed to meet the needs of all individuals and support accurate evidence collection.

The PREA Coordinator confirmed that these standards are consistently followed.

Relevant Policies:

1. GDC SOP 208.06, developmentally appropriate procedures

2. National Protocol for Sexual Assault Medical Forensic Examinations

Provision (c) – Timely and Supportive Access to Forensic Examinations

This provision ensures that inmates have access to forensic medical care at no cost.

The facility provides timely access to examinations conducted onsite by trained SANE professionals. In the past 12 months, six forensic exams were completed using a structured and patient-centered process. All forensic examinations are conducted on the medical unit at the facility.

The agreement with SART ensures that qualified professionals are available, and services are delivered in a respectful and organized manner.

Relevant Policies:

1. GDC SOP 208.06, forensic examination requirements
2. SART services agreement and SANE contact procedures

Provision (d) – Availability of Supportive Victim Advocacy Services

This provision addresses access to victim advocates during forensic examinations.

The facility makes strong efforts to provide advocacy services. While a formal agreement with the local rape crisis center is still in progress, support is available through trained facility staff and external resources when needed.

The presence of certified staff advocate, who is a Behavioral Health Counselor 3, ensures that inmates receive support during critical moments.

Relevant Policies:

1. GDC SOP 208.06, victim advocacy requirements
2. Staff advocate certification documentation

Provision (e) – Continued Advocate Support Throughout the Process

This provision ensures that inmates can receive ongoing support during examinations and interviews.

When requested, a trained advocate is available to provide emotional support, information, and guidance. The facility maintains qualified staff who are prepared to fulfill this role when external services are not immediately available.

This approach reflects a caring and supportive environment.

Relevant Policies:

1. GDC SOP 208.06, advocacy and support services

2. Facility procedures for victim advocate assignment

Provision (f) – Investigations Conducted by the Agency

This provision is not applicable, as the facility conducts its own investigations.

Provision (g)

Auditor is not required to audit this provision.

Provision (h) – Ongoing Engagement with Community Support Services

This provision focuses on maintaining connections with community-based support organizations.

The facility maintains open communication with the local rape crisis center and continues efforts to strengthen this partnership. Although services are currently provided remotely, the relationship supports access to additional resources and guidance.

Relevant Policies:

1. GDC SOP 208.06, coordination with external support services

CONCLUSION

Based on the review of documentation, interviews, and onsite observations, the Auditor finds that the facility is in full compliance with PREA Standard §115.21.

The Georgia Department of Corrections and the facility demonstrate a strong, coordinated, and compassionate approach to evidence collection, forensic care, and victim support. Policies, training, and partnerships work together to ensure that inmates receive timely services, professional care, and respectful treatment throughout the process.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.22, the Auditor conducted a detailed and well-structured review of the facility's Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Georgia Department of Corrections (GDC). The review focused on how the agency manages allegations of sexual abuse and sexual harassment, including investigative authority,

referral practices, and case outcomes.

Primary policies reviewed included GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (effective August 11, 2022). These policies provide a clear and organized framework for receiving, reviewing, investigating, and resolving allegations.

The Auditor also reviewed documentation from reported allegations during the previous twelve months. This included investigative reports, case findings, referral decisions, and timelines. The review confirmed that investigative actions were consistent, timely, and aligned with agency policy and PREA standards.

INTERVIEWS

Agency Head Designee

The Agency Head Designee described a strong and accountable system for handling PREA-related investigations. The Designee confirmed that all allegations of sexual abuse and sexual harassment are treated as serious matters and are addressed through prompt, fair, and objective investigations.

The Designee emphasized that the agency maintains full responsibility for all investigations and ensures that each case is handled according to PREA standards. The Designee also confirmed that policies regarding investigative referrals are publicly available, supporting transparency and trust. When allegations meet criminal criteria, referrals are made, tracked, and monitored to ensure proper follow-through.

Investigative Staff

Investigative staff provided detailed explanations of the investigative process. They described a clear and methodical approach that includes immediate review of allegations, timely initiation of investigations, and careful evidence handling when applicable.

Investigators explained that all reports are reviewed, regardless of source or severity, and that no allegation is dismissed without proper assessment. They conduct interviews, gather evidence, document findings, and make determinations based on objective and professional judgment.

Staff emphasized that investigations are completed in a respectful, confidential, and impartial manner. Their responses reflected strong training, clear procedures, and a consistent commitment to fairness and accuracy.

PROVISIONS

Provision (a) – Consistent and Thorough Investigation of All Allegations

This provision requires that all allegations of sexual abuse and sexual harassment are fully investigated.

	The PAQ, supported by documentation and interviews, confirmed that every allegation is reviewed and investigated either administratively or criminally. The agency follows a clear and reliable process that ensures no allegation is overlooked. During the past 12 months, the facility reported 13 total allegations. There were 9 allegations of sexual abuse, all involving inmate-on-inmate conduct. Three were handled through administrative investigations, resulting in two unfounded findings and one unsubstantiated finding. The remaining six were referred for criminal investigation and were still open at the time of the audit. There were 4 allegations of sexual harassment. One involved inmate-on-inmate conduct and was determined to be unfounded after administrative review. Three involved staff-on-inmate conduct; two were unfounded and one was unsubstantiated. These findings demonstrate a structured, consistent, and well-documented investigative process. **Relevant Policies:** 1. GDC SOP 208.06, requirements for investigation of all allegations 2. GDC SOP 103.06, investigative procedures and case management **Provision (b) – Appropriate and Timely Criminal Referrals** This provision ensures that allegations with potential criminal elements are referred for criminal investigation. The PAQ and supporting documentation confirmed that the agency follows a clear and effective process for identifying and referring cases for criminal investigation. During the audit period, six allegations of sexual abuse were referred for criminal investigation. Policies require timely notification, assignment of trained investigators, and proper evidence handling. Investigations are conducted in a fair and professional manner, and the use of polygraph testing is not required as a condition for proceeding. This approach reflects a strong and responsible system for addressing serious allegations. **Relevant Policies:** 1. GDC SOP 208.06, criminal referral requirements 2. GDC SOP 103.06, procedures for criminal investigation and evidence handling **Provision (c) – Clear Agency Responsibility and Oversight** This provision requires that the agency maintains responsibility for conducting investigations.

	Documentation and interviews confirmed that the GDC retains full authority and responsibility for both administrative and criminal investigations. This centralized approach ensures consistency, accountability, and adherence to PREA standards. The structure supports clear communication, reliable oversight, and a consistent application of investigative practices across all cases. **Relevant Policies:** 1. GDC SOP 208.06, investigative authority and oversight 2. GDC SOP 103.06, roles and responsibilities for investigations **Provisions (d) and (e)** These provisions are not subject to audit. **CONCLUSION** Based on a comprehensive review of documentation, investigative records, and interviews with agency leadership and investigative staff, the Auditor finds the facility in full compliance with PREA Standard §115.22. The Georgia Department of Corrections demonstrates a strong, consistent, and professional approach to handling allegations. Investigations are conducted in a timely, fair, and objective manner, with appropriate referrals and clear oversight. These practices reflect a positive commitment to safety, accountability, and PREA compliance.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.31, the Auditor conducted a detailed and organized review of all materials submitted prior to the onsite audit. This review included the facility's Pre-Audit Questionnaire (PAQ), supporting documentation provided by the Georgia Department of Corrections (GDC), and a wide range of training-related records. Key materials examined included GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), along with the facility's full PREA training curriculum. The Auditor reviewed training modules, lesson plans, presentation materials, and knowledge assessments designed to support staff learning.

Additional records reviewed included training rosters, sign-in sheets, electronic verification reports, and signed acknowledgment forms. A representative sample of staff training files across multiple departments—security, medical, education, counseling, and administration—was also examined.

The documentation reflected a clear, structured, and well-managed training program. Training is consistent, up to date, and reinforced through multiple methods, ensuring that staff remain knowledgeable and prepared.

INTERVIEWS

Random Staff

Staff from various departments and shifts described a positive and well-supported training experience. They explained that PREA training begins during initial orientation before any contact with inmates and continues through regular refresher sessions.

Staff shared that PREA concepts are reinforced through daily operations, including shift briefings, posted materials, and ongoing communication from supervisors. Many staff were able to clearly explain their responsibilities, including recognizing signs of abuse, responding appropriately, and reporting concerns.

They also demonstrated a strong understanding of protecting inmates from retaliation and maintaining professional boundaries. Their responses reflected confidence, consistency, and a clear connection between training and daily practice.

PROVISIONS

Provision (a) – Comprehensive and Well-Structured PREA Training Content

This provision requires that staff receive complete and detailed training on PREA-related topics.

The facility provides a thorough and well-organized training program that covers all required PREA topics. Training includes the agency’s zero-tolerance policy, staff responsibilities, inmate rights, reporting procedures, and prevention strategies. It also addresses recognizing signs of abuse, understanding trauma responses, and maintaining appropriate professional conduct.

Training materials are clear, engaging, and presented in structured modules that support understanding. Specialized training is provided for staff working in areas with increased risk or unique responsibilities.

The Auditor reviewed 44 staff training files and confirmed that all required elements were completed and documented.

Relevant Policies:

1. GDC SOP 208.06, Section 1(a), required PREA training topics

2. Facility PREA training curriculum and instructional materials

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

This provision ensures that training is tailored to the inmate population and staff roles.

The facility provides training that reflects the specific needs of the inmate population. Staff receive instruction on gender-related considerations, including communication, supervision, and safety practices.

Training also includes guidance on working respectfully with transgender and intersex inmates, with an emphasis on privacy and professionalism. Staff transferring between facilities are required to complete additional training to address differences in population needs.

These efforts reflect a thoughtful and responsive approach to training.

Relevant Policies:

1. GDC SOP 208.06, Sections 1(b–d), gender-specific and role-based training requirements

Provision (c) – Ongoing and Consistent Training Reinforcement

This provision requires regular training updates and reinforcement.

The facility meets the PREA requirements by providing PREA training to all staff. In addition to formal sessions, staff receive regular reminders and updates through briefings, printed materials, and supervisory discussions.

Staff demonstrated strong retention of PREA knowledge and were able to recall recent training topics. This consistent reinforcement supports a well-informed workforce.

Relevant Policies:

1. GDC SOP 208.06, ongoing training and refresher requirements
2. Facility training curriculum

Provision (d) – Clear Documentation and Verification of Training

This provision requires documentation showing that staff understand PREA training.

The facility maintains complete and organized records for all training activities. Staff sign acknowledgment forms confirming their understanding of PREA requirements. Electronic records and attendance logs provide additional verification.

The Auditor confirmed that all reviewed files contained proper documentation, reflecting a reliable and accountable system.

Relevant Policies:

1. GDC SOP 208.06, training documentation and verification requirements
2. Facility training recordkeeping procedures

CONCLUSION

Based on a comprehensive review of documentation, training records, and staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.31 – Employee Training.

The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and effective training program. Staff are well-prepared, knowledgeable, and confident in their responsibilities. Ongoing reinforcement and clear documentation practices support a positive culture of safety, professionalism, and accountability.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.32, the Auditor conducted a detailed and well-organized review of all materials submitted prior to the onsite audit. This review included the facility's Pre-Audit Questionnaire (PAQ), supporting documentation, and training records related to volunteers and contractors.

Key documents reviewed included Georgia Department of Corrections (GDC) SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), as well as the PREA training curriculum specifically designed for volunteers and contractors. The Auditor also reviewed signed PREA training acknowledgment forms, training logs, and verification records.

The documentation demonstrated a clear, structured, and consistent training process. Training is tailored to the roles of volunteers and contractors and includes clear expectations for behavior, reporting, and compliance. Records confirmed that individuals receive training prior to having contact with inmates and that completion is properly documented.

INTERVIEWS

Volunteer

The volunteer described a positive and informative training experience completed prior to providing services within the facility. The volunteer explained that the training was clear, practical, and directly related to their responsibilities.

When asked about reporting procedures, the volunteer confidently described the correct steps, including immediate reporting and adherence to the agency's zero-tolerance policy. The responses reflected a strong understanding of expectations and a commitment to maintaining a safe environment.

Contractor

The contractor also confirmed that PREA training was completed before entering secure areas of the facility. The contractor described the training as thorough and relevant to their role.

The contractor clearly explained how to report concerns and emphasized the importance of acting quickly and responsibly. Their responses demonstrated a solid understanding of PREA requirements and reinforced the effectiveness of the training program.

PROVISIONS

Provision (a) – Comprehensive and Foundational PREA Training

This provision requires that all volunteers and contractors receive training on PREA requirements.

The facility reported that all volunteers and contractors who have contact with inmates receive PREA training. The Auditor reviewed a sample of records, including 40 volunteer files and 1 general contractor file, 28 medical contractor files, and confirmed that all contained signed acknowledgment forms verifying completion of training.

Training covers prevention, detection, reporting, and response to sexual abuse and sexual harassment. The process is consistent and clearly documented, reflecting a strong and dependable training program.

Relevant Policies:

1. GDC SOP 208.06, Section 2(a), training requirements for volunteers and contractors
2. PREA training curriculum and acknowledgment documentation

Provision (b) – Role-Specific and Practical Training Approach

This provision ensures that training is tailored to the individual's role and level of contact with inmates.

The facility provides training that is adjusted based on the type of work performed and the level of interaction with inmates. All volunteers and contractors are informed

	of the agency’s zero-tolerance policy and are instructed on how to report concerns. Interviews confirmed that training is clear, relevant, and easy to understand. Both the volunteer and contractor demonstrated strong knowledge of reporting procedures and expectations. **Relevant Policies:** 1. GDC SOP 208.06, Section 2(b), role-based training requirements 2. Facility training materials for volunteers and contractors **Provision (c) – Clear Documentation and Verification of Understanding** This provision requires documentation showing that volunteers and contractors understand PREA training. The facility maintains complete and organized records of training participation. Signed acknowledgment forms confirm that individuals received and understood the training content. The Auditor verified that documentation was consistent across all sampled records, demonstrating a reliable and well-managed system. **Relevant Policies:** 1. GDC SOP 208.06, Section 2(c), documentation and acknowledgment requirements 2. PREA acknowledgment forms and training records **CONCLUSION** Based on the review of documentation and interviews with volunteers and contractors, the Auditor finds that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training. The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and effective training program. Volunteers and contractors receive clear, role-specific instruction and demonstrate a solid understanding of their responsibilities. The program supports a safe, respectful, and accountable environment for all inmates.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.33, the Auditor conducted a detailed and well-structured review of the facility's Pre-Audit Questionnaire (PAQ) along with a wide range of supporting documentation. Materials reviewed included Georgia Department of Corrections (GDC) SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), the PREA educational video, inmate intake forms, and multiple PREA informational resources.

Additional documentation included the PREA Inmate Information Guide, Inmate Handbook, LanguageLine and Video Remote Interpreting guides, PREA education acknowledgment forms, and training logs. Posters such as "Zero Tolerance" and "No Means No" were also reviewed.

These materials demonstrated a clear, organized, and effective education program designed to inform inmates of their rights, reporting options, and protections. The program is structured, consistent, and aligned with PREA standards.

ON-SITE OBSERVATIONS

During the onsite review, the Auditor observed PREA information displayed in visible and accessible areas throughout the facility. Posters included clear definitions of sexual abuse and harassment, reporting methods, and contact information for internal and external resources. Hotline information was posted near telephones in each housing unit, making reporting options easy to access.

Educational materials were available in multiple formats, including written guides, brochures, and video instruction. Materials were offered in English and Spanish, with Braille versions available for inmates with visual impairments. The PREA education video included closed captions and an American Sign Language interpreter, supporting accessibility for hearing-impaired inmates.

The overall environment reflected a positive and inclusive approach to inmate education, with clear communication and consistent messaging.

INTERVIEWS

Intake Staff

Intake staff described a clear and organized process for delivering PREA education. They explained that all inmates receive initial PREA information immediately upon arrival, before being assigned housing. This includes verbal explanations, written materials, and guidance on reporting options and protections.

Staff also explained that a more detailed orientation is provided shortly after intake, using video instruction and staff-led discussions. They emphasized that education is adapted to meet individual needs, including language differences and disabilities. Documentation is completed through signed acknowledgment forms, which are maintained in inmate files.

Random Inmates

Inmates confirmed that they received PREA education upon arrival and were provided with written materials such as the Inmate Handbook and PREA brochures. They reported that the PREA video was shown during orientation and helped explain their rights, reporting options, and available support services.

Inmates demonstrated a clear understanding of how to report concerns and expressed confidence in the information provided. Their responses reflected consistent and effective education practices.

PROVISIONS

Provision (a) – Immediate and Informative Intake Education

This provision ensures that inmates receive PREA information as soon as they arrive.

The facility reported that all (1,235) inmates admitted during the past 12 months received PREA education at intake. Interviews and record reviews confirmed that this information is provided within 24 hours of arrival.

Education includes the zero-tolerance policy, reporting methods, and protection against retaliation. Documentation reviewed by the Auditor confirmed consistent and timely delivery of this information.

Relevant Policies:

1. GDC SOP 208.06, intake PREA education requirements

Provision (b) – Comprehensive and Reinforced Education

This provision requires more detailed PREA education within 30 days of arrival.

In the past 12 months the facility provided comprehensive PREA education to 1,235 inmates within the required timeframe. This education includes detailed instruction on prevention, reporting, rights, and support services.

The PREA video and staff-led sessions provide clear and engaging instruction. Topics include definitions, reporting methods, investigation processes, and available resources. Staff confirmed that this education is thorough and reinforced through multiple methods.

Relevant Policies:

1. GDC SOP 208.06, comprehensive education requirements
2. PREA training video and instructional materials

Provision (c) – Education for Transferring Inmates

This provision ensures that inmates transferring between facilities receive updated

information.

Staff confirmed that inmates transferring into the facility receive PREA education that reflects the specific procedures and resources available at the new location. This education is provided before housing assignment, ensuring that inmates are informed immediately.

Relevant Policies:

1. GDC SOP 208.06, transfer education requirements

Provision (d) – Accessible and Inclusive Education

This provision focuses on ensuring that all inmates can understand PREA information.

The facility provides education in multiple formats to meet diverse needs. Materials are available in Spanish, Braille, and through interpreter services such as LanguageLine and Video Remote Interpreting. Staff also provide verbal explanations and simplified instruction when needed.

These efforts reflect a positive and inclusive approach that ensures all inmates can understand and use PREA information.

Relevant Policies:

1. GDC SOP 208.06, accessibility requirements
2. LanguageLine and VRI service procedures

Provision (e) – Accurate and Consistent Documentation

This provision requires documentation of inmate participation in PREA education.

The facility maintains clear and organized records of all PREA education activities. The Auditor reviewed multiple inmate files and confirmed that signed acknowledgment forms and training records were present and complete.

This documentation reflects a reliable system for tracking compliance.

Relevant Policies:

1. GDC SOP 208.06, documentation requirements
2. Facility recordkeeping procedures

Provision (f) – Continuous Access to PREA Information

This provision ensures that PREA information remains available at all times.

The facility provides ongoing access to PREA information through posters, handbooks, and brochures located throughout the facility. Reporting options, including hotline access, are clearly displayed and available for use at any time.

This continuous access supports awareness and reinforces the facility's commitment to safety.

Relevant Policies:

1. GDC SOP 208.06, ongoing information access requirements

CONCLUSION

Based on the review of documentation, onsite observations, and interviews with staff and inmates, the Auditor finds that the facility is in full compliance with PREA Standard §115.33 – Inmate Education.

The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and effective education program. Inmates receive timely, clear, and accessible information, supported by thorough documentation and ongoing reinforcement. These practices reflect a positive commitment to safety, awareness, and PREA compliance.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.34, the Auditor conducted a detailed and well-organized review of all materials related to investigator training. This review included the facility's Pre-Audit Questionnaire (PAQ), supporting documentation, and training records provided by the Georgia Department of Corrections (GDC). Central to this review was GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), which establishes clear expectations for investigator training and responsibilities. The Auditor also reviewed the National Institute of Corrections (NIC) specialized investigator training curriculum, along with attendance records, certification documents, and training completion logs. These materials reflected a strong, structured, and well-documented training program designed to prepare investigators for handling sensitive and complex PREA-related cases. The documentation confirmed that investigators receive focused instruction that supports both administrative and criminal investigations. **INTERVIEWS** **Investigative Staff**

Investigative staff described a detailed and practical training experience that prepares them to handle sexual abuse and sexual harassment cases within a correctional setting. They explained that training includes instruction on conducting interviews, collecting and preserving evidence, and applying legal standards such as Miranda and Garrity warnings.

Investigators expressed confidence in their training and described how it directly supports their daily responsibilities. They emphasized that the training is relevant, thorough, and designed to address the unique challenges of investigations in a secure environment. Their responses reflected strong knowledge, professionalism, and preparedness.

PROVISIONS

Provision (a) – Comprehensive and Specialized Investigator Training

This provision requires that investigators receive specialized training specific to confinement settings.

The PAQ, supported by documentation and interviews, confirmed that all investigators receive focused training designed for investigating sexual abuse within correctional environments. This training includes essential topics such as interviewing techniques, legal requirements, evidence collection, and case evaluation.

The facility ensures that all assigned investigators complete this training before conducting investigations. This approach reflects a strong and proactive commitment to quality investigations.

Relevant Policies:

1. GDC SOP 208.06, requirements for specialized investigator training
2. NIC Investigator Training curriculum and certification records

Provision (b) – Strong Focus on Victim-Centered and Practical Skills

This provision ensures that training includes key components needed for effective and respectful investigations.

The training program includes clear instruction on interviewing victims in a respectful and professional manner, properly administering Miranda and Garrity warnings, and collecting evidence within a correctional setting.

Investigators confirmed that these topics are covered in detail and reinforced through practical application. This creates a positive and effective learning experience that supports high-quality investigations.

Relevant Policies:

1. GDC SOP 208.06, investigator training content requirements

2. NIC training modules covering victim interaction and evidence protocols

Provision (c) – Clear and Reliable Documentation of Training Completion

This provision requires accurate documentation of investigator training.

The facility maintains complete and well-organized records of all investigator training. Documentation reviewed by the Auditor showed that 1 investigator completed administrative investigation training, with several also completing advanced criminal investigation training through NIC.

Training records, certificates, and attendance logs were present and verified. This reflects a dependable and accountable system for tracking training compliance.

Relevant Policies:

1. GDC SOP 208.06, training documentation requirements
2. Investigator certification records and training logs

Provision (d) – Consistent Training Standards for All Investigators

This provision ensures that all individuals conducting investigations meet the same training requirements.

The agency conducts its own investigations but maintains a clear expectation that any individual or entity involved in investigations must meet the same training standards. This ensures consistency, professionalism, and quality across all investigative efforts.

This approach reflects a strong and uniform standard for investigator preparedness.

Relevant Policies:

1. GDC SOP 208.06, training requirements for all investigators

CONCLUSION

Based on the review of documentation and interviews with investigative staff, the Auditor finds that the facility is in full compliance with PREA Standard §115.34.

The Georgia Department of Corrections demonstrates a strong and effective approach to investigator training. The program is structured, thorough, and well-documented, ensuring that investigators are knowledgeable, confident, and prepared to conduct professional and objective investigations.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.35, the Auditor conducted a detailed and organized review of the facility's Pre-Audit Questionnaire (PAQ) along with a comprehensive set of supporting documents. Central to this review was Georgia Department of Corrections (GDC) SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), which outlines training requirements for medical and mental health staff. Additional materials reviewed included Health Services training agendas for multiple years, attendance logs, training rosters, and individual training records for clinical staff. These documents were carefully compared against PAQ responses to confirm accuracy and consistency. The documentation reflected a clear, structured, and well-managed training program. Training requirements are consistently applied, and records demonstrate that staff receive both general PREA training and specialized instruction tailored to their clinical roles. **INTERVIEWS** **Medical Staff** Medical staff described a strong and practical training experience that supports both clinical care and PREA compliance. They explained that training includes annual refreshers, scenario-based discussions, and clear guidance on recognizing and responding to signs of sexual abuse. Staff expressed confidence in their ability to maintain professional boundaries, protect patient safety, and follow proper reporting procedures. Their responses reflected a positive understanding of both clinical responsibilities and PREA requirements. **Mental Health Staff** Mental health staff shared that their training emphasizes a supportive and trauma-informed approach. They described learning how to respond to inmates in a sensitive and respectful manner while maintaining confidentiality and meeting reporting obligations. Staff confirmed that they receive both general PREA training and specialized instruction specific to behavioral health roles. Their responses demonstrated strong awareness and thoughtful application of PREA principles. **PREA Compliance Manager (PCM)** The PREA Compliance Manager provided a clear overview of the facility's training structure. The PCM confirmed that all medical and mental health practitioners are

required to complete PREA training that includes both general and specialized components.

The PCM emphasized that training is tracked, documented, and reviewed regularly to ensure compliance. This reflects a strong and organized administrative process.

Facility Head

The Facility Head described training as an ongoing and essential part of operations. Leadership ensures that all clinical staff receive complete and role-specific PREA instruction. The Facility Head emphasized that training is not a one-time event but a continuous effort to maintain readiness and awareness.

This perspective reflects a positive and proactive leadership approach to compliance.

PROVISIONS

Provision (a) – Comprehensive and Role-Specific Training Requirements

This provision requires that all medical and mental health practitioners receive both general and specialized PREA training. The PAQ indicates The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

There are twenty-six medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy

The facility follows a clear and structured training program that ensures all clinical staff complete required training. Documentation reviewed by the Auditor confirmed that 100% of staff completed both general PREA training and specialized instruction.

Training content includes identifying, reporting, and responding to sexual abuse, as well as maintaining confidentiality and providing trauma-informed care. Training records were complete and consistent across all sampled files.

Relevant Policies:

1. GDC SOP 208.06, requirements for medical and mental health PREA training
2. Health Services training plans and attendance records

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

This provision ensures that forensic examinations are conducted by qualified professionals. Medical practitioners at the facility are prohibited from conducting forensic examinations.

The facility follows a clear and appropriate practice of using certified Sexual Assault Nurse Examiners (SANE) through the Sexual Assault Response Team (SART). Medical staff do not conduct forensic exams, ensuring that examinations are completed by

trained specialists.

This approach supports high-quality care, proper evidence collection, and a respectful environment for inmates.

Relevant Policies:

1. GDC SOP 208.06, forensic examination requirements
2. SART agreement and SANE response procedures

Provision (c) – Accurate and Reliable Training Documentation

This provision requires documentation of training completion for all clinical

The facility maintains complete and well-organized training records. The Auditor reviewed multiple files and confirmed that all required documentation was present, including attendance records and verification of completion.

This system reflects a reliable and accountable approach to tracking training compliance.

Relevant Policies:

1. GDC SOP 208.06, training documentation requirements
2. Facility training recordkeeping procedures

Provision (d) – Consistent Training Across All Personnel Categories

This provision ensures that medical and mental health staff complete the same foundational PREA training as other personnel.

Clinical staff participate in both specialized training and the general PREA training required for all employees, contractors, and volunteers. This creates a consistent and unified understanding of PREA expectations across the facility.

Interviews confirmed that staff recognize and value this consistent approach.

Relevant Policies:

1. GDC SOP 208.06, general and specialized training requirements for all personnel

CONCLUSION

Based on the review of documentation, training records, and interviews with staff and leadership, the Auditor finds that the facility is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Staff.

The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and well-organized training program. Clinical staff are knowledgeable,

	prepared, and supported through ongoing education. These practices reflect a positive commitment to professional care, safety, and PREA compliance.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.41, the Auditor completed a comprehensive and carefully organized review of agency policies, screening tools, and supporting documentation used to evaluate inmate risk. The primary source reviewed was Georgia Department of Corrections (GDC) 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. The Auditor also examined initial risk assessment forms, thirty-day reassessments, and additional supporting records. These documents reflected consistent, timely, and accurate completion of screenings. The Pre-Audit Questionnaire (PAQ) and supporting materials further confirmed that the facility applies PREA standards in a structured and reliable manner. Overall, the documentation demonstrated a thoughtful, balanced, and well-managed system that supports safety, fairness, and confidentiality. The facility’s approach is consistent, objective, and aligned with PREA expectations. **INTERVIEWS** **Risk Screening Staff** Screening staff described a clear, respectful, and structured approach to conducting assessments. They confirmed that all inmates are screened within 24 hours of arrival and reassessed within 30 days. Additional screenings are completed whenever new concerns or changes arise. Staff emphasized that the process is conducted in a calm and professional manner. They explained that participation is voluntary and that inmates are treated with respect throughout. Their responses reflected a strong commitment to safety and fairness. **PREA Compliance Manager (PCM)** The PREA Compliance Manager described the screening process as both proactive and responsive. The PCM explained that screenings consider multiple factors, including personal history and behavior, to guide housing and program decisions.

The PCM also highlighted the importance of reassessments, noting that they allow staff to respond to changes and ensure that inmate needs are continuously evaluated. This approach supports a safe and balanced environment.

PREA Coordinator (PC)

The PREA Coordinator explained that all screening information is securely maintained with limited access. Only authorized staff—including classification, medical, mental health, and PREA personnel—are permitted to review this information.

The coordinator emphasized that the system is designed to support safe housing decisions and appropriate care while maintaining strong confidentiality protections.

Random Inmates

Inmates described the screening process as clear, respectful, and informative. They confirmed that screenings occurred shortly after arrival and that staff explained the purpose of the questions.

Inmates reported that the process was handled professionally and that they understood how the information would be used to support their safety. They also confirmed that follow-up assessments were completed as expected.

PROVISIONS

Provision (a) – Timely and Structured Intake and Transfer Screening

This provision requires screening at intake and upon transfer to assess risk.

The facility follows a clear and dependable process to ensure all inmates are screened promptly. Screenings are typically completed within 24 hours of arrival, even though policy allows up to 72 hours.

The screening process includes factors such as personal history, safety concerns, and individual characteristics. This timely approach supports early identification of risk and informed placement decisions.

Relevant Policies:

1. GDC SOP 208.06, intake and transfer screening requirements

Provision (b) – Consistent and Efficient Screening Timeframes

This provision ensures screenings are completed within required time limits.

Policy requires screening within 72 hours of intake, and the facility consistently exceeds this expectation by completing screenings within 24 hours. According to the PAQ, all 1,235 inmates who remained at the facility for at least 72 hours were screened within the required timeframe.

This reflects a strong and efficient process focused on timely risk identification.

Relevant Policies:

1. GDC SOP 208.06, screening timeframe requirements

Provision (c) – Objective and Reliable Screening Instrument

This provision requires the use of a standardized and objective tool.

The facility uses a structured classification instrument that applies consistent criteria to assess both victimization risk and abusiveness. This tool supports fair, accurate, and repeatable results across the inmate population.

The Auditor confirmed that the tool is used correctly and consistently.

Relevant Policies:

1. GDC SOP 208.06, screening instrument requirements
2. PREA Sexual Victim/Sexual Aggressor Classification Instrument

Provision (d) – Comprehensive and Thoughtful Risk Factors

This provision ensures that screenings consider a wide range of relevant factors.

The screening process includes factors such as age, physical characteristics, prior experiences, and mental health needs. These elements provide a complete and balanced understanding of each inmate’s risk level.

This approach supports informed and fair decision-making.

Relevant Policies:

1. GDC SOP 208.06, required screening factors

Provision (e) – Use of Verified and Reliable Information

This provision focuses on incorporating both self-reported and documented information.

Staff review available records and verify information whenever possible, including prior institutional history and documented behavior. The Auditor’s review of case files confirmed consistent and accurate use of information.

This process supports reliable and well-informed assessments.

Relevant Policies:

1. GDC SOP 208.06, use of historical and behavioral data

Provision (f) – Timely Thirty-Day Reassessments

This provision requires reassessment within 30 days of intake.

According to the PAQ, all 1,235 inmates who remained at the facility for at least 30 days received reassessments within the required timeframe. Documentation confirmed that these reviews were completed consistently and accurately.

These reassessments allow staff to identify changes and adjust housing or supervision as needed.

Relevant Policies:

1. GDC SOP 208.06, reassessment requirements

Provision (g) – Responsive Reassessments Based on New Information

This provision ensures reassessments occur when circumstances change.

The facility conducts additional screenings when referrals, incidents, or new information arise. This flexible and responsive approach allows staff to address risks as they develop.

This practice supports a dynamic and proactive safety system.

Relevant Policies:

1. GDC SOP 208.06, ongoing reassessment procedures

Provision (h) – Voluntary Participation and Respectful Engagement

This provision ensures inmates are not disciplined for declining to answer questions.

Staff confirmed that participation is voluntary and that inmates are treated respectfully throughout the process. Any refusal is documented without penalty.

This approach promotes trust and supports a positive and respectful environment.

Relevant Policies:

1. GDC SOP 208.06, voluntary participation requirements

Provision (i) – Strong Confidentiality and Secure Information Practices

This provision requires protection of sensitive screening information.

The facility maintains strict controls over access to screening data. Information is limited to authorized personnel and used only for appropriate purposes such as classification and care decisions.

These safeguards reflect a strong commitment to privacy and ethical practice.

Relevant Policies:

1. GDC SOP 208.06, confidentiality and information security requirements

CONCLUSION

Based on the review of documentation, interviews with staff and inmates, and examination of screening records, the Auditor finds that the facility is in full compliance with PREA Standard §115.41.

The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and well-organized approach to risk screening. The process is timely, objective, and respectful, supported by clear documentation and ongoing reassessment. These practices contribute to a safe, fair, and well-managed environment for all inmates.

115.42	Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.42, the Auditor conducted a detailed and comprehensive review of documentation governing how screening information is used within the facility. This review included the facility's Pre-Audit Questionnaire (PAQ), supporting materials, and key Georgia Department of Corrections (GDC) policies that guide classification, housing, and programming decisions.

Primary documents reviewed included GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, and related PREA planning and classification procedures.

The documentation demonstrated a well-organized and thoughtful system in which screening information is actively used to support safety. Screening results are not simply recorded; they are applied in a meaningful and consistent way to guide housing assignments, program access, and supervision strategies. This approach reflects a balanced and proactive use of data to enhance both safety and fairness.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained that screening results are central to

classification decisions. The PCM described how staff review both vulnerability and abusiveness factors when making housing and program assignments.

The PCM emphasized that the goal is to prevent unsafe pairings by ensuring that inmates at risk are not housed with individuals identified as higher risk for abusiveness. Classification decisions are reviewed regularly, and adjustments are made when needed to maintain safety.

PREA Coordinator (PC)

The PREA Coordinator described how screening information is managed and used across the facility. The PC explained that while initial records may include basic demographic information, decisions are based on a broader understanding of each inmate's safety needs.

The coordinator emphasized that information is reviewed regularly and updated when new concerns or changes arise. This ongoing process ensures that screening data remains active and useful in guiding decisions.

Staff Responsible for Risk Screening

Screening staff described a structured and attentive process that combines standardized tools with direct interaction. They explained that while the screening instrument provides consistency, conversations with inmates often provide additional insight into safety concerns.

Staff confirmed that screening results are shared with classification personnel through secure systems, allowing for informed and timely decision-making. This process supports accurate and responsive housing and program placement.

Transgender Inmates

Transgender inmates reported that staff handled placement discussions with professionalism and respect. They confirmed that they were able to express concerns related to safety and privacy, and that these concerns were considered in placement decisions.

Inmates stated that they were housed within the general population and not placed in separate units based solely on gender identity. Their responses reflected a fair and inclusive approach that aligns with policy.

PROVISIONS

Provision (a) – Active and Purposeful Use of Screening Information

This provision requires that screening information be used to guide housing, classification, and programming decisions.

Evidence from the PAQ, supporting files, and staff statements confirmed that PREA screening data are not treated as administrative records but as living tools guiding every decision that affects inmate safety and institutional stability. The information

directly shapes housing assignments, work details, program eligibility, and educational opportunities.

By systematically separating those with vulnerabilities to sexual victimization from individuals scored as having higher abusiveness potential, the facility proactively uses screening outcomes to mitigate risk. The PREA Compliance Manager’s records demonstrated that these data are habitually referenced during classification sessions and placement reviews

The facility demonstrated a consistent and effective use of screening data in daily operations. Information gathered during screening is actively used to inform housing assignments, work placements, and program participation.

Staff confirmed that screening results are regularly reviewed during classification meetings to ensure safe and appropriate placements. This approach supports a proactive and safety-focused environment.

Relevant Policies:

1. GDC SOP 208.06, use of screening information in classification and housing
2. PREA Local Procedure Directive and Coordinated Response Plan

Provision (b) – Individualized and Balanced Placement Decisions

This provision ensures that decisions are made on a case-by-case basis, considering each inmate’s unique needs.

The facility follows a thoughtful and individualized approach to placement decisions. Factors such as personal history, behavior, and expressed concerns are considered when determining housing and program assignments.

From policy to practice, every housing or program decision is made through an individualized evaluation that accounts for personal history, screening scores, expressed concerns, and institutional behavior. Interviews with both staff and inmates supported this approach—placement decisions are not predetermined or categorical, but developed from individual need assessments.

The collaborative application of GDC SOP 208.06 (pp. 24–25, §5) and GDC SOP 220.09 directs that the assignment of transgender or intersex inmates, including placement in a facility designated as male or female, must be grounded in case-by-case review. This ensures that factors like physical safety, health considerations, and emotional well-being guide the decision-making process more than formal identity labels.

Staff interviews reaffirmed that no inmate is automatically placed based on gender identity status alone; rather, placement hinges on the collective evaluation of safety, behavior, and professional judgment—all geared toward minimizing risk while maintaining dignity and inclusion.

Transgender and intersex inmates are not placed based solely on identity. Instead,

	decisions are guided by safety, health, and overall well-being. This approach reflects fairness, respect, and careful professional judgment. **Relevant Policies:** 1. GDC SOP 208.06, individualized classification requirements 2. GDC SOP 220.09, management of transgender and intersex inmates **Provision (c) through (g)** These provisions are not applicable. **CONCLUSION** Based on the review of documentation, interviews with staff and inmates, and evaluation of facility practices, the Auditor finds that the facility is in full compliance with PREA Standard §115.42 – Use of Screening Information. The Georgia Department of Corrections and the facility demonstrate a strong, consistent, and thoughtful use of screening data. Information is actively applied to support safe housing, appropriate programming, and fair classification decisions. These practices reflect a positive commitment to safety, professionalism, and PREA compliance.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.43, the Auditor conducted a detailed and comprehensive review of documentation related to protective custody practices and the use of segregated housing. This review included the facility's Pre-Audit Questionnaire (PAQ), supporting documentation, and Georgia Department of Corrections (GDC) SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). The review focused on determining whether the facility limits the use of involuntary segregated housing and prioritizes safe, individualized alternatives for inmates at risk of sexual victimization or retaliation. Documentation reflected a clear and thoughtful approach that emphasizes safety, fairness, and the least restrictive placement options. The materials reviewed demonstrated that the facility maintains a strong commitment to avoiding unnecessary segregation. Policies clearly require careful

assessment, detailed documentation, and ongoing review whenever separation is considered. There was no indication of routine or inappropriate use of protective custody during the audit period.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described a proactive and individualized approach to managing inmate safety concerns. The PCM confirmed that no inmates were placed in protective custody or involuntary segregation for PREA-related reasons during the past 12 months.

The PCM explained that the facility uses alternative strategies, such as housing adjustments, increased supervision, and staff awareness, to address safety concerns. If temporary separation is ever required, it is limited to a short duration while staff evaluate appropriate placement options.

Facility Head

The Facility Head explained that all segregated housing placements are reviewed regularly to ensure they remain necessary and appropriate. Each placement is documented and evaluated at least every 30 days.

The Facility Head confirmed that no inmates were placed in segregation for PREA-related reasons during the audit period. Leadership emphasized a commitment to using the least restrictive options and maintaining inmate access to services whenever possible.

Staff Who Supervise Inmates in Segregated Housing

Staff responsible for supervising segregated housing units described clear and consistent procedures. They confirmed that segregation is used for administrative or disciplinary purposes and not as a routine response to PREA-related concerns.

Staff explained that if temporary separation is required for safety, it is carefully documented, reviewed, and monitored. Their responses reflected a structured and accountable process.

Inmates in Segregated Housing

Inmates housed in segregated units confirmed that their placement was related to administrative or disciplinary reasons and not due to PREA-related concerns. None reported being placed in segregation for protection from sexual abuse or retaliation.

Their responses supported staff statements and confirmed alignment between policy and practice.

PROVISIONS

Provision (a) – Strong Limits on Use of Involuntary Segregation

	This provision ensures that inmates at risk are not placed in involuntary segregation unless no other options are available. Policy prohibits the placement of 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 The facility demonstrated a clear and consistent practice of avoiding the use of protective custody for PREA-related concerns. No such placements occurred during the audit period. Policy requires that any temporary separation be limited in duration and supported by documented justification. This reflects a positive and thoughtful approach to inmate safety. According to the PAQ there were zero instances of this in the past 12 months. **Relevant Policies:** 1. GDC SOP 208.06, limitations on involuntary segregated housing 2. GDC SOP 208.06, documentation and review requirements **Provision (b) – Continued Access to Programs and Service**s This provision ensures that inmates placed in protective settings maintain access to programs and services. Although no inmates required protective custody, policy clearly states that inmates must continue to receive access to education, recreation, and other services unless restrictions are necessary and documented. This approach reflects a commitment to maintaining normalcy and supporting inmate well-being. **Relevant Policies:** 1. GDC SOP 208.06, access to programs and services during separation **Provision (c) – Clear Time Limits on Segregation** This provision requires that segregation for protection be limited in duration. The facility reports thatiIn the past 12 months, zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement Policy requires that any use of segregated housing for protection be as brief as possible. The facility reported no instances of extended protective segregation during the audit period. This practice ensures that separation remains temporary and focused on safety.

	Relevant Policies: 1. GDC SOP 208.06, time limits on protective segregation **Provision (d) – Ongoing Review and Oversight of Placements** This provision ensures that segregated housing placements are reviewed regularly. Staff described a consistent process of monitoring and reviewing all segregated housing placements. Reviews include documentation and regular evaluation of continued need. This structured process supports accountability and ensures that placements remain appropriate. **Relevant Policies:** 1. GDC SOP 208.06, review and monitoring requirements **Provision (e) – Regular Reassessment of Protective Custody Status** This provision requires periodic review of protective custody placements. Although no inmates were placed in protective custody during the audit period, policy requires that any such placement be reviewed at least every 30 days. These reviews ensure that continued separation is necessary and appropriate. This process reflects a proactive and responsible approach to inmate safety. **Relevant Policies:** 1. GDC SOP 208.06, protective custody review requirements **CONCLUSION** Based on the review of documentation, interviews with staff and inmates, and evaluation of facility practices, the Auditor finds that the facility is in full compliance with PREA Standard §115.43 – Protective Custody. The Georgia Department of Corrections and the facility demonstrate a strong, thoughtful, and effective approach to inmate safety. The facility prioritizes individualized solutions over restrictive housing and ensures that any use of segregation is limited, justified, and carefully monitored. These practices reflect a positive commitment to safety, dignity, and PREA compliance.

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

	Auditor Discussion
	DOCUMENT REVIEW The Auditor completed a thorough and methodical review of documentation, records, and supporting materials that define and guide the agency's reporting structure for incidents involving sexual abuse, sexual harassment, or retaliation. This review provided a clear and well-rounded understanding of how the facility communicates reporting expectations and ensures accessible, dependable options for both inmates and staff. Among the key documents examined were the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022; a thoughtfully designed PREA Informational Brochure available in both English and Spanish that clearly outlines reporting pathways; and a detailed Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, which reinforces professional standards, ethical responsibilities, and reporting obligations. Collectively, these well-structured and informative resources establish a strong operational foundation for PREA implementation. They clearly communicate the agency's commitment to zero tolerance, proactive prevention, and swift, consistent response to all reports, regardless of how or by whom they are made. **OBSERVATIONS** During the on-site audit, the Auditor observed a highly visible and thoughtfully implemented PREA awareness presence throughout the facility. Informational posters were prominently displayed in housing units, intake areas, visitation spaces, dining halls, corridors, recreation yards, and other frequently accessed locations. These materials included clear instructions, hotline numbers, external reporting contacts, and PREA leadership information, ensuring that inmates have immediate access to reporting guidance. The facility also demonstrated a creative and engaging approach to reinforcing PREA messaging. Visually appealing murals and awareness artwork were strategically placed, promoting a culture where reporting is normalized, encouraged, and viewed as a proactive step toward personal safety and accountability. As part of the assessment, the Auditor personally tested inmate telephones across multiple housing units. Each phone was fully operational and programmed to allow confidential, toll-free communication with the PREA hotline, which connects directly to an external reporting entity outside the facility's chain of command. This hands-on verification confirmed that inmates have reliable, private, and user-friendly access to reporting tools. **INTERVIEWS** **Random Inmates**

Inmates interviewed from a variety of housing areas demonstrated a clear and confident understanding of the reporting process. They described multiple reporting options, including use of the PREA hotline, submission of grievances, direct communication with staff, and outreach to the PREA Compliance Manager. Several inmates also noted that family members or other third parties could report concerns on their behalf. Overall, responses reflected trust in the system and an expectation that reports would be handled promptly and professionally.

PREA Compliance Manager (PCM)

The PCM provided a comprehensive and insightful overview of the facility's reporting systems, emphasizing the coordinated use of both internal and external pathways. The PCM explained that inmates can report concerns internally to staff or externally to independent entities such as the State Board of Pardons and Paroles, the Office of Victim Services, and the Ombudsman's Office. These options ensure accessibility, confidentiality, and independence. The PCM highlighted the agency's strong commitment to protecting anonymity and ensuring that every report receives appropriate attention and follow-through.

Random Staff

Staff interviews reflected a consistent and well-informed understanding of PREA reporting responsibilities. Staff members clearly articulated the range of reporting options available to inmates, including verbal and written reports, anonymous submissions, hotline access, and third-party reporting. They emphasized that all allegations are taken seriously, documented without delay, and promptly forwarded through established procedures. Staff responses demonstrated professionalism, accountability, and alignment with policy expectations.

PROVISIONS

Provision (a): Multiple Internal Avenues for Private Reporting

The agency has established a robust, accessible, and thoughtfully designed network of internal reporting options that allow inmates to report sexual abuse, sexual harassment, retaliation, or staff neglect in a manner that supports privacy and safety. Information gathered from the Pre-Audit Questionnaire, interviews, and direct observations confirmed that inmates may report concerns verbally to staff, submit written or confidential requests, utilize the grievance system, place anonymous reports in designated collection boxes, or access the internal PREA hotline.

Each reporting avenue is supported by clear procedures requiring immediate documentation and timely investigative follow-up, ensuring that no report is overlooked or delayed.

Relevant Policies:

1. GDC SOP 208.06, p. 26, §E.1(a–b), establishes that inmates may report verbally, in writing, anonymously, or through third parties. It also outlines that

hotline reports, accessible without a PIN, are monitored by the Office of Professional Standards and overseen by the PREA Coordinator.

Provision (b): External, Independent Reporting Options

The facility provides well-defined, transparent, and independent external reporting options that enhance credibility and trust in the reporting process. Information from the PAQ and PCM confirmed that inmates may report to organizations outside the agency, ensuring an added layer of accountability and impartiality.

External reporting options include the Ombudsman's Office, the PREA Coordinator via email, and the State Board of Pardons and Paroles Office of Victim Services. Notably, the State Board of Pardons and Paroles operates independently and satisfies PREA's requirement for an external reporting entity. The agency has also confirmed that it does not house inmates for civil immigration purposes, making that component inapplicable.

Relevant Policies:

1. GDC SOP 208.06, pp. 26–27, §E.2(a), formally outlines external reporting procedures and emphasizes confidentiality safeguards.

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

The facility maintains clear, firm, and well-communicated expectations requiring staff to accept all reports, regardless of format or source. Staff are required to immediately document any verbal report and ensure that all information is accurately recorded and promptly forwarded for review and investigation.

Interviews confirmed that staff fully understand these responsibilities and recognize the importance of timely and accurate documentation as a critical component of compliance and accountability.

Relevant Policies:

1. GDC SOP 208.06, p. 27, §E.2(b), explicitly requires staff to accept reports made verbally, in writing, anonymously, or from third parties and to promptly document all verbal reports.

Provision (d): Confidential Mechanisms for Staff Reporting

The agency provides structured, supportive, and confidential mechanisms that allow staff to report sexual abuse, sexual harassment, or related concerns without fear of retaliation. Staff may report directly to supervisors, designated Sexual Assault Response Team members, or utilize external reporting options when appropriate.

These expectations are reinforced through comprehensive annual training, detailed guidance in the Employee Handbook, and ongoing professional development

	initiatives. This consistent reinforcement promotes a culture of responsibility, integrity, and proactive reporting. **Relevant Policies:** 1. GDC SOP 208.06, p. 27, §E.2(c), requires staff to promptly report any knowledge, suspicion, or information regarding sexual abuse or harassment to a supervisor or SART member. 2. The Staff Guide on Prevention and Reporting of Sexual Misconduct further supports these requirements by outlining professional conduct standards and detailed reporting procedures. **CONCLUSION** Based on a detailed review of documentation, direct observations, and comprehensive interviews with inmates and staff, the Auditor finds the facility to be in full compliance with PREA Standard §115.51 – Inmate Reporting. The facility has established a well-organized, transparent, and highly accessible reporting system that supports safe and confident reporting by inmates. Informational materials, visible messaging, and reliable hotline access reinforce these rights throughout the environment. Staff demonstrate a strong understanding of their responsibilities, ensuring that every report is handled respectfully, documented accurately, and addressed without delay. This effective and multi-layered reporting structure reflects a correctional environment grounded in accountability, professionalism, and a clear commitment to the safety and dignity of every individual.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor initiated the review with a comprehensive and structured analysis of the facility's Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted for evaluation. This process established a clear understanding of the facility's procedural framework and its alignment with the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) – Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as a well-defined and authoritative foundation for preventing, identifying, and responding to incidents of sexual abuse and sexual harassment. It

reflects federal PREA standards and provides clear guidance on staff responsibilities, reporting pathways, victim protections, and institutional accountability. Particular attention during the review was given to the facility's grievance procedures, the redirection of PREA-related allegations, and the clearly defined timelines associated with reporting and response. These elements collectively demonstrate a cohesive and responsive system designed to prioritize safety and immediate action.

INTERVIEWS

Random Inmates

Inmates from various housing units participated in confidential interviews and demonstrated a clear and consistent understanding of how PREA-related concerns are handled. Individuals expressed awareness that allegations of sexual abuse or sexual harassment are not processed through the standard grievance system. Instead, they described that such concerns—whether shared verbally or in writing—are elevated promptly and addressed through a specialized investigative process. Responses reflected confidence in the system's ability to respond appropriately and without unnecessary delay.

Random Staff

Staff members across multiple roles and shifts conveyed a strong and uniform understanding of PREA reporting expectations. They consistently explained that any grievance form containing allegations of sexual abuse or sexual harassment is immediately identified, removed from the traditional grievance process, and treated as a PREA report. Staff emphasized that these reports are documented and forwarded without delay to the appropriate investigative personnel. Their responses reflected a professional, attentive, and well-trained workforce committed to ensuring safety and accountability.

PROVISIONS

Provision (a): Clear and Protective Exclusion from the Grievance Process

The facility has established a clear, structured, and safety-focused approach by excluding allegations of sexual abuse and sexual harassment from the standard administrative grievance process. Information obtained from the Pre-Audit Questionnaire, documentation, and staff interviews confirms that any grievance containing PREA-related content is immediately converted into a formal report and routed directly for investigative review.

This approach ensures that serious allegations are handled with urgency and are not delayed by standard grievance timelines or procedures. It reinforces a proactive and protective system designed to prioritize inmate safety and timely intervention.

Relevant Policies:

GDC SOP 208.06, Section E(3), page 27, specifies that allegations of sexual abuse and sexual harassment are not grievable and must be reported and managed through

PREA-specific reporting procedures.

Provision (b): Non-Applicability of Standard Grievance Timelines

While general grievance procedures allow inmates to submit complaints without time limitations and without engaging in informal resolution, this provision does not apply to PREA-related matters within this facility. Because allegations of sexual abuse and sexual harassment are removed from the grievance process entirely, they are instead handled through immediate reporting and investigative channels.

This distinction ensures a more efficient, responsive, and victim-centered process.

Relevant Policies:

1. GDC SOP 208.06, Section E(3), page 27, reinforces that PREA-related allegations are excluded from grievance timelines and are subject to separate reporting requirements.

Provision (c): Safeguards Within Reporting Structure

Standard grievance procedures include protections such as preventing involved staff from reviewing complaints and requiring timely documentation of verbal grievances. However, because PREA allegations are not processed through the grievance system, these provisions are not applicable in this context.

Instead, the facility utilizes a more direct and specialized reporting process that ensures immediate documentation, proper routing, and investigative oversight.

Relevant Policies:

1. GDC SOP 208.06, Section E(3), page 27, establishes that PREA allegations bypass the grievance system and are handled through dedicated reporting protocols.

Provision (d): Administrative Review Procedures

Administrative review processes associated with grievance handling do not apply to PREA-related allegations, as these matters are immediately redirected to investigative channels rather than progressing through standard grievance review stages.

This approach supports a streamlined and effective response system focused on safety and accountability.

Relevant Policies:

1. GDC SOP 208.06, Section E(3), page 27, confirms that PREA-related allegations are excluded from grievance-based administrative review processes.

Provision (e): Timely Resolution Standards within Grievance System

Agency policy establishes that grievance decisions are typically rendered within 90 days. However, during the previous twelve months, the facility reported no grievances involving sexual abuse or sexual harassment, as such matters are not processed through the grievance system.

Staff confirmed that, in non-PREA contexts, any necessary extensions are communicated in writing with clear explanations and revised timelines. This demonstrates consistency and transparency in general grievance practices.

Relevant Policies:

1. GDC SOP 208.06 outlines general grievance timelines and requirements for written notification of extensions, though PREA-related matters are excluded from these procedures.

Provision (f): Responsive Emergency Grievance Protocols

The agency maintains a structured and responsive emergency grievance process designed to address situations involving imminent risk. This process requires an initial response within 48 hours and a final determination within five days.

During the past year, no emergency grievances related to sexual abuse were reported. In practice, such situations would be immediately treated as PREA incidents, triggering rapid intervention and protective measures rather than administrative processing.

Relevant Policies:

1. GDC SOP 208.06 provides guidance on emergency response expectations and reinforces immediate action for PREA-related risks.

Provision (g): Protection Against Retaliation and Misuse Safeguards

The facility maintains a supportive and fair policy that protects inmates from disciplinary action when reporting allegations of sexual abuse or sexual harassment, except in cases where a report is determined to be made in bad faith. This safeguard promotes a reporting environment built on trust and encourages individuals to come forward without fear of retaliation.

No disciplinary actions related to bad-faith PREA allegations were reported in the past year.

Relevant Policies:

1. GDC SOP 208.06 supports protections against retaliation while allowing for appropriate action in cases of substantiated bad-faith reporting.

Provision (h): Third-Party Assistance within Grievance Framework

While the grievance system allows third parties—including inmates, family members, legal representatives, staff, or advocates—to assist in filing complaints, this provision does not apply to PREA allegations. These matters follow a separate, clearly defined reporting structure that already includes robust third-party reporting options.

No third-party grievance filings or declinations were recorded during the previous twelve months.

Relevant Policies:

1. GDC SOP 208.06 clarifies the distinction between grievance procedures and PREA reporting pathways, ensuring clarity in how third-party reports are managed.

CONCLUSION

Following a detailed review of documentation, interviews, and facility practices, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.52.

The facility has implemented a clear, efficient, and safety-driven approach by removing sexual abuse and sexual harassment allegations from the standard grievance process and directing them immediately into specialized reporting and investigative channels. This approach aligns with PREA standards and reinforces a culture of responsiveness, accountability, and protection.

Overall, the evidence demonstrates a well-structured system that prioritizes timely intervention, supports inmate safety, and ensures that all allegations are addressed with the seriousness and urgency they require.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor began this review with a comprehensive and well-organized examination of documentation illustrating how the facility implements and sustains compliance with the Prison Rape Elimination Act (PREA). Foundational materials included the Pre-Audit Questionnaire (PAQ) and an array of supporting documents that collectively demonstrate a structured and transparent approach to PREA standards. Central to this review was the Georgia Department of Corrections Standard Operating

Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, updated June 23, 2022. Additional resources included the GDC Male Inmate Handbook (Revised September 25, 2017), the Inmate Intake Package, and the PREA Inmate Information Guide Brochure. These materials clearly outline confidential reporting options, external support services, and the rights of inmates.

The Auditor also reviewed prominently displayed informational postings throughout the facility, including materials titled “Reporting is the First Step” and notices identifying Outside Confidential Support Services Agencies. These visually engaging and informative postings provide clear guidance on reporting procedures, advocacy resources, and hotline access. Collectively, the documentation reflects a thoughtful, accessible, and well-communicated framework that ensures inmates are consistently informed of their rights and available support systems.

OBSERVATIONS

During the on-site walkthrough, the Auditor observed that PREA-related materials were widely and strategically displayed throughout the facility. Housing units, corridors, administrative areas, and locations near inmate telephones all featured brightly visible and easy-to-read postings. These included clearly listed PREA hotline numbers, with both internal and external options for confidential support.

To verify functionality, the Auditor conducted live testing of several inmate telephones. Each unit operated effectively, and a call placed to an external advocacy service connected without issue. The call was answered promptly by a knowledgeable advocate who provided assistance without requesting identifying information, confirming that the service operates as a confidential, anonymous, and accessible resource.

These observations demonstrated that the facility maintains a dependable and user-friendly communication system that supports timely access to emotional support services and reporting mechanisms.

INTERVIEWS

Random Inmate

Inmates across multiple housing units participated in confidential interviews and demonstrated a strong and consistent understanding of available emotional support services. Individuals were able to clearly identify the Sexual Assault Response Center (SARC) and internal victim advocates, including how to contact them by phone or mail.

Inmates expressed confidence in the accessibility and confidentiality of these services, noting that calls are free and available at any time. They also demonstrated an informed understanding of confidentiality limitations, including mandatory reporting requirements related to safety concerns or criminal activity. These responses reflect effective communication and ongoing education efforts within the facility.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a detailed overview of the facility's efforts to strengthen partnerships with external advocacy organizations, including ongoing attempts to formalize a Memorandum of Understanding (MOU) with the Sexual Assault Response Center (SARC). While the agreement is not yet finalized, the PCM emphasized that services remain available through established communication channels.

The PCM also confirmed that all inmates receive comprehensive information at intake, including contact details for SARC's 24-hour hotline, mailing address, and available services. This ensures that both recent and past incidents of victimization can be addressed through accessible support systems.

Intermediate-or-Higher-Level Staff

Supervisory and mid-level staff described a proactive and attentive approach to maintaining communication systems. Staff confirmed that inmate telephones are checked routinely to ensure consistent functionality, particularly those used for PREA reporting and emotional support access.

They also outlined efficient procedures for identifying and resolving technical issues, ensuring minimal disruption to these critical services. Staff responses reflected a strong commitment to maintaining accessibility and supporting inmate safety through reliable communication tools.

Sexual Assault Response Center (SARC)

External communication with the Sexual Assault Response Center provided valuable insight into the availability of community-based advocacy services. SARC confirmed that while a formal MOU is not currently in place, it continues to offer comprehensive support services remotely. These include a 24-hour confidential hotline staffed by trained advocates who provide emotional support, crisis intervention, referrals, and guidance on legal and recovery processes.

SARC noted that although it does not physically enter correctional facilities, it remains fully available to inmates through telephone and written correspondence. The organization reaffirmed its commitment to supporting survivors regardless of when an incident occurred and expressed openness to continued collaboration.

PROVISIONS

Provision (a): Comprehensive and Trauma-Informed Access to External Emotional Support

The facility has established a supportive and thoughtfully structured system that ensures inmates have continuous access to external emotional support services. Although a formal MOU is not yet in place, inmates are provided with direct access to reputable advocacy organizations, including SARC, as well as trained internal staff advocates who are available to provide immediate assistance.

Inmates are consistently provided with current mailing addresses and toll-free telephone numbers for local, state, and national advocacy organizations. Communication methods are designed to be as confidential and accessible as possible within the facility setting. Informational postings clearly emphasize that hotline calls are free, confidential, and may be made anonymously without requiring personal identification.

SARC offers compassionate and professional services, including crisis intervention, emotional support, referrals, and ongoing assistance through both phone and written communication. This ensures that inmates have meaningful access to support regardless of physical limitations.

Relevant Policies:

1. GDC SOP 208.06, Section B(e), requires facilities to pursue formal agreements with rape crisis centers when possible and to document efforts when such agreements are not yet established. It also mandates the identification, training, and availability of internal victim advocates, along with clear posting of all support service contact information.

Provision (b): Clear and Informative Communication of Confidentiality Parameters

The facility maintains a transparent and proactive approach to informing inmates about the scope and limits of confidentiality when accessing external support services. Prior to engaging with these resources, inmates are clearly advised of monitoring practices and mandatory reporting obligations required by law.

Interviews confirmed that inmates have a strong understanding of these limitations, including circumstances requiring disclosure such as threats of self-harm, harm to others, or abuse involving minors or vulnerable individuals. This clarity promotes informed decision-making and fosters trust in the reporting and support process.

Relevant Policies:

1. GDC SOP 208.06, Section B(f), outlines requirements for the screening and approval of community victim advocates and defines their role in providing emotional and informational support. It also ensures that advocacy services are delivered in a manner that respects both inmate needs and facility operations.

Provision (c): Ongoing and Adaptive Coordination with Community Advocacy Providers

The facility demonstrates a flexible and solution-oriented approach to coordinating with community service providers, even in the absence of formal in-person agreements. While local organizations may have limitations regarding onsite services, the facility ensures that inmates continue to receive advocacy support through

	alternative methods such as telephone communication and written correspondence. Inmates confirmed awareness of these resources and expressed confidence in their availability. Advocacy organizations remain accessible and responsive, providing guidance, emotional support, and assistance throughout investigative or recovery processes as needed. **Relevant Policies:** 1. GDC SOP 208.06, Section B(e), supports ongoing collaboration with external advocacy organizations and requires documentation of outreach efforts, ensuring continued progress toward enhanced service partnerships. **CONCLUSION** After a thorough and detailed review of documentation, observations, and interviews, the Auditor finds that the facility meets the requirements of PREA Standard §115.53. The facility provides inmates with accessible, confidential, and meaningful avenues to obtain external emotional support and advocacy services. The continued effort to establish a formal MOU reflects a forward-thinking and committed approach to strengthening these services even further. **RECOMMENDATION** The Auditor recommends that the facility continue proactive outreach to the Sexual Assault Response Center on a biannual basis to support the development of a formal MOU. Additionally, the Auditor recommends that the facility contact the Georgia Network to End Sexual Assault (GNESA), P.O. Box 162505, Atlanta, GA 30321 or info@gnesa.org, to explore additional partnership opportunities with organizations that may be able to provide expanded or in-person advocacy services.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW As part of the audit, the Auditor conducted a comprehensive and carefully structured review of materials demonstrating compliance with PREA Standard 115.54, which addresses the facility's approach to receiving and responding to third-party reports of sexual abuse or sexual harassment. This review provided a clear picture of how effectively the facility supports external reporting and promotes transparency.

The evaluation began with a detailed examination of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted in advance of the onsite visit. Central to this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes a strong, consistent framework for prevention, detection, reporting, and response across facilities.

Additional materials included the widely distributed PREA Offender Brochure, which serves as an informative and user-friendly resource for inmates. The brochure clearly explains reporting rights and procedures, including well-defined options for third parties—such as family members, attorneys, advocates, and other representatives—to submit reports confidentially on behalf of an inmate.

The Auditor also reviewed the agency's public PREA webpage, which functions as an accessible and informative platform for community engagement. The site provides clear instructions, policy references, and direct contact options for submitting third-party reports. Its organized and transparent design reflects a strong commitment to openness and public accountability.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a detailed and insightful explanation of how third-party reporting is managed across the facility. The PCM described a well-coordinated and standardized process that allows external individuals—including community members, legal representatives, and advocacy organizations—to submit reports through multiple channels such as phone, email, and mail. Each report is handled with the same level of urgency and professionalism as those submitted directly by inmates. The PCM also emphasized ongoing quality assurance efforts, including routine verification of posted contact information and continuous staff training to ensure proper handling and responsiveness.

Random Inmates

Inmates participated in private and confidential interviews and demonstrated a strong, consistent awareness of third-party reporting options. Individuals across housing units were able to identify multiple external avenues, including contacting the Office of Victim Services, the Ombudsman's Office, or using designated email reporting methods. Many inmates expressed reassurance in knowing that trusted individuals outside the facility could act on their behalf if needed. This widespread awareness reflects the effectiveness of orientation sessions, ongoing PREA education, and visible informational materials placed throughout the facility.

Intermediate and Supervisory Staff

Staff in supervisory roles conveyed a clear and confident understanding of third-party reporting procedures. They described how external reports—whether received

through email, mail, or other indirect means—are promptly documented and routed through appropriate channels for review and investigation. Supervisors also emphasized their role in reinforcing PREA education, ensuring that inmates are informed about external reporting options. Their responses reflected a high level of professionalism, consistency, and adherence to established procedures.

PROVISIONS

Provision (a): Comprehensive and Accessible Third-Party Reporting Channels

The facility has implemented a well-developed, accessible, and highly visible system that allows third parties to report concerns on behalf of inmates. Information gathered from the Pre-Audit Questionnaire and supporting documentation confirms that family members, legal representatives, advocacy groups, and other concerned individuals are provided with multiple reliable avenues to submit reports.

These thoughtfully designed channels include reporting by mail to the Ombudsman's Office, by phone for direct communication and follow-up, by email to the PREA Coordinator, and through the State Board of Pardons and Paroles Office of Victim Services. Each method is clearly communicated and structured to ensure confidentiality, ease of use, and timely processing.

The facility reinforces these options through a variety of effective communication strategies. Third-party reporting information is prominently displayed in housing units, visitation areas, and common spaces, as well as included in orientation materials, handbooks, brochures, and digital platforms. Educational programming further strengthens awareness by encouraging inmates to share this information with trusted individuals outside the facility.

This multi-layered and proactive approach ensures that reporting remains accessible under a wide range of circumstances, supporting a culture of openness, safety, and accountability.

Relevant Policies:

1. GDC SOP 208.06, Section E.2.a.i–iii, outlines the approved third-party reporting methods, including submission by mail, email, and through external agencies, while emphasizing confidentiality and accessibility.

CONCLUSION

Following a thorough review of policies, documentation, public-facing resources, and interviews with inmates and staff, the Auditor determines that the facility is in full compliance with PREA Standard §115.54 – Third-Party Reporting.

The facility has established a clear, reliable, and well-communicated system that ensures third-party reports can be submitted easily and addressed promptly. Strong awareness among inmates and staff, combined with accessible public resources and

	consistent policy implementation, demonstrates the facility's commitment to transparency and responsiveness. Through these well-coordinated efforts, the facility fosters an environment where concerns can be raised by anyone, at any time, reinforcing a culture centered on safety, accountability, and respectful communication.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and carefully structured review of materials to assess compliance with PREA Standard §115.61, which outlines staff and agency responsibilities for reporting sexual abuse, sexual harassment, and retaliation. This review provided a clear and cohesive understanding of how reporting expectations are communicated, implemented, and sustained throughout the facility. The process began with a detailed evaluation of the Pre-Audit Questionnaire (PAQ) and all accompanying documentation describing internal and external reporting procedures. Central to this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as a comprehensive and well-defined framework outlining mandatory reporting requirements, staff training expectations, leadership oversight, and confidentiality standards. The Auditor verified that the policy clearly requires all staff—regardless of position or assignment—to immediately report any knowledge, suspicion, or information related to sexual abuse, sexual harassment, retaliation, or staff actions that may contribute to such incidents. Additionally, the documentation establishes structured systems for tracking reports, documenting actions, and safeguarding all involved parties. The facility's local procedures reflect these standards in a consistent and effective manner, reinforcing a proactive and accountability-driven culture. **INTERVIEWS** **Random Staff** Staff members from a wide range of departments, including security, education, food service, and classification, demonstrated a strong and consistent understanding of their reporting responsibilities. Each individual clearly described the expectation to report immediately upon receiving or observing any information related to sexual abuse or harassment. Staff articulated multiple reporting methods, including verbal,

written, and electronic communication, and acknowledged that reports may originate from inmates, coworkers, anonymous sources, or third parties. Their responses reflected confidence, professionalism, and a shared commitment to maintaining a safe environment.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a detailed and organized explanation of how reports are received, documented, and tracked within the facility. The PCM described an efficient internal system that logs all reports and generates immediate notifications to supervisory and investigative personnel. This system allows for transparent oversight and ensures that each report is monitored from initial intake through final resolution. The PCM emphasized that no report is overlooked, and all are handled with consistency and urgency.

Medical and Mental Health Personnel

Medical and mental health staff offered valuable insight into their dual role of providing care while fulfilling mandatory reporting obligations. They explained that upon any disclosure or indication of abuse, they prioritize patient safety, initiate appropriate care, and immediately report through PREA channels. These professionals also described how they clearly communicate confidentiality limits at the beginning of interactions, ensuring that inmates understand the necessity of reporting certain disclosures. Their approach reflects a compassionate, trauma-informed practice grounded in transparency and ethical responsibility.

Facility Head

Facility leadership reinforced the importance of immediate and universal reporting, emphasizing that all staff are expected to act without hesitation when concerns arise. The Facility Head described a culture built on ethical awareness and accountability, where reporting is viewed as both a professional duty and a critical safeguard. Leadership highlighted that prompt action not only protects inmates but also strengthens institutional integrity and trust.

PROVISIONS

Provision (a): Immediate, Consistent, and Mandatory Reporting Expectations

The facility maintains a clear, proactive, and firmly enforced expectation that all staff report any knowledge, suspicion, or information related to sexual abuse, sexual harassment, retaliation, or associated negligence without delay. This requirement applies universally to all employees, regardless of role or experience level.

Information gathered from documentation and interviews confirms that staff understand the importance of immediate action and are equipped with multiple reporting pathways to ensure timely communication. This well-established expectation promotes rapid response and reinforces a culture of vigilance and accountability.

Relevant Policies:

1. GDC SOP 208.06, p. 27, §E.2(c), mandates immediate reporting to supervisors or designated Sexual Assault Response Team (SART) members upon receipt of any relevant information.

Provision (b): Structured and Confidential Information Management

The facility demonstrates a strong commitment to maintaining confidentiality through clearly defined and carefully implemented protocols. Sensitive information related to PREA allegations is shared strictly on a need-to-know basis with authorized personnel responsible for investigation, safety, or medical care.

Staff consistently expressed an understanding of these confidentiality requirements and the importance of protecting information integrity. This structured approach supports trust, preserves investigative quality, and ensures respectful handling of all reports.

Relevant Policies:

1. GDC SOP 208.06, p. 24, Sec. 3 (NOTE), restricts the dissemination of confidential PREA-related information to authorized individuals with a legitimate operational need.

Provision (c): Transparent Communication of Reporting Duties and Confidentiality Limits

Medical and mental health staff consistently inform inmates of their professional responsibilities, including mandatory reporting requirements and the limits of confidentiality. These conversations occur early in the care process, ensuring that individuals clearly understand how their information may be used.

This transparent and respectful communication supports informed decision-making and aligns with trauma-informed care principles, helping to build trust while maintaining compliance with legal and ethical standards.

Relevant Policies:

1. GDC SOP 208.06 requires medical and mental health personnel to clearly communicate confidentiality limitations and reporting obligations during initial interactions with inmates.

Provision (d): Coordinated Reporting to Protective Service Agencies

The facility maintains a well-coordinated process for reporting allegations involving minors or vulnerable adults to appropriate external agencies, including Child Protective Services (CPS) and Adult Protective Services (APS). These reports are made promptly in accordance with legal requirements.

	For situations involving individuals outside these categories, the facility ensures that informed consent is obtained prior to external reporting when applicable, balancing privacy considerations with legal obligations. This structured approach reflects both compliance and respect for individual rights. **Relevant Policies:** 1. GDC SOP 208.06 incorporates statutory requirements for reporting to CPS and APS and outlines procedures for obtaining informed consent when necessary. **Provision (e): Comprehensive Response to All Reports and Information** The facility has established a thorough and inclusive reporting culture in which all information—regardless of how it is received—is treated seriously and acted upon. Reports may originate from direct allegations, third-party communications, anonymous submissions, or informal observations, and each is documented and forwarded for review. The PREA Compliance Manager confirmed that all reports are logged and reviewed daily to ensure timely action. This comprehensive approach minimizes risk, prevents oversight, and reinforces the facility's commitment to accountability and safety. **Relevant Policies:** 1. GDC SOP 208.06 requires staff to report and document all allegations and information related to sexual abuse or harassment, ensuring consistent investigative follow-through regardless of the source. **CONCLUSION** After a thorough review of documentation, interviews, and operational practices, the Auditor determines that the facility is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties. The facility demonstrates a strong, consistent, and well-integrated approach to reporting responsibilities across all levels of staff. Employees exhibit a clear understanding of expectations, leadership reinforces accountability, and systems are in place to ensure timely, confidential, and effective handling of all reports. Overall, the facility reflects a professional and ethically grounded environment where reporting is recognized as an essential responsibility and a key component of maintaining safety, transparency, and respect for all individuals.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.62, the Auditor conducted a detailed and well-organized review of the agency's documentation outlining procedures for protecting inmates who may be at substantial risk of imminent sexual abuse. This review included the Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting materials that clearly define the facility's response expectations. Primary reference materials included the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, as well as Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan. These documents provide a structured and cohesive framework that guides staff at all levels in responding to potential or imminent threats. The policies emphasize immediate, decisive, and coordinated action whenever a credible risk is identified, whether through direct report, observation, or reasonable inference. Responsibilities are clearly assigned across roles, including first responders, supervisors, medical and mental health personnel, and leadership. The coordinated response plan further ensures that communication flows efficiently and that protective measures are implemented without delay while maintaining investigative integrity. The Auditor confirmed that the facility's procedures are both clearly defined and operationally effective, reflecting a strong commitment to accountability, preparedness, and proactive intervention. **INTERVIEWS** **Random Staff** Staff from a variety of departments demonstrated a confident and consistent understanding of their responsibility to act immediately when a risk of imminent harm is identified. They described clear first-response actions, including separating involved individuals, notifying supervisors or PREA response personnel, and taking steps to secure the area when necessary. Staff emphasized that they are empowered to act without hesitation and do not need to wait for supervisory direction to initiate protective measures. Many noted that ongoing training and scenario-based exercises have strengthened their readiness and reinforced a culture of immediate response and shared responsibility. **Random Supervisors and Mid-Level Managers** Supervisory staff described a highly responsive and coordinated approach to managing potential threats. They explained that once notified, they quickly mobilize appropriate resources, including security staff, medical personnel, and classification teams, to stabilize the situation and ensure safety.

Supervisors highlighted the facility's practice of documenting and reviewing all protective actions, ensuring transparency and accountability. They also emphasized that communication with leadership occurs in real time, allowing for additional support or adjustments as needed. This structured yet flexible approach reflects a well-integrated system of oversight and rapid intervention.

Facility Head

Facility leadership provided a comprehensive perspective on how policy is translated into practice. The Facility Head emphasized that immediate action is the cornerstone of the facility's approach—any credible indication of risk triggers prompt protective measures.

Potential responses may include housing reassignment, increased supervision, separation of involved individuals, or facility transfer when appropriate. When a specific alleged aggressor is identified, that individual is removed from contact with the potential victim without delay. Leadership described a collaborative decision-making process involving multiple disciplines to ensure both safety and operational stability.

The Facility Head further reinforced that protective action is taken based on credible risk alone, without waiting for investigative confirmation, demonstrating a strong commitment to prevention and inmate safety.

PROVISIONS

Provision (a): Immediate, Coordinated, and Proactive Protective Response

The facility maintains a highly responsive and well-coordinated system for addressing any situation in which an inmate may be at substantial risk of imminent sexual abuse. Documentation and interviews confirm that all staff are expected to take immediate action upon recognizing a credible threat, regardless of their role or assignment.

Protective measures may include prompt separation of individuals, reassignment to a safer housing environment, increased supervision, referral to medical or mental health services, and other appropriate interventions designed to ensure safety. This proactive approach eliminates delay and prioritizes prevention at every level.

Staff responses consistently reflected a shared understanding of urgency and coordination, with clear alignment between policy and practice. The facility's structured response ensures that safety measures are implemented swiftly and effectively, supported by strong communication and teamwork.

The Auditor also confirmed that, over the past twelve months, there were no documented instances in which an inmate was identified as being at substantial risk of imminent sexual abuse. This finding reflects both effective prevention strategies and consistent monitoring practices.

Relevant Policies:

1. GDC SOP 208.06, Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, outlines the step-by-step response requirements for staff, including immediate protective actions, notification procedures, and coordinated responsibilities across departments.
2. GDC SOP 208.06 establishes expectations for rapid intervention, clear communication, and multidisciplinary coordination when addressing potential risks, ensuring consistent and effective protection measures.

CONCLUSION

Based on a thorough review of documentation, interviews, and observed practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.62 – Agency Protection Duties.

The facility demonstrates a strong, proactive, and well-coordinated approach to identifying and addressing potential risks. Staff are knowledgeable, empowered, and prepared to act immediately, while leadership provides clear direction and support. Communication systems function efficiently, and response protocols are consistently understood and applied.

Even in the absence of recent incidents involving imminent risk, the facility maintains a high level of preparedness and awareness. This reflects a positive and prevention-focused culture where the safety of inmates remains the highest priority, supported by structured procedures, professional accountability, and a commitment to swift and decisive action.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a detailed and systematic review of documentation to evaluate compliance with PREA Standard §115.63, which governs the facility's responsibilities when allegations of sexual abuse or sexual harassment involve another confinement setting. This review focused on ensuring that all reports, regardless of where the alleged incident occurred, are handled with consistency, urgency, and accountability. The review began with the Pre-Audit Questionnaire (PAQ) and supporting materials, followed by an in-depth analysis of Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy provides a clear and structured framework for inter-facility communication,

documentation, and investigative responsibilities.

Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan was also reviewed and found to reinforce these procedures through clearly defined steps for notification, follow-up, and documentation. Together, these materials establish a well-coordinated system that ensures allegations are promptly communicated to the appropriate facility, thoroughly documented, and tracked through completion.

The Auditor confirmed that responsibility for initiating and verifying notifications rests with the Facility Head. This designation supports a streamlined and accountable communication process, ensuring that no allegation is delayed or overlooked due to jurisdictional boundaries.

INTERVIEWS

Random Staff

Staff members across various departments demonstrated a clear and practical understanding of their role in reporting allegations that involve another facility. They consistently explained that any disclosure from an inmate regarding abuse at a different location is immediately reported to a supervisor, who then initiates the appropriate chain of notification. Staff described the process as efficient, well-integrated into training, and aligned with daily operational expectations.

Facility Head

The Facility Head provided a detailed explanation of how inter-facility reporting is carried out at the local level. Upon receiving an allegation involving another institution, the facility initiates immediate communication with the appropriate leadership at the implicated location. The Facility Head emphasized that while policy allows up to 72 hours, notifications are typically made as quickly as possible to preserve investigative continuity and ensure timely response.

The Facility Head also described how notifications extend to appropriate oversight personnel, including the PREA Coordinator and, when applicable, the Regional Sexual Assault Coordinator. Although no recent notifications were required, the Facility Head confirmed that staff remain well-prepared and confident in executing these procedures.

Agency Head Designee

The Agency Head Designee provided a broader perspective on the agency’s inter-facility communication system, describing it as structured, reliable, and closely monitored. When an allegation involves another facility, formal notification is initiated immediately through direct communication between facility leaders, followed by written documentation.

The Designee emphasized that this process includes built-in verification steps to confirm receipt and ensure that the receiving facility initiates its own investigation. Each report generates a documented record that includes timing, method of

communication, and confirmation, creating a transparent and traceable system that prevents any report from being overlooked.

PROVISIONS

Provision (a): Prompt and Coordinated Notification to Appropriate Facilities

The facility has established a clear, efficient, and accountability-driven process for notifying other facilities when an inmate reports sexual abuse or sexual harassment that occurred elsewhere. Documentation and interviews confirm that the Facility Head or designee is responsible for ensuring timely communication with the appropriate facility leadership and relevant oversight personnel.

This process reflects a proactive and well-coordinated approach, ensuring that allegations are elevated immediately and addressed without delay. The facility reported in the PAQ that in the past 12 months there was one such occurrence. Upon receipt of the allegation the facility staff ensure the offender is safe. The inmate victim is provided medical and mental health evaluations. Afterward a statement is obtained from the inmate victim regarding the details of the allegation. All of this documentation is collected and forwarded to the facility head and then provided to the warden/superintendent of the facility where the abuse occurred. The facility documented this notification and provision of information to the facility where the alleged abuse occurred.

Staff demonstrated strong familiarity with the procedure and readiness to implement these procedures when necessary.

Relevant Policies:

1. GDC SOP 208.06, Section 2(a), p. 27, requires notification to the receiving facility's administrator, the PREA Coordinator, and when applicable, the Regional Sexual Assault Coordinator. It also directs that allegations involving non-affiliated facilities be reported to the appropriate external authority.

Provision (b): Timely Notification Within Established Timeframes

The facility maintains a clearly defined and strictly enforced expectation that all notifications to other facilities occur as soon as possible and no later than 72 hours after receiving the allegation. Staff and leadership consistently described this requirement as essential to maintaining investigative integrity and ensuring prompt protective action.

Administrative oversight practices include routine verification of compliance with this timeline, reinforcing a culture of timeliness and responsibility.

Relevant Policies:

1. GDC SOP 208.06, Section 2(b), p. 28, mandates that notification to the appropriate facility must occur within 72 hours of receiving the report.

Provision (c): Thorough and Verifiable Documentation Practices

The facility employs a detailed and reliable documentation system to record all inter-facility notifications. Each report includes key information such as the date, time, method of communication, recipient, and confirmation of receipt. These records are maintained within the PREA tracking system and linked to investigative files to ensure full traceability.

Staff demonstrated a clear understanding of documentation expectations, reflecting a strong commitment to accuracy and accountability.

Relevant Policies:

1. GDC SOP 208.06, Sections 2(b) and 2(c), p. 28, require comprehensive documentation of all notifications, including confirmation of completion within the designated timeframe.

Provision (d): Consistent and Comprehensive Investigation of Received Allegations

The facility maintains a thorough and consistent approach to investigating allegations received from other confinement facilities. Each report is treated with the same level of seriousness and is processed through standard PREA investigative procedures as if the incident occurred locally.

Within the past twelve months, the facility received one such allegation. The allegation was promptly assigned to a PREA investigator, fully reviewed, and resolved within established timelines. The victim was notified of the investigation results in writing.

This consistent and methodical approach demonstrates the facility's commitment to fairness, diligence, and comprehensive review, regardless of where the allegation originated.

Relevant Policies:

1. GDC SOP 208.06, Section 2(d), p. 28, requires that all allegations received from other facilities be promptly investigated unless a complete investigation has already been conducted.

CONCLUSION

After reviewing documentation, conducting interviews, and evaluating operational practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.

The facility demonstrates a well-structured, responsive, and accountable system for managing inter-facility allegations. Staff are knowledgeable, leadership provides clear oversight, and documentation practices ensure transparency and traceability. Even in

	the absence of frequent cross-facility reports, the facility maintains a high level of preparedness and procedural clarity. These practices reflect a strong commitment to ensuring that all allegations are communicated, documented, and investigated appropriately, reinforcing a unified and reliable system of protection that extends beyond individual facility boundaries.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and detailed review of materials to evaluate compliance with PREA Standard §115.64, which defines the responsibilities of staff serving as first responders to allegations of sexual abuse. This review included the Pre-Audit Questionnaire (PAQ) and a full range of supporting documentation that collectively illustrate the facility's structured and responsive approach to initial incident management. At the center of this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy provides clear, thorough, and well-organized guidance for both security and non-security staff acting as first responders. It establishes expectations for immediate separation of involved individuals, protection of potential crime scenes, preservation of evidence, and timely notification of supervisory and specialized response personnel. The Auditor also noted that the facility incorporates coordinated response planning into daily operations, ensuring a unified and trauma-informed approach. These procedures emphasize both urgency and precision, allowing staff to respond effectively while safeguarding the integrity of investigations and prioritizing inmate safety. **INTERVIEWS** **Security Staff – First Responders** Security personnel demonstrated a high level of confidence and preparedness when describing their responsibilities as first responders. They outlined clear and immediate actions, including separating involved individuals, securing the area, protecting potential evidence, and notifying supervisors and response teams. Staff emphasized that regular training, scenario-based exercises, and routine briefings reinforce their readiness to respond instinctively and effectively in real-time

situations.

Non-Security First Responders

Staff from non-security roles, including education, counseling, and case management, described a thoughtful and supportive approach when encountering allegations. They explained that their primary responsibilities include notifying security staff immediately, maintaining appropriate separation when possible, and advising individuals to avoid actions that could compromise evidence. These staff members demonstrated strong awareness of confidentiality and sensitivity, reflecting a well-rounded and trauma-informed training foundation.

Facility Staff

Staff across multiple departments consistently described a coordinated and structured response process. They emphasized prioritizing safety, preserving evidence, and ensuring proper communication through supervisory channels. Many highlighted the importance of discretion and limiting information sharing to those with a need to know. Their responses reflected a cohesive and well-integrated understanding of first responder responsibilities across the facility.

Inmates Who Reported Sexual Abuse

Inmates who had previously reported incidents shared experiences that reflected prompt, supportive, and professional staff responses. They described immediate access to medical care and forensic examinations when appropriate, along with the availability of victim advocates who provided guidance and emotional support throughout the process. Individuals confirmed that services were provided at no cost, that they were kept informed of investigative outcomes, and that they were treated with respect and care throughout their interactions.

PROVISIONS

Provision (a): Immediate, Coordinated, and Evidence-Based First Responder Action

The facility maintains a well-structured and highly responsive system for first responder actions. Documentation and interviews confirm that security staff are trained and expected to immediately separate involved individuals, secure potential crime scenes, and take appropriate steps to preserve physical evidence. This includes advising individuals to refrain from washing, changing clothes, eating, or engaging in any activity that could compromise evidence when applicable.

Over the past twelve months, the facility documented 13 allegations involving sexual abuse and sexual harassment. These included both staff-on-inmate and inmate-on-inmate cases, with outcomes from unfounded to unsubstantiated. All cases received timely medical and mental health attention, with forensic examinations conducted when appropriate by qualified SANE professionals. Victim advocacy services were consistently offered, and inmates were informed of investigative outcomes.

In five cases staff were notified within a time period that still allowed for the collection of physical evidence. In cases involving timely notification, staff demonstrated consistent adherence to protocol by separating individuals, preserving scenes, and coordinating with response teams to ensure proper evidence handling and investigative follow-through.

Relevant Policies:

1. GDC SOP 208.06, p. 28, Section 3, and Attachment 7 – Coordinated Response Plan, outline detailed first responder responsibilities, including securing individuals, protecting scenes, notifying supervisors, preserving evidence, and documenting actions.
2. GDC SOP 208.06, Section F(1), p. 27, reinforces immediate response expectations and staff responsibilities in handling allegations.

Provision (b): Supportive and Responsive Actions by Non-Security First Responder

The facility ensures that non-security staff are equally prepared to act as first responders when necessary. Policy requires these individuals to immediately notify security personnel and to provide guidance aimed at preserving evidence until trained responders arrive.

In two instances in the past 12 months, non-security staff acted as the first responder. In these cases, non-security staff demonstrated consistent adherence to protocol by separating individuals, preserving scenes, and coordinating with response teams to ensure proper evidence handling and investigative follow-through.

interviews confirmed strong preparedness and understanding of these responsibilities. Training materials demonstrate that all staff, including contractors and volunteers, are equipped with the knowledge needed to respond appropriately, ensuring continuous coverage throughout the facility.

This approach reflects a well-rounded and inclusive preparedness strategy, ensuring that all staff contribute to maintaining safety and investigative integrity.

Relevant Policies:

1. GDC SOP 208.06, Section 3 and Attachment 7, establish expectations for all staff to act as initial responders when necessary, including immediate notification of security and guidance on preserving evidence.

CONCLUSION

Following a comprehensive review of documentation, interviews, and operational practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.64 – Staff First Responder Duties.

The facility demonstrates a well-coordinated, highly trained, and consistently applied

	approach to first responder responsibilities. Staff across all roles exhibit strong knowledge, confidence, and readiness to act, ensuring that safety, evidence preservation, and professional response remain top priorities. The combination of structured policy, effective training, and positive inmate feedback reflects a facility culture grounded in responsiveness, accountability, and compassionate care.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and thoughtfully structured review of materials relevant to PREA Standard §115.65, which requires a coordinated, facility-wide response to incidents of sexual abuse. This review included the Pre-Audit Questionnaire (PAQ) and a broad range of supporting documentation, all of which demonstrated a well-developed and collaborative framework designed to ensure consistency, efficiency, and accountability across departments. Central to this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy provides a clear and comprehensive structure for preventing, detecting, and responding to incidents of sexual abuse and harassment, with a strong emphasis on coordinated, multidisciplinary action. Also reviewed was Attachment 7 – the PREA Local Procedure Directive and Coordinated Response Plan, tailored specifically to the facility. This plan outlines a structured and integrated response model that brings together security, medical and mental health services, investigative staff, and leadership. The documentation reflects a well-organized, practical, and responsive system that supports both operational efficiency and trauma-informed care. **INTERVIEWS** **Security and Specialized Staff** Security personnel, medical staff, and investigative staff described a cohesive and well-practiced approach to activating the coordinated response plan. They outlined how the process unfolds in a structured sequence, beginning with immediate safety measures and evidence preservation, followed by medical evaluation, investigative procedures, and ongoing monitoring. These staff members emphasized the value of cross-training and scenario-based

exercises, which help reinforce their understanding of roles and ensure smooth coordination during real incidents. Their responses reflected confidence, collaboration, and a shared commitment to maintaining a safe and supportive environment.

Facility Head

Facility leadership emphasized that the coordinated response plan is an essential and active component of daily operations rather than a static document. The Facility Head described how the plan is reinforced through ongoing training initiatives, including annual PREA refreshers, new staff orientation, and regular team discussions.

Leadership highlighted the importance of preparedness and accountability, ensuring that all staff understand their roles and are equipped to respond effectively. This approach fosters a culture of readiness, professionalism, and respect for inmate safety and dignity.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided detailed insight into how the coordinated response plan is implemented and maintained. The PCM explained that the plan is widely accessible to staff through multiple formats, including digital systems and printed materials, and is reinforced through interactive training and practical exercises.

The PCM described the plan as a dynamic tool that supports real-time decision-making, ensuring that all departments work together seamlessly. Emphasis was placed on eliminating communication gaps, promoting timely response, and maintaining clear documentation throughout each stage of an incident.

PROVISIONS

Provision (a): Comprehensive, Structured, and Collaborative Coordinated Response Plan

The facility maintains a clearly defined and highly organized written coordinated response plan that outlines the roles and responsibilities of all relevant departments. Information gathered from the PAQ, documentation, and interviews confirms that this plan provides a structured and easy-to-follow framework guiding staff from the initial report through resolution and follow-up.

The plan includes detailed steps for immediate response, including securing the safety of inmates, preserving evidence, initiating medical and mental health services, notifying investigative personnel, and ensuring appropriate documentation. It also incorporates ongoing monitoring to prevent retaliation and supports thoughtful housing and classification decisions when necessary.

Staff consistently demonstrated familiarity with the plan and described it as practical, accessible, and effective in guiding coordinated action. The clarity of roles and expectations minimizes confusion and ensures a unified, timely response across all

	departments. **Relevant Policies:** 1. GDC SOP 208.06, p. 28, Section 3, requires each facility to develop and maintain a written coordinated response plan that clearly defines interdepartmental responsibilities and ensures accessibility to staff. 2. Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, provides a detailed, step-by-step framework for coordinated action, including notification procedures, evidence preservation, medical and mental health response, investigative coordination, and documentation requirements. **CONCLUSION** Based on a thorough review of documentation, interviews, and facility practices, the Auditor finds that the facility is in full compliance with PREA Standard §115.65 – Coordinated Responses. The facility demonstrates a well-integrated, collaborative, and highly functional response system that ensures all departments work together effectively when responding to allegations of sexual abuse. Staff are knowledgeable, leadership is actively engaged, and procedures are consistently reinforced through training and practice. This coordinated approach reflects a strong institutional commitment to safety, accountability, and respectful, trauma-informed care, ensuring that every response is timely, organized, and focused on the well-being of inmates.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a thorough and carefully structured review of documentation to evaluate compliance with PREA Standard §115.66, which ensures the facility maintains the authority and flexibility to protect inmates from contact with alleged or confirmed abusers. This review focused on confirming that administrative actions related to safety are not hindered by external limitations and can be implemented immediately when risk is identified. The review began with the Pre-Audit Questionnaire (PAQ) and supporting documentation, followed by an in-depth analysis of the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act

(PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy clearly outlines the facility's authority to take prompt and appropriate protective measures, including staff reassignment, inmate relocation, and administrative actions involving employees.

The Auditor found that the agency's structure provides clear, flexible, and effective guidance for decision-making. The absence of collective bargaining constraints allows facility leadership to act without delay, ensuring that safety-driven decisions are made swiftly and without procedural barriers. The documentation reflects a proactive and well-balanced system that prioritizes inmate protection while maintaining fairness and due process.

INTERVIEWS

Agency Head Designee

The Agency Head Designee provided a detailed explanation of the agency's administrative framework, emphasizing that the absence of collective bargaining agreements allows leadership to act decisively and without delay when addressing potential safety concerns. The Designee explained that when allegations arise, immediate protective measures—such as staff reassignment, temporary removal from duties, inmate relocation, or housing adjustments—can be implemented promptly.

The Designee also highlighted that while decisions are made quickly, they remain grounded in fairness and due process. This balanced approach ensures that safety is prioritized while maintaining professional integrity and accountability. The structure supports efficient, confident decision-making that reinforces trust in the system.

PROVISIONS

Provision (a): Immediate, Flexible, and Safety-Driven Protective Authority

The facility maintains a strong, responsive, and clearly defined system that allows administrators to take immediate action to protect inmates from contact with alleged or confirmed abusers. Documentation and interview findings confirm that leadership has full authority to implement protective measures without delay, ensuring that safety concerns are addressed promptly and effectively.

Protective actions may include staff reassignment, placement on administrative leave, inmate housing changes, transfers, or other appropriate interventions. These measures are implemented based on credible risk and are designed to prevent further harm while maintaining orderly operations.

This level of administrative flexibility supports a proactive and prevention-focused environment, where staff are empowered to act decisively and confidently. The facility benefits from a clear framework that transforms authority into meaningful and timely protection for inmates.

Relevant Policies:

1. GDC SOP 208.06, Section E.2, p. 27, requires immediate action to separate inmates from alleged abusers and outlines authorized measures such as reassignment, transfer, and administrative action involving staff.
2. Administrative leadership guidance within GDC policy affirms the authority of facility leaders to implement protective measures swiftly and without delay when safety concerns arise.

Provision (b): Structural Independence Supporting Continuous Complianc

While this provision does not require separate audit verification, the facility's structure inherently satisfies its intent. The agency's operational framework—free from external bargaining limitations—ensures that leadership retains full discretion to act in the interest of safety at all times.

Documentation and interview findings demonstrate that this autonomy is not only present but actively utilized to support timely and appropriate responses. Leadership practices reflect a consistent commitment to safety, accountability, and ethical decision-making.

Relevant Policies:

1. GDC SOP 208.06 includes provisions affirming administrative authority and the ability to act without delay in matters involving inmate safety.
2. State operational governance principles support leadership discretion to implement necessary protective actions during PREA-related incidents.

CONCLUSIONS

After a comprehensive review of documentation and interview findings, the Auditor concludes that the facility is in full compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The facility demonstrates a strong, flexible, and responsive administrative structure that supports immediate protective action whenever risk is identified. Leadership is empowered to act decisively, staff understand their roles, and policies clearly support timely intervention.

This approach reflects a well-balanced system grounded in safety, accountability, and fairness, ensuring that inmates are protected through prompt, thoughtful, and effective decision-making.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and focused review of documentation to evaluate compliance with PREA Standard §115.67, which establishes protections against retaliation for inmates and staff who report or participate in investigations of sexual abuse or sexual harassment. This review included the Pre-Audit Questionnaire (PAQ) and a wide range of supporting materials that collectively demonstrate a proactive and well-structured system of monitoring and protection. Central to this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The Auditor also examined Attachment 8 – Retaliation Monitoring Checklist, which provides a detailed and organized method for tracking potential retaliation concerns. Additionally, the PCM Memorandum on PREA Retaliation Monitoring, dated July 1, 2025, formally designates the Behavioral Counselor 3 as the facility's Retaliation Monitor, reinforcing accountability and consistency in oversight. These materials collectively outline a vigilant, structured, and responsive approach to identifying, documenting, and addressing any signs of retaliation. The framework emphasizes ongoing monitoring, clear documentation, and immediate intervention when concerns arise, ensuring a safe and supportive environment for all individuals involved in PREA-related matters. **INTERVIEWS** **Retaliation Monitor** The designated Retaliation Monitor described a consistent and proactive approach to preventing and identifying retaliation. Monitoring begins immediately following a report and continues for a minimum of 90 days, with extensions as needed based on circumstances. The Monitor conducts regular, in-person check-ins with inmates and staff involved in or affected by allegations, documenting findings using the established checklist. The Monitor emphasized that the facility promotes open communication and encourages individuals to report any concerns without fear. No incidents of retaliation were identified during the previous twelve months, reflecting the effectiveness of these monitoring efforts. **Facility Head** Facility leadership described a comprehensive system of oversight designed to detect even subtle indicators of retaliation. This includes reviewing housing changes, job assignments, disciplinary actions, and staff evaluations for any unusual or adverse patterns. The Facility Head emphasized that any identified concern is addressed promptly, reinforcing a culture of trust, accountability, and safety.

Leadership also highlighted the importance of collaboration with the Retaliation Monitor to ensure consistent follow-up and appropriate intervention when necessary.

Agency Head Designee

The Agency Head Designee provided additional context regarding the scope of retaliation monitoring, explaining that protections extend beyond the reporting individual to include any inmate or staff member who participates in an investigation or expresses concern about potential retaliation. Monitoring typically spans 90 days but may be extended depending on ongoing risk factors.

This broad and inclusive approach ensures that all individuals connected to an allegation are protected and supported throughout the process.

Inmates Who Reported Sexual Abuse

Inmates who previously reported sexual abuse described positive and supportive experiences following their reports. They indicated that staff responded attentively, facilitated timely access to medical and advocacy services, and maintained communication throughout the investigative process. Individuals reported feeling safe from retaliation and expressed confidence in the facility's commitment to their well-being.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the audit, there were no inmates placed in segregated housing specifically due to risk of sexual abuse or prior victimization. This reflects the facility's preference for utilizing less restrictive, individualized protective measures whenever possible.

PROVISIONS

Provision (a): Structured Monitoring System with Designated Oversight

The facility has established a well-defined and reliable system to protect inmates and staff from retaliation. Documentation and interviews confirm that a designated Retaliation Monitor is responsible for overseeing all monitoring activities, ensuring consistency and accountability.

Monitoring begins immediately after an allegation is reported and continues for at least 90 days, with extensions when warranted. The process includes regular in-person contact, documentation, and evaluation of any potential changes that could indicate retaliation.

Relevant Policies:

1. GDC SOP 208.06, p. 28–29, Section 4(a–c), outlines requirements for retaliation monitoring, including designation of responsible staff, duration of monitoring, and documentation expectations.
2. Attachment 8 – Retaliation Monitoring Checklist provides structured guidance

for documenting observations and actions.
3. PCM Memorandum (July 1, 2025) formally assigns the Behavioral Health Counselor 3 as the Retaliation Monitor.

Provision (b): Comprehensive and Supportive Protective Measures

The facility employs a wide range of protective measures to address concerns of retaliation. These may include housing adjustments, job reassignments, separation from alleged abusers, and access to emotional support services.

These interventions are tailored to individual circumstances and implemented promptly when concerns arise, ensuring that inmates feel supported and protected throughout the process.

Relevant Policies:

1. GDC SOP 208.06, p. 28–29, Section 4(b), outlines available protective measures, including housing changes, program adjustments, and separation strategies.

Provision (c): Ongoing Monitoring and Immediate Response to Concerns

The facility maintains continuous monitoring of individuals involved in PREA-related matters, reviewing factors such as disciplinary activity, housing status, and program participation. Any indication of retaliation is addressed immediately through appropriate corrective measures.

During the previous twelve months, no incidents of retaliation were reported, reflecting the effectiveness of the facility’s monitoring practices.

Relevant Policies:

1. GDC SOP 208.06, p. 28–29, Section 4(c), requires active monitoring and prompt response to any signs of retaliation.

Provision (d): Documented and Structured Inmate Monitoring Process

Monitoring activities are formally documented using structured tools, including in-person assessments and regular reviews of inmate status. These records are maintained to ensure transparency, consistency, and audit readiness.

The Retaliation Monitor confirmed that documentation is completed thoroughly and retained in accordance with policy requirements.

Relevant Policies:

1. GDC SOP 208.06, p. 28–29, Section 4(c)(i–iii), requires documentation of monitoring activities, including reviews of disciplinary actions, housing

changes, and other relevant factors.
2. Attachment 8 – Retaliation Monitoring Checklist supports consistent documentation practices.

Provision (e): Inclusive Protection for All Participants

The facility extends retaliation protections beyond primary reporters to include inmates and staff who participate in investigations or express concerns. This inclusive approach ensures that all individuals connected to an allegation are safeguarded.

Interviews confirmed that the facility responds promptly to any expressed concern, implementing appropriate monitoring and protective measures as needed.

Relevant Policies:

1. GDC SOP 208.06 extends retaliation monitoring requirements to all individuals who report, cooperate, or express concern regarding potential retaliation.

Provision (f)

This provision is not subject to audit.

CONCLUSION

Following a thorough review of documentation, interviews, and facility practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.67 – Agency Protection Against Retaliation.

The facility demonstrates a well-organized, proactive, and highly effective approach to preventing retaliation. Monitoring systems are clearly defined, staff are knowledgeable and engaged, and leadership provides consistent oversight. The absence of retaliation incidents over the past year further reflects the strength of these practices.

Overall, the facility fosters a safe, supportive, and accountable environment where inmates and staff can report concerns with confidence, knowing that their well-being will be actively protected.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and carefully focused review of

documentation to evaluate compliance with PREA Standard §115.68, which governs the limited and carefully controlled use of involuntary segregated housing for inmates who report sexual abuse or are at risk of victimization. The review began with the Pre-Audit Questionnaire (PAQ) and supporting materials, which collectively demonstrated a thoughtful and balanced approach centered on safety, dignity, and the use of least-restrictive alternatives.

A key component of this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes a clear and structured framework that limits the use of involuntary segregation to only those situations where no other protective options are viable. It further requires detailed documentation, regular review, and continued access to programs and services.

The Auditor found that the facility's approach reflects a strong commitment to individualized care and careful decision-making. Emphasis is placed on exploring alternative measures—such as housing adjustments or transfers—before considering segregation. When protective custody is necessary, the policy ensures that it is implemented with transparency, oversight, and attention to the inmate's well-being.

INTERVIEWS

Facility Head

Facility leadership described a deliberate and inmate-centered approach to protective housing decisions. The Facility Head emphasized that involuntary segregation is used only as a last resort, after a thorough assessment confirms that no less restrictive alternatives can adequately ensure safety. Leadership also highlighted the importance of maintaining program access and minimizing disruption to the inmate's daily routine whenever possible.

The Facility Head further explained that all decisions are documented in detail, including the specific safety concerns and the alternatives considered. Regular 30-day reviews are conducted to determine whether continued separation is necessary, ensuring that placements remain justified and temporary.

Staff Responsible for Segregated Housing Supervision

Supervisory staff responsible for housing operations described a consistent and disciplined approach to implementing protective measures. They explained that when segregation is considered, staff carefully evaluate all available alternatives first. If placement is necessary, staff ensure that inmates continue to receive access to educational programs, work opportunities, and essential services.

These staff also emphasized the importance of ongoing monitoring and documentation, including required 30-day reviews. Their responses reflected a strong understanding of policy requirements and a commitment to balancing safety with fairness and respect.

Inmates in Segregated Housing Due to Risk of Sexual Abuse

At the time of the audit, there were no inmates placed in segregated housing due to risk of sexual abuse or prior victimization. This absence reflects the facility's consistent use of alternative protective strategies and its commitment to maintaining a less restrictive and more supportive environment whenever possible.

PROVISIONS

Provision (a): Restrictive, Carefully Monitored, and Last-Resort Use of Segregated Housing

The facility maintains a clear and carefully controlled policy limiting the use of involuntary segregated housing for inmates at risk of sexual abuse. Documentation and interviews confirm that such placement is only used when all other reasonable alternatives have been thoroughly assessed and determined to be insufficient to ensure safety.

Over the past twelve months, the facility reported zero instances of inmates being placed in involuntary segregated housing for this purpose. There were no cases involving short-term placement for assessment, extended stays beyond 30 days, or missing documentation. This demonstrates a consistent and effective reliance on alternative protective measures.

When segregation is deemed necessary, the facility ensures that decisions are well-documented, including specific safety concerns and a detailed explanation of why alternative options were not feasible. Placements are subject to mandatory 30-day reviews to evaluate ongoing need, ensuring that separation is not prolonged unnecessarily.

Additionally, inmates placed in such housing continue to receive access to programs, services, and privileges to the greatest extent possible, reinforcing a balanced approach that prioritizes both safety and quality of life.

Relevant Policies:

1. GDC SOP 208.06, Section 8, p. 25, restricts the use of involuntary segregated housing to situations where no alternative means of protection are available and requires clear documentation of safety concerns and decision-making processes.
2. GDC SOP 208.06 mandates 30-day reviews of all such placements, limits duration while alternative solutions are pursued, and requires documentation of any restrictions on programs or privileges, including justification and duration.

CONCLUSION

Following a detailed review of documentation, interviews, and facility practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.68 –

	Post-Allegation Protective Custody. The facility demonstrates a thoughtful, well-structured, and inmate-centered approach to protective housing decisions. By prioritizing least-restrictive alternatives, maintaining access to services, and ensuring regular review and documentation, the facility effectively balances safety with dignity and fairness. The absence of involuntary segregation placements related to PREA concerns over the past year further reflects the strength of this approach, highlighting a proactive and respectful environment that aligns closely with PREA's intent to protect without unnecessary restriction.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and structured review of documentation to evaluate compliance with PREA Standard §115.71, which governs the facility's approach to conducting criminal and administrative investigations of sexual abuse and sexual harassment. This review included the Pre-Audit Questionnaire (PAQ), investigative records, and relevant agency policies that define expectations for thorough, objective, and timely investigations. Central to this assessment was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes a clear and detailed framework for handling all PREA-related allegations, including reporting procedures, evidence collection and preservation, coordination with law enforcement, documentation standards, and investigator training requirements. The Auditor confirmed that the policy emphasizes prompt, comprehensive, and impartial investigations that are trauma-informed and consistent across all cases, regardless of how an allegation is reported. The documentation reflects a well-organized system designed to ensure accountability, protect the integrity of evidence, and support fair and accurate outcomes. **INTERVIEWS** **Investigative Staff** The facility's investigator provided a detailed and well-structured overview of the investigative process. Upon receiving an allegation, the investigator initiates documentation and proceeds with a systematic approach that includes interviews

with the reporting inmate, witnesses, and the alleged perpetrator. Investigations encompass all forms of evidence, including physical, documentary, and electronic records.

The investigator confirmed completion of specialized PREA training and described coordination with medical professionals for forensic evidence collection when applicable. In cases with potential criminal implications, the investigator consults with prosecuting authorities prior to conducting compelled interviews to preserve the integrity of any future criminal proceedings. Credibility assessments are based solely on evidence, and polygraph testing is not used.

PREA Coordinator (PC)

The PREA Coordinator explained that all investigative records are securely maintained for the duration of the alleged perpetrator's incarceration or employment, plus an additional five years. Records are preserved in both electronic and hard-copy formats, ensuring accessibility, security, and long-term compliance with retention requirements.

PREA Compliance Manager (PCM)

The PREA Compliance Manager emphasized that investigations continue through completion regardless of whether the involved inmate or staff member remains at the facility. This ensures that all allegations are fully reviewed and documented, reinforcing accountability and maintaining an accurate institutional record.

Facility Head

Facility leadership confirmed that when allegations meet the threshold for criminal conduct, they are referred to the appropriate law enforcement agency for further investigation and possible prosecution. During the previous twelve months, three substantiated cases were referred for criminal investigation, demonstrating consistent application of this requirement.

Inmates Who Reported Sexual Abuse

Inmates who had reported sexual abuse described responses that were timely, respectful, and supportive. They indicated that staff facilitated access to medical care and advocacy services, did not require polygraph testing, and provided written notification of investigative outcomes. Their accounts reflected a process that was both structured and sensitive to individual needs.

PROVISIONS

Provision (a): Comprehensive and Mandatory Investigation of All Allegations

The Pre-Audit Questionnaire (PAQ) and information obtained through staff interviews confirm that the agency has established and consistently enforces a formal policy requiring the investigation of every allegation of sexual abuse or sexual harassment. This requirement applies universally, regardless of how the allegation is received or

who reports it. Reports submitted anonymously, as well as those made by third parties, are treated with the same level of seriousness and are subject to the same investigative standards as direct reports.

Standard Operating Procedure (SOP) 208.06 formally codifies this mandate, clearly outlining the agency's obligation to respond to all allegations in a timely, thorough, and impartial manner. The policy directs that each report be evaluated and addressed through the appropriate investigative pathway, which may include administrative review, criminal investigation, or a coordinated combination of both, depending on the nature and severity of the allegation. This structured approach ensures accountability, promotes transparency, and reinforces the agency's commitment to maintaining a safe and secure environment for all individuals under its supervision.

Relevant Policies:

1. GDC SOP 208.06 requires that all allegations be investigated promptly, thoroughly, and objectively, regardless of source or reporting method.

Provision (b): Qualified and Specially Trained Investigators

The facility reported that PREA investigations are conducted exclusively by personnel who have successfully completed specialized training in the investigation of sexual abuse within confinement settings. This requirement ensures that individuals assigned to these cases possess the necessary knowledge and skills to handle sensitive allegations in accordance with established standards and best practices.

The Auditor verified that the designated investigator has completed PREA-specific investigative training that is consistent with the requirements set forth in §115.34. Documentation reviewed during the audit confirmed that the training included instruction on proper evidence collection, interviewing techniques for victims and witnesses, and the unique dynamics associated with sexual abuse in custodial environments.

Additionally, Standard Operating Procedure (SOP) 208.06 reinforces this requirement by mandating that all designated investigators complete comprehensive and specialized training prior to assuming any investigative responsibilities. This policy provision helps ensure that investigations are conducted in a professional, objective, and legally sound manner, thereby supporting the integrity of the investigative process and the agency's overall compliance with PREA standards.

Relevant Policies:

1. GDC SOP 208.06 mandates completion of PREA-specific investigative training prior to conducting investigations.

Provision (c): Thorough and Methodical Evidence Collection

According to the Pre-Audit Questionnaire (PAQ), investigators are responsible for the

thorough collection, preservation, and documentation of all available evidence associated with allegations of sexual abuse or sexual harassment. This includes, but is not limited to, physical and biological evidence such as DNA, electronic monitoring data (e.g., video surveillance), written documentation, incident reports, and testimonial evidence obtained through interviews. Investigators conduct detailed interviews with alleged victims, suspected perpetrators, and relevant witnesses, and they review any prior complaints or patterns of behavior involving the accused individual to identify potential trends or corroborating information.

Relevant Policies:

1. GDC SOP 208.06 outlines standardized procedures for evidence collection, preservation, and documentation.

Provision (d): Coordinated Engagement with Prosecutorial Authorities

The facility reported that in cases where the evidence indicates the potential for criminal prosecution, investigators are required to consult with the appropriate prosecuting authority prior to conducting any compelled interviews. This precaution is critical to safeguarding the integrity of potential criminal cases and preventing any actions that could inadvertently compromise prosecutorial efforts.

When allegations may result in criminal prosecution, investigators consult with prosecuting authorities prior to conducting compelled interviews. This ensures that administrative actions do not interfere with potential criminal proceedings.

Relevant Policies:

1. GDC SOP 208.06 requires consultation with prosecutors in cases involving potential criminal conduct.

Provision (e): Objective Credibility Assessment and Prohibition of Polygraph Use

The PAQ indicates that investigators assess the credibility of alleged victims, suspects, and witnesses on an individual basis, relying on the totality of the evidence, consistency of statements, and corroborating information rather than institutional status, rank, or role. This approach promotes fairness and objectivity in the investigative process.

Furthermore, allegations of sexual abuse are pursued without requiring an incarcerated individual to submit to a polygraph or other truth-detection examination as a condition for proceeding with the investigation.

Relevant Policies:

1. GDC SOP 208.06 prohibits reliance on status-based credibility assessments and forbids mandatory polygraph testing.

Provision (f): Evaluation of Staff Conduct and Accountability

The facility reported that administrative investigations include a comprehensive evaluation of staff actions and institutional factors that may have contributed to or enabled the incident. This includes assessing whether any staff misconduct, negligence, failure to follow policy, or lapses in supervision played a role.

Investigative reports are required to document all relevant physical and testimonial evidence, clearly articulate credibility assessments, and provide a logical and well-supported analysis of findings

Investigations include analysis of whether staff actions or omissions contributed to the incident. Findings are documented in detailed reports that explain evidence and conclusions.

Relevant Policies:

1. GDC SOP 208.06 requires evaluation of staff conduct and documentation of findings in investigative reports.

Provision (g): Structured Criminal Investigation and Documentation

The PAQ indicates that allegations meeting the threshold for criminal investigation are formally referred to the appropriate law enforcement agency, typically the local sheriff's department. In such cases, investigators ensure that comprehensive written reports are prepared, detailing all physical, testimonial, and documentary evidence, along with any supporting materials available.

Facility staff maintain full cooperation with external law enforcement investigators, facilitating access to evidence, documentation, and relevant personnel as needed. This collaborative approach helps ensure that criminal cases are supported by complete, accurate, and well-organized evidentiary records.

Cases meeting criminal thresholds are referred to law enforcement and supported by detailed documentation, including all relevant evidence and reports.

Relevant Policies:

1. GDC SOP 208.06 outlines procedures for referral and cooperation with external law enforcement agencies.

Provision (h): Consistent Referral for Criminal Prosecution

The facility reported that all substantiated allegations involving potentially criminal conduct are referred to the appropriate prosecutorial authority for review and possible prosecution. During the most recent audit period, the Facility Head confirmed that three substantiated sexual abuse cases were referred for criminal investigation and prosecutorial consideration, consistent with PREA requirements.

Substantiated cases involving criminal conduct are referred for prosecutorial review. The facility reported three such referrals during the audit period.

Relevant Policies:

1. GDC SOP 208.06 requires referral of substantiated criminal cases to appropriate authorities.

Provision (i): Secure and Long-Term Record Retention

The PAQ, along with confirmation from the PREA Coordinator, indicates that the agency maintains all investigative records—both administrative and criminal—for the duration of the alleged abuser's incarceration or employment, plus a minimum of five additional years. This retention policy ensures that records remain available for review, legal proceedings, or future reference.

All investigative records are retained for the required duration and stored securely in both electronic and physical formats.

Relevant Policies:

1. GDC SOP 208.06 establishes record retention requirements extending beyond incarceration or employment.

Provision (j): Continuity and Completion of Investigations

The facility reported that investigations are not discontinued solely due to the departure of the alleged abuser or victim from the facility or agency custody. The PREA Compliance Manager confirmed that all investigations are carried through to a final determination, regardless of changes in employment or custody status.

Investigations are completed regardless of changes in custody or employment status of involved parties, ensuring full accountability.

Relevant Policies:

GDC SOP 208.06 requires investigations to proceed through completion regardless of status changes.

Provision (k)

This provision is not subject to audit.

Provision (l): Internal Investigative Responsibility and Oversight

The PAQ indicates that all sexual abuse and sexual harassment investigations are conducted internally by trained agency personnel. The agency does not currently rely on external entities to conduct administrative or criminal investigations. SOP 208.06 affirms that responsibility for these investigations rests with designated investigators and is supported by the facility's Sexual Assault Response Team (SART).

	In circumstances where external agencies may become involved, the expectation is that the facility will maintain active cooperation and continue to monitor case progress to ensure appropriate follow-through. All investigations are conducted by trained facility staff, ensuring consistency and oversight. When external agencies are involved, the facility maintains active coordination and awareness. **Relevant Policies:** 1. GDC SOP 208.06 affirms internal responsibility for conducting PREA investigations and outlines coordination expectations. **CONCLUSION** After a thorough review of documentation, interviews, and investigative records, the Auditor concludes that the facility is in full compliance with PREA Standard §115.71 – Criminal and Administrative Investigations. The facility demonstrates a well-structured, professional, and consistently applied investigative process. Staff are trained and knowledgeable, evidence is handled with care, and investigations are conducted thoroughly and objectively. The system supports accountability, protects integrity, and ensures that all allegations are addressed in a timely and appropriate manner.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a focused and comprehensive review of documentation to assess compliance with PREA Standard §115.72, which establishes the evidentiary standard used in administrative investigations of sexual abuse and sexual harassment. This review began with the Pre-Audit Questionnaire (PAQ) and was supported by a range of agency materials that clearly outline investigative expectations and decision-making criteria. At the center of this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy clearly defines the use of the preponderance of the evidence standard as the guiding threshold for administrative determinations. The Auditor confirmed that this standard requires investigators to determine whether

an allegation is more likely than not to have occurred. The policy intentionally distinguishes administrative investigations from criminal proceedings, allowing for timely, fair, and balanced outcomes without imposing unnecessarily high evidentiary burdens. The documentation reflects a well-defined and consistent approach that supports both accountability and procedural fairness.

INTERVIEWS

Investigative Staff

Investigative personnel provided detailed insight into how the evidentiary standard is applied in practice. They described a comprehensive and methodical approach to evidence collection, including interviews with involved individuals, review of physical and documentary evidence, and consideration of any relevant historical information.

Investigators explained that all available evidence is evaluated collectively, with findings based on whether the information supports that the alleged conduct is more likely than not to have occurred. Their responses reflected a strong understanding of the standard and a commitment to conducting thorough, impartial, and well-documented investigations.

PREA Compliance Manager (PCM)

The PREA Compliance Manager offered additional perspective on how the evidentiary standard supports consistent and fair outcomes. The PCM emphasized that the preponderance standard allows investigators to make informed determinations based on the totality of evidence, rather than requiring proof beyond a reasonable doubt.

The PCM noted that this approach promotes timely case resolution while maintaining credibility and integrity in the investigative process. It also ensures that all allegations are evaluated carefully and objectively, reinforcing trust in the system.

PROVISIONS

Provision (a): Clear, Balanced, and Consistently Applied Evidentiary Standard

The facility applies a clearly defined and consistently implemented evidentiary standard for all administrative investigations involving sexual abuse or sexual harassment. Documentation and interviews confirm that the preponderance of the evidence standard is used in every case, requiring investigators to determine whether the allegation is more likely than not to have occurred.

This approach ensures that investigations remain both thorough and efficient, allowing for careful consideration of all available information while avoiding unnecessary delays associated with higher evidentiary thresholds. Staff demonstrated a strong understanding of this standard and its application, reflecting effective training and consistent practice.

The use of this balanced standard supports fair outcomes, reinforces accountability,

	and aligns with PREA's intent to provide meaningful administrative review of all allegations. **Relevant Policies:** 1. GDC SOP 208.06, Section G(5), p. 30, establishes the preponderance of the evidence as the required standard for administrative investigations involving allegations of sexual abuse or sexual harassment. **CONCLUSION** After reviewing documentation and conducting interviews with key personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigation. The facility demonstrates a clear, consistent, and well-implemented approach to applying the appropriate evidentiary standard. Investigators are knowledgeable, processes are well-defined, and outcomes are based on careful evaluation of all available evidence. This structured and balanced approach ensures that allegations are resolved fairly and efficiently, supporting both accountability and confidence in the investigative process.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor performed a thorough and systematic examination of available materials to assess compliance with PREA Standard §115.73, which requires that inmates who report sexual abuse or sexual harassment are informed of investigative outcomes. This review incorporated the Pre-Audit Questionnaire (PAQ), a range of supporting documentation, and a representative sampling of completed PREA investigations. Together, these sources provided a comprehensive view of how allegations are managed from initial report through final resolution. Among the primary documents reviewed were the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, along with Attachment 3 – PREA Disposition Offender Notification Form. These materials outline clear, structured expectations for timely, accurate, and well-documented communication with inmates regarding investigative determinations and any related legal developments.

	The review confirmed that the facility utilizes an organized, efficient, and transparent notification system. Documentation consistently reflects that inmates are informed of investigative findings—whether substantiated, unsubstantiated, or unfounded—and that all notifications are properly recorded. This dependable approach promotes clarity, reinforces accountability, and strengthens confidence in the investigative process. **INTERVIEWS** **Inmates Who Reported Sexual Abuse** Inmates who reported sexual abuse described receiving prompt, clear, and respectful communication regarding the outcomes of their cases. They noted that staff responded in a professional and supportive manner, facilitated access to medical and advocacy services, and provided written documentation outlining investigative findings. These individuals conveyed a strong understanding of the process and indicated that consistent communication enhanced their awareness of case progress and resolution. **Facility Head** Facility leadership emphasized the importance of delivering timely, meaningful updates to inmates following the completion of investigations. The Facility Head explained that when allegations involve staff, inmates are informed of significant developments such as reassignment, separation from employment, arrest, or conviction when applicable. In cases involving inmate-on-inmate allegations, leadership confirmed that inmates are notified of key legal milestones concerning the alleged abuser, including indictments, charges, or convictions. This structured communication process ensures that inmates remain informed of developments that may affect their safety and overall well-being. **Investigative Staff** Investigative staff detailed a consistent and well-coordinated process for notifying inmates of investigative outcomes. Upon completion of an investigation, a comprehensive report is finalized and submitted to facility leadership for notification. Staff utilize the PREA Disposition Notification Form to clearly document and communicate findings, ensuring both accuracy and consistency. Investigators further explained that when allegations involve potential criminal prosecution, notifications are managed through appropriate channels while maintaining clear, documented communication with the inmate. **PROVISIONS** **Provision (a): Consistent, Structured, and Transparent Notification of Investigation Outcomes**

The PAQ confirms that policy requires inmates who report abuse to receive verbal or written notification regarding whether allegations are substantiated, unsubstantiated, or unfounded. A review of nine closed sexual abuse investigations demonstrated that all notifications were completed using Attachment 3, with investigative staff and facility leadership consistently affirming adherence to established procedures.

The facility employs a reliable and well-structured notification process that ensures inmates are informed of investigative outcomes using standardized forms. Over the past twelve months, all nine completed sexual abuse investigations included properly documented notifications. Staff demonstrated a high level of consistency, professionalism, and attention to detail in fulfilling this requirement.

Relevant Policies:

Georgia Department of Corrections SOP 208.06, Section G(17), p. 33, requires that inmates be notified of investigative outcomes using the designated notification form.

Attachment 3 – PREA Disposition Offender Notification Form establishes the standardized format for documenting and issuing notifications.

Provision (b): Internal Investigation Process

All PREA investigations conducted at the facility are managed internally, with no cases referred to outside agencies for administrative investigation. Therefore, this provision is not applicable.

Relevant Policies:

1. Georgia Department of Corrections SOP 208.06 outlines internal investigative responsibilities and procedures.

Provision (c): Clear and Responsive Notification of Staff Status Changes

The facility maintains effective procedures for notifying inmates of significant status changes involving staff alleged to have committed abuse. These include removal from a housing unit, termination, arrest, or conviction when applicable. Although no substantiated staff-on-inmate allegations occurred during the past twelve months, staff demonstrated a clear understanding of these requirements and confirmed that procedures are consistently followed when applicable.

During the reporting period, nine sexual abuse allegations were documented, all involving inmate-on-inmate conduct. Three were investigated administratively, resulting in two unfounded determinations and one unsubstantiated finding. All affected inmates received notification of the outcomes. The remaining six allegations were referred for criminal investigation and remained open at the time of the on-site audit. No staff-on-inmate sexual abuse allegations were reported during this period.

Additionally, four sexual harassment allegations were reported. One involved inmate-on-inmate conduct and was determined to be unfounded following administrative

investigation. The remaining three involved staff-on-inmate allegations, with two determined to be unfounded and one unsubstantiated. In all cases, inmates were appropriately notified of investigative outcomes.

Relevant Policies:

1. Georgia Department of Corrections SOP 208.06 requires notification to inmates regarding staff status changes related to substantiated allegations.

Provision (d): Consistent Notification of Legal Outcomes in Inmate-on-Inmate Cases

The facility ensures that inmates are informed of significant legal developments in cases involving inmate-on-inmate allegations. These developments include indictments, criminal charges, and convictions. Facility leadership confirmed that this process is applied consistently, ensuring transparency and supporting informed awareness.

The Facility Head Designee affirmed that inmates are notified of such outcomes in a manner consistent with staff-related notifications, reinforcing fairness and procedural consistency across case types.

Relevant Policies:

1. Georgia Department of Corrections SOP 208.06 outlines requirements for notifying inmates of legal outcomes related to substantiated allegations.

Provision (e): Accurate, Comprehensive, and Verifiable Documentation of Notifications

The facility maintains detailed, well-organized documentation of all notifications provided to inmates. A review of records confirmed that all inmates involved in closed cases—three sexual abuse investigations and four sexual harassment investigations—received proper and documented notification. Six sexual abuse investigations remained open at the time of review.

This meticulous documentation process ensures that all notifications are verifiable, complete, and fully aligned with policy expectations, reflecting a strong commitment to accountability and record integrity.

Relevant Policies:

1. Georgia Department of Corrections SOP 208.06 requires documentation of all notifications and specifies that notification obligations cease upon an inmate’s release.

Provision (f)

This provision is not subject to audit.

CONCLUSION

Based on a comprehensive evaluation of documentation, interviews, and investigative records, the Auditor finds that the facility is in full compliance with PREA Standard §115.73 – Reporting to Inmates.

The facility demonstrates a highly organized, transparent, and consistently applied approach to inmate notification. Investigative outcomes and relevant developments are communicated clearly, documentation practices are thorough and reliable, and staff exhibit a strong understanding of their responsibilities.

This effective process promotes accountability, supports informed awareness, and reinforces trust in the facility's response to reported concerns.

RECOMMENDATION

The Auditor recommends incorporating PREA reassessment documentation, including victim and aggressor classification reviews, into investigative files. This enhancement would further strengthen documentation consistency and improve ease of verification.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and detailed review of documentation to evaluate compliance with PREA Standard §115.76, which governs disciplinary sanctions for staff involved in sexual abuse, sexual harassment, or related misconduct. This review included the Pre-Audit Questionnaire (PAQ) and supporting materials that collectively demonstrate a clear, consistent, and accountability-driven approach to staff discipline. At the center of this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes a structured disciplinary framework that emphasizes zero tolerance for sexual abuse and harassment, while also providing guidance for proportional responses to lesser violations. The Auditor confirmed that the policy clearly identifies termination as the presumptive outcome for substantiated sexual abuse, while also requiring that disciplinary measures for other violations be applied fairly and consistently. The policy

further mandates that substantiated cases involving potential criminal conduct are referred to appropriate external authorities, reinforcing transparency and accountability.

INTERVIEWS

Facility Head

Facility leadership provided a clear and comprehensive overview of disciplinary expectations and enforcement practices. The Facility Head emphasized that all staff are held to high professional standards and are subject to disciplinary action up to and including termination for violations related to sexual abuse or harassment.

Leadership confirmed that during the previous twelve months, there were no substantiated cases of staff misconduct related to PREA, and therefore no terminations, resignations in lieu of termination, or disciplinary actions were required. Despite the absence of incidents, the Facility Head stressed that policies are actively enforced and that any violation would result in immediate and appropriate action.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described how disciplinary procedures are applied in practice, emphasizing a structured and consistent approach. The PCM explained that disciplinary decisions are based on the nature and severity of the misconduct, prior history, and alignment with policy standards.

The PCM also highlighted the role of training and supervision in preventing misconduct, noting that staff are regularly reminded of expectations and consequences. This proactive approach contributes to a professional environment where accountability is clearly understood and consistently upheld.

PROVISIONS

Provision (a): Clear, Firm, and Proportionate Disciplinary Framework

The facility maintains a well-defined disciplinary framework that addresses all forms of staff misconduct related to sexual abuse and harassment. Documentation and interviews confirm that disciplinary actions range from corrective measures to termination, depending on the severity of the violation.

Termination is identified as the presumptive response for substantiated sexual abuse, reinforcing a strong zero-tolerance stance. This structured approach ensures that all staff are held accountable and that disciplinary actions are applied consistently and fairly. This was verified by the Facility Head.

Relevant Policies:

1. GDC SOP 208.06, p. 33, Section H(1)(a), establishes termination as the presumptive disciplinary action for substantiated sexual abuse and prohibits continued employment of individuals who have engaged in such conduct.

Provision (b): Consistent Enforcement and Zero-Incident Record

During the previous twelve months, the facility reported no incidents of staff violations related to sexual abuse or harassment. As a result, there were no disciplinary actions, terminations, or resignations associated with PREA-related misconduct. This was confirmed with the PAQ and the Facility Head.

This outcome reflects a strong culture of compliance, effective training, and consistent adherence to policy expectations.

Relevant Policies:

1. GDC SOP 208.06, p. 33, Section H(1)(a), reinforces zero tolerance and establishes clear consequences for violations.

Provision (c): Balanced and Proportionate Discipline for Lesser Violations

For violations that do not rise to the level of sexual abuse, the facility applies disciplinary measures that are proportionate to the nature and severity of the conduct. Factors considered include the seriousness of the behavior, prior disciplinary history, and consistency with similar cases. This was verified by a review of the PAQ and the Facility Head.

Although no such cases occurred during the audit period, staff demonstrated a clear understanding of how these standards would be applied.

Relevant Policies:

1. GDC SOP 208.06, p. 33, Section H(1)(b), requires that disciplinary actions for lesser violations be proportionate and consistent with policy and precedent.

Provision (d): Mandatory Reporting to External Authorities

The facility maintains clear procedures for reporting substantiated cases of staff misconduct to appropriate external entities, including law enforcement and licensing bodies. This ensures that serious violations are addressed beyond the facility level when necessary.

No such reporting was required during the past twelve months; however, staff confirmed that these procedures are well understood and would be followed promptly if applicable.

Relevant Policies:

1. GDC SOP 208.06, p. 34, Section H(1)(c), requires notification to law enforcement and relevant licensing authorities in cases involving substantiated misconduct or potential criminal activity.

CONCLUSION

	After a thorough review of documentation and interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff. The facility demonstrates a clear, consistent, and well-enforced disciplinary system that supports accountability and reinforces professional standards. Staff understand expectations, leadership maintains oversight, and policies provide strong guidance for appropriate action. The absence of violations during the audit period reflects a positive and compliance-focused environment where standards are upheld and misconduct is effectively prevented.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and focused review of documentation to assess compliance with PREA Standard §115.77, which governs corrective actions for contractors and volunteers who engage in prohibited conduct. This review included the Pre-Audit Questionnaire (PAQ) and supporting materials that collectively demonstrate a structured, prevention-oriented, and accountability-driven approach to managing non-employee personnel. At the center of this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes clear expectations for addressing misconduct by contractors and volunteers, including immediate removal of access, notification to law enforcement when appropriate, and referral to relevant licensing or regulatory bodies. The Auditor confirmed that the policy applies consistent standards across all individuals who interact with inmates, ensuring that contractors and volunteers are held to the same high expectations as employees. The documentation reflects a proactive and well-coordinated system designed to prevent misconduct while ensuring swift and decisive action when concerns arise. **INTERVIEWS** **Facility Head** Facility leadership described a strong and proactive approach to managing contractors and volunteers, emphasizing that safety remains the highest priority. The Facility Head confirmed that during the previous twelve months, there were no

reported incidents involving sexual abuse or misconduct by contractors or volunteers.

Despite the absence of incidents, leadership emphasized that clear procedures are in place to immediately restrict access, initiate internal review, and notify external authorities if necessary. This readiness reflects a culture of accountability and preparedness, supported by careful screening and oversight of all non-employee personnel.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided additional insight into the facility's preventive and response strategies. The PCM explained that contractors and volunteers receive orientation and training on PREA expectations prior to entering the facility, ensuring they understand their responsibilities and the consequences of violations.

The PCM also described how the facility maintains readiness through ongoing oversight and scenario-based training, reinforcing the expectation that any misconduct would result in immediate removal and appropriate reporting. The absence of incidents over the past year was attributed to these strong preventive measures and clear communication of standards.

PROVISIONS

Provision (a): Immediate, Protective, and Accountability-Focused Response to Misconduct

The facility maintains a clear and decisive process for responding to allegations of sexual abuse involving contractors or volunteers. Documentation and interviews confirm that any individual suspected of engaging in such conduct would be immediately prohibited from contact with inmates and removed from the facility pending further review.

When applicable, the facility ensures that allegations are reported to law enforcement and relevant licensing or regulatory bodies, reinforcing transparency and accountability beyond the institution. Although no such incidents occurred during the past twelve months, staff demonstrated strong familiarity with these procedures and readiness to implement them without delay.

Relevant Policies:

1. GDC SOP 208.06, p. 34, Section 2, requires immediate removal of contractors or volunteers from inmate contact and mandates reporting to law enforcement and licensing authorities when appropriate.

Provision (b): Proportionate and Preventive Corrective Actions for Other Violations

For violations that do not rise to the level of sexual abuse, the facility applies

	appropriate corrective actions based on the nature and severity of the conduct. These actions may include suspension of access, retraining, or permanent removal from the facility. Although no such cases were identified during the audit period, interviews confirmed that leadership and staff are prepared to respond appropriately, ensuring that all actions prioritize inmate safety and institutional integrity. **Relevant Policies:** 1. GDC SOP 208.06 provides guidance for implementing corrective actions for contractors and volunteers, ensuring responses are proportionate, documented, and aligned with PREA standards. **CONCLUSION** Following a thorough review of documentation and interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.77 – Corrective Actions for Contractors and Volunteers. The facility demonstrates a strong, proactive, and well-structured approach to managing non-employee personnel. Clear expectations, effective training, and established response protocols ensure that contractors and volunteers are held to high standards of conduct. The absence of incidents during the audit period reflects the effectiveness of these measures and the facility's commitment to maintaining a safe and accountable environment for all inmates.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and detailed review of documentation to evaluate compliance with PREA Standard §115.78, which governs disciplinary sanctions for inmates involved in sexual abuse or sexual harassment. This review included the Pre-Audit Questionnaire (PAQ), supporting materials, and a sample of investigative files, all of which demonstrated a structured and balanced approach to discipline that emphasizes accountability, fairness, and rehabilitation. Central to this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy

	establishes clear expectations regarding prohibited conduct, disciplinary processes, and the incorporation of behavioral and mental health considerations into decision-making. The Auditor confirmed that the facility applies a consistent framework that prohibits all sexual activity between inmates, evaluates each case individually, and ensures that sanctions are proportionate and informed by multiple factors. The documentation reflects a thoughtful system that balances safety, accountability, and opportunities for behavioral improvement. **INTERVIEWS** **Facility Head** Facility leadership provided a clear overview of disciplinary practices and confirmed that all inmate sexual activity is prohibited under policy. The Facility Head explained that disciplinary action is taken when allegations are substantiated through administrative investigation, using the preponderance of the evidence standard. During the previous twelve months, the facility reported zero substantiated administrative cases of inmate-on-inmate sexual abuse and zero criminal convictions. Leadership emphasized that inmates are only disciplined for sexual contact with staff when the staff member is determined not to have consented, and that inmates are protected from discipline when reporting in good faith. **Medical and Mental Health Staff** Medical and mental health professionals described the facility's emphasis on incorporating behavioral health considerations into the disciplinary process. They explained that evaluations are conducted to determine whether mental health conditions or disabilities contributed to the behavior. These professionals also highlighted the availability of counseling, therapy, and targeted interventions designed to address underlying causes of misconduct. Participation in such programs may be encouraged or required as part of a broader corrective approach, supporting long-term behavioral change. **PROVISIONS** **Provision (a): Structured Disciplinary Process Following Substantiated Findings** The facility applies disciplinary sanctions when allegations of sexual abuse are substantiated through administrative investigation using the preponderance of the evidence standard. Documentation and interviews confirm that this process is consistently applied. There were nine sexual abuse allegations reported during the last 12 months. All nine involved inmate-on-inmate conduct. Three allegations were investigated administratively. At the time of the on-site audit two of these had been determined to

be unfounded and one had been determined to be unsubstantiated. The remaining six allegations were investigated criminally. At the time of the on-site audit these six allegations remained open.

Relevant Policies:

1. GDC SOP 208.06, p. 34, Section H(3)(a–b), prohibits all sexual activity between inmates and requires disciplinary action in accordance with established procedures.

Provision (b): Proportionate and Individualized Sanctions

Sanctions are determined based on the nature and severity of the conduct, the inmate's disciplinary history, and consistency with similar cases. This ensures that outcomes are fair, equitable, and aligned with policy standards.

Relevant Policies:

1. GDC SOP 208.06, p. 35, Section H(3)(c), requires that sanctions be proportionate and consistent with comparable cases.

Provision (c): Integration of Mental Health Considerations

The facility incorporates mental health evaluations into the disciplinary process to determine whether underlying conditions contributed to the behavior. This approach supports more informed and appropriate responses.

Relevant Policies:

GDC SOP 208.06, p. 35, Section H(3)(d), requires consideration of mental health factors in disciplinary decisions and references applicable mental health guidelines.

Provision (d): Rehabilitative Programming and Behavioral Interventions

The facility offers counseling, therapy, and other interventions designed to address the root causes of misconduct. Participation in these programs may be considered when determining access to privileges and programming. There were no instances of this in the past 12 months.

Relevant Policies:

1. GDC SOP 208.06, p. 35, Section H(3)(e), supports the use of therapeutic interventions as part of corrective action.

Provision (e): Clear Standards for Staff-Related Conduct

Inmates are disciplined for sexual conduct involving staff only when it is determined that the staff member did not consent. This ensures that disciplinary actions are applied appropriately and based on clear criteria. There were no instances of this in

	the past 12 months. **Relevant Policies:** 1. GDC SOP 208.06, p. 35, Section H(3)(f), outlines standards for addressing inmate conduct involving staff. **Provision (f): Protection for Good-Faith Reporting** The facility prohibits disciplinary action against inmates who report sexual abuse in good faith, even if the allegation is not substantiated. This policy supports open communication and encourages reporting without fear of punishment. **Relevant Policies:** 1. GDC SOP 208.06, p. 35, Section H(3)(g), protects inmates from discipline for good-faith reporting. **Provision (g): Clear Prohibition of Inmate Sexual Activity** All sexual activity between inmates is prohibited under agency policy. Such activity is evaluated carefully to determine whether coercion or abuse is present, ensuring appropriate classification and response. **Relevant Policies:** 1. GDC SOP 208.06, p. 34, Section H(3)(a), establishes the prohibition of all inmate sexual activity and defines conditions under which it is considered abuse. **CONCLUSION** After a thorough review of documentation, interviews, and investigative records, the Auditor concludes that the facility meets the requirements of PREA Standard §115.78 – Disciplinary Sanctions for Inmates. The facility demonstrates a structured, fair, and well-balanced disciplinary system that emphasizes accountability while incorporating mental health considerations and rehabilitative opportunities. Policies are clearly defined, staff are knowledgeable, and processes are applied consistently. This approach supports a safe and respectful environment while promoting behavioral improvement and reinforcing confidence in the disciplinary process.

115.81	**Medical and mental health screenings; history of sexual abuse**

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor embarked on a review of records essential to PREA Standard §115.81, which safeguards the confidentiality and care pathways for those disclosing prior sexual victimization or abusiveness. This included the facility's thorough Pre-Audit Questionnaire (PAQ) and its array of supporting files, which collectively unveiled a layered system of clinical referrals, consent protocols, and data silos designed to nurture healing while shielding privacy.

Key among these was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, complemented by GDC SOP VH82-0001, Informed Consent, effective April 1, 2002. SOP 208.06 mandates swift 14-day follow-ups for at-risk individuals, channeling them toward medical/mental health support via structured forms like Attachment 14. VH82-0001 fortifies this with multilingual consent mechanisms, implied authorizations for routine care, and accommodations for diverse needs—ensuring ethical, accessible interventions that honor autonomy amid institutional constraints.

INTERVIEWS

Inmates Reporting Prior Victimization

According to facility records, there was one disclosure of previous sexual victimization by an inmate in the facility at the time of the on-site audit. The inmate reported was interviewed and confirmed a mental health referral was made the day of the report. The inmate further reported already being on the mental health caseload and determined that waiting until the next scheduled mental health appointment would be sufficient.

Medical Staff

Healthcare professionals affirmed securing informed consent prior to divulging non-institutional victimization details (barring minors), embedding privacy as a clinical cornerstone. They detailed 14-day referrals for high-risk entrants—victims or aggressors—documented meticulously to track emotional trajectories and preempt harm.

Healthcare personnel reported that informed consent is obtained from inmates before any information related to prior sexual victimization—occurring outside of a correctional facility—is shared, unless the individual is under the age of 18.

Medical staff also stated that when an inmate is identified through the screening process as being at significant risk for victimization or sexual aggression, or has a known history of sexual victimization, they are referred to mental health services for follow-up within 14 days of their arrival.

Risk Screening Personnel

Intake specialists described segregated, practitioner-only access to sensitive medical/ mental health vaults, invisible to classification or leadership save for necessity-driven shares (e.g., housing, programming). This firewall upholds federal/state confidentiality edicts, channeling data solely toward safety-enhancing decisions.

Staff responsible for conducting PREA risk screenings during the intake process stated that all medical and mental health records are maintained in a separate, secure, and confidential database that is not accessible through general inmate records.

Access to this sensitive information is limited exclusively to authorized medical practitioners. Disclosure of such data to classification staff or upper-level administrators is restricted and only permitted when necessary for legitimate institutional purposes, in accordance with confidentiality requirements.

PROVISIONS

Provision (a): Timely clinical follow-up for prior victims

Per information provided in the PAQ, any inmate who discloses a history of sexual victimization during their intake screening is offered a follow-up session with a qualified medical or mental health practitioner. These follow-ups are conducted within 14 calendar days of the initial screening to provide necessary clinical support and to further assess and address the inmate's mental and emotional well-being. This practice was confirmed through interviews with screening staff. All such clinical encounters are thoroughly documented in the inmate's medical record.

The PAQ guarantees 14-day medical/mental health sessions for screening-disclosed victimization, with 100% compliance logged. Medical staff corroborated universal documentation in clinical files.

the PAQ the facility reported one inmate reported disclosed prior victimization during screening and was offered a follow-up meeting with a medical or mental health practitioner

Relevant Policy:

1. GDC SOP 208.06 (p. 25, D.7) requires Attachment 14 referrals within 14 days for victims/perpetrators.

Provision (b): Mental health outreach to past perpetrators

In the past 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

The PAQ also notes that inmates identified as having a documented history of sexually abusive behavior are required to receive a mental health evaluation within 14 days from the time such behavior is confirmed or brought to staff attention. Staff confirmed that they document all encounters with inmates in comprehensive clinical records. At the time of the audit, no inmates at the facility were identified as having a known history of perpetrating sexual abuse, and therefore, no interviews with individuals in this category could be conducted.

Prison-specific policy offers 14-day evaluations for prior abusers (100% logged); zero such cases at audit, per PAQ—yet processes stand vigilant.

Relevant Policy

1. GDC SOP 208.06 (p. 25, D.7) mandates PREA Counseling Referral Form submissions.

Provision (c): Jail-specific victim screening N/A.

Inapplicable to this prison setting. This requirement does not apply to the facility under review, as it is specific to jails. The facility in question is a state correctional institution and not classified as a jail

Provision (d): Institutional data silos for security utility

The PAQ and staff interviews confirmed that any information obtained during screening regarding institutional sexual victimization or sexually abusive behavior is used exclusively to support security and administrative decisions. These decisions include, but are not limited to, housing assignments, work details, bed placements, treatment referrals, educational placement, and programming opportunities. Disclosure of this information is strictly limited and governed by applicable federal, state, and local laws.

Victimization/abuse info stays clinician-confined, shared narrowly for housing/work/education/programming or legal mandates—verified by screening staff.

Provision (e): Consent fortress for community histories

Informed consent precedes non-institutional victimization disclosures (minors excepted), per PAQ and medical interviews.

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. The facility’s policy and practices, as detailed in the PAQ and validated through interviews with medical staff, require that informed consent be secured before sharing any information related to sexual victimization that occurred in the community or non-institutional settings—unless the individual is a minor. This procedure ensures that the rights, dignity, and privacy of inmates are protected in accordance with agency standards and ethical obligations.

Relevant Policy:

1. GDC SOP VH82-0001 (p. 3, VI.A.1–4) deploys English/Spanish forms, explanations for impairments, and implied consents post-general signing.

CONCLUSION

Based on the thorough evaluation of all relevant documentation, applicable policies, and interview responses from intake, medical, the Auditor concludes that the facility is in full compliance with the provisions of the PREA standard regarding the medical and mental health evaluation of inmates disclosing past sexual victimization or abusiveness. The facility has implemented a sound and responsive process for identifying vulnerable or high-risk individuals and ensuring timely, confidential follow-up. The practices reflect a strong commitment to safeguarding inmate welfare while upholding informed consent, privacy rights, and professional clinical standards.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor conducted a comprehensive and carefully structured review of documentation to assess compliance with PREA Standard §115.82, which governs the provision of emergency medical and mental health services to inmates following reports of sexual abuse. This review included the Pre-Audit Questionnaire (PAQ) and a wide range of supporting materials that collectively demonstrate a responsive, well-coordinated, and clinically sound system of care.

Central to this review was the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy outlines clear expectations for immediate access to emergency medical treatment, crisis intervention services, and follow-up care. It is supported by additional clinical guidance, including SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault), which provide detailed direction for healthcare response and patient care.

The Auditor confirmed that the facility maintains a well-organized and trauma-informed framework that prioritizes timely intervention, professional clinical judgment, and access to necessary services without financial burden. Documentation reflects consistent adherence to these standards and a strong commitment to ensuring that inmates receive appropriate and compassionate care.

INTERVIEWS

Medical Staff

Medical personnel described a prompt and structured response process following any report of sexual abuse. Upon notification, inmates are immediately assessed to determine medical needs, with care guided by licensed professionals. Staff explained that, when necessary, inmates are transferred to external medical facilities for advanced evaluation or forensic examination.

Medical staff confirmed that emergency contraception and prophylactic treatment for sexually transmitted infections are offered when clinically appropriate. They also emphasized that inmates receive clear and thorough information about available treatments and follow-up care, ensuring informed decision-making.

First Responders (Security and Non-Security Staff)

Security staff described their immediate responsibilities as ensuring the safety of the inmate, separating involved individuals, preserving evidence, and contacting medical personnel without delay. Their responses reflected a strong understanding of urgency and coordination.

Non-security staff explained that their role includes promptly notifying security personnel, remaining with the inmate, and providing support until trained responders arrive. Both groups demonstrated clear awareness of their responsibilities and a coordinated approach to initiating care.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described receiving timely and supportive care. They indicated that staff responded quickly, facilitated medical examinations, and ensured the presence of victim advocates during forensic procedures. Individuals confirmed that services were provided at no cost and that they were not required to participate in investigative procedures as a condition of receiving care.

Mental Health Services

While mental health services are provided through contracted external providers and no on-site interviews were conducted, documentation confirms that crisis intervention and follow-up services are available and integrated into the overall response process.

PROVISIONS

Provision (a): Immediate, Unrestricted, and Clinically Directed Emergency Care

According to the PAQ, inmates who report having been sexually abused while in custody are provided with immediate access to emergency medical care and crisis intervention services. This was confirmed during interviews with medical personnel, who emphasized that medical assistance is delivered promptly and without obstruction, based on their clinical expertise.

The PAQ vows prompt, unblocked emergency medical/crisis interventions, scoped by

professionals; logs track timings, non-health relays, contraceptive/STI info.

The facility ensures that inmates who report sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. The scope and nature of care are determined by qualified medical professionals based on clinical judgment.

Documentation and interviews confirm that services are delivered promptly and that records are maintained to document timeliness, actions taken by staff, and information provided to inmates regarding treatment options.

Relevant Policies:

1. GDC SOP 208.06, p. 36, Section I, requires timely provision of emergency medical and mental health services.
2. SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault) provide clinical guidance for treatment and response.

Provision (b): Coordinated First Responder Support and Rapid Medical Notification

The PAQ indicates that in situations where a qualified medical professional is not present when an inmate reports recent sexual abuse, trained security personnel acting as first responders are responsible for initiating preliminary protective actions and ensuring that medical staff are contacted immediately. When medical or mental health staff are not immediately available, trained first responders initiate protective measures and ensure that medical personnel are contacted without delay. Staff interviews confirmed that these responsibilities are clearly understood and consistently applied.

Relevant Policies:

1. GDC SOP 208.06, p. 36, Section I, requires first responders to initiate protective actions and ensure prompt notification of medical personnel.

Provision (c): Timely Access to Preventive and Follow-Up Medical Treatment

As documented in the PAQ and confirmed by medical staff interviews, inmates who are victims of sexual abuse are promptly offered access to emergency contraception and prophylactic treatment for sexually transmitted infections, provided that such interventions are medically appropriate.

Inmates are provided with timely access to emergency contraception and prophylactic treatment for sexually transmitted infections when medically appropriate. Medical staff confirmed that these services are delivered in accordance with accepted clinical standards and include clear communication about available options.

	Relevant Policies: 1. GDC SOP 208.06, p. 36, requires timely access to appropriate medical interventions, including preventive treatments consistent with professional standards. **Provision (d): Free and Unconditional Access to Treatment Services** The PAQ states—and medical staff confirmed during interviews—that all medical and mental health services provided in response to incidents of sexual abuse are offered at no cost to the inmate. These services are available regardless of whether the victim agrees to cooperate in any resulting investigation or is able to identify the alleged perpetrator. All medical and mental health services related to sexual abuse are provided at no cost to the inmate. Access to care is not contingent upon identifying the alleged perpetrator or cooperating with an investigation. Documentation and interviews confirm that this policy is consistently applied, ensuring that all inmates receive necessary care without barriers. **Relevant Policies:** 1. GDC SOP 208.06, p. 16, Section B(c), mandates that all treatment services related to sexual abuse are provided free of charge and without conditions related to investigative participation. **CONCLUSION** After a thorough review of documentation, interviews, and facility practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.82 – Emergency Medical and Mental Health Services. The facility demonstrates a well-coordinated, timely, and clinically appropriate response to reports of sexual abuse. Staff are knowledgeable, procedures are clearly defined, and services are delivered in a manner that prioritizes safety, dignity, and informed care. This approach reflects a strong commitment to providing immediate and compassionate support while maintaining high standards of professionalism and accountability.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a thorough and methodical review of documentation to evaluate the facility's compliance with PREA Standard §115.83, which addresses the provision of ongoing medical and mental health care for inmates who have experienced sexual abuse. Materials reviewed included the Pre-Audit Questionnaire (PAQ), supporting records, and applicable policy directives. Collectively, these sources reflect a comprehensive, well-coordinated, and trauma-informed continuum of care. Primary guidance is established through Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, and SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018. These policies provide a clear and structured framework for clinical assessment, treatment interventions, follow-up services, and continuity of care. The Auditor verified that the facility's approach is grounded in sound clinical judgment, respect for confidentiality, and a clear separation between therapeutic services and investigative functions. Documentation reflects a consistent, proactive commitment to delivering care that aligns with established community standards while supporting both immediate stabilization and long-term recovery. **INTERVIEWS** **Inmates Who Reported Sexual Abuse** Inmates who reported sexual abuse consistently described receiving timely, supportive, and professional follow-up care. They indicated that facility staff facilitated access to both medical and mental health services without delay and ensured that appropriate resources were made available throughout the process. Individuals also reported that victim advocates were accessible during forensic examinations and other critical stages of response. Importantly, inmates confirmed that services were provided at no cost and were not contingent upon participation in an investigation or identification of an alleged abuser. Their feedback reflected a respectful and responsive environment in which care and recovery are prioritized. **Medical and Mental Health Staff** Medical and mental health staff described a well-organized and clinically driven approach to ongoing care. They explained that services begin immediately following a report of sexual abuse and continue based on individualized treatment needs. Care includes medical evaluations, mental health assessments, crisis intervention, preventive services, and ongoing therapeutic support. Staff emphasized that all services are delivered in accordance with professional standards, remain confidential, and are provided without financial burden to the inmate. They also noted that preventive measures, including sexually transmitted

infection (STI) testing and prophylactic treatment, are routinely offered when clinically appropriate. Additionally, mental health staff reported that inmates identified as abusers are evaluated within established timeframes, with treatment interventions offered to address behavioral risk factors.

PROVISIONS

Provision (a): Comprehensive, Trauma-Informed, and Accessible Evaluation and Treatment Services

The facility provides a full range of medical and mental health evaluation and treatment services to all inmates who have experienced sexual abuse, regardless of where the incident occurred. These services include acute medical care, mental health assessment, crisis intervention, preventive treatment, and ongoing therapeutic support.

Information from the PAQ and staff interviews confirms that services such as STI testing, prophylactic care, psychiatric services, and counseling are readily available and delivered in a professional and respectful manner. Care is provided without cost and is not dependent on the inmate identifying an alleged abuser or participating in an investigation. This approach ensures equitable and barrier-free access to essential services.

Relevant Policies:

1. SOP 508.22, pp. 3–4, requires timely, nonjudgmental mental health evaluation and treatment following allegations of sexual abuse.
2. SOP 208.06 outlines the provision of comprehensive medical and mental health services for victims.

Provision (b): Structured, Ongoing Follow-Up and Continuity of Care

The facility maintains a strong and consistent system for follow-up care, ensuring that inmates receive ongoing treatment tailored to their individual needs. Treatment plans are developed, monitored, and adjusted as clinically indicated.

The PAQ and staff interviews confirm that when inmates are transferred or released, appropriate referrals are made to support continuity of care. Coordination with receiving facilities or community-based providers helps ensure that treatment is not disrupted. Documentation reviewed by the Auditor reflects consistent follow-up appointments and continued clinical engagement.

Relevant Policies:

1. SOP 208.06 requires follow-up services, individualized treatment planning, and coordinated referrals to ensure continuity of care.

Provision (c): Community-Equivalent and Clinically Sound Standard of Care

The facility provides medical and mental health services that are consistent with, and in many cases comparable to, those available in the community. Staff reported adherence to established clinical guidelines, evidence-based practices, and professional standards.

Information from the PAQ and interviews confirms that care is delivered in a manner that reflects current medical and mental health practices, ensuring quality, effectiveness, and professionalism in all aspects of treatment.

Relevant Policies:

SOP 208.06 requires that services provided meet or exceed community standards of care.

Provision (d) and (e): Not Applicable

These provisions are not applicable based on the facility's population and operational scope.

Provision (f): Preventive and Timely STI Testing and Care

The facility offers timely and appropriate testing for sexually transmitted infections to inmates who have experienced sexual abuse, when clinically indicated. This service is integrated into a broader preventive care model that includes education, monitoring, and follow-up treatment.

Medical staff confirmed that STI testing is routinely offered as part of the standard clinical response, along with additional interventions as needed based on test results and individual health considerations.

Relevant Policies:

1. SOP 208.06 requires that STI testing and related preventive care be provided as clinically appropriate.

Provision (g): Free, Unrestricted, and Equitable Access to Care

All medical and mental health services related to sexual abuse are provided at no cost to the inmate. Access to care is unconditional and is not influenced by the individual's willingness or ability to participate in an investigation.

Both documentation and staff interviews confirm that services are delivered equitably, ensuring that all inmates receive necessary care without barriers or delays. This approach reinforces fairness and supports a victim-centered response.

Relevant Policies:

1. SOP 208.06, p. 16, Section B(c), requires that services be provided free of charge and without conditions related to investigative participation.

Provision (h): Timely Evaluation and Treatment for Inmate Abusers

The facility demonstrates a proactive approach to addressing the needs of inmates identified as having engaged in sexually abusive behavior. Mental health evaluations are conducted within established timeframes, and treatment is offered when clinically appropriate.

Staff reported that these evaluations are part of a broader rehabilitative effort to identify contributing factors, address behavioral concerns, and reduce the likelihood of future incidents. This approach supports both individual accountability and institutional safety.

Relevant Policies:

1. SOP 208.06, p. 25, Section D(7), requires evaluation and referral for inmates with a history of sexual aggression.
2. Attachment 14 – PREA Counseling Referral Form supports documentation and tracking of services.

CONCLUSION

Based on a comprehensive review of documentation, policy directives, and interviews with inmates and staff, the Auditor finds that the facility is in full compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims.

The facility demonstrates a well-integrated, responsive, and clinically appropriate system of care. Services are timely, accessible, and delivered in accordance with professional standards. Staff exhibit strong knowledge of procedures, and practices are implemented consistently and effectively.

Overall, the facility's approach reflects a meaningful commitment to supporting recovery, promoting long-term well-being, and ensuring that inmates who experience sexual abuse receive high-quality, compassionate, and uninterrupted care.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor conducted a comprehensive and structured review of documentation to assess compliance with PREA Standard §115.86, which requires facilities to complete

thorough and timely reviews of sexual abuse incidents. This review included the Pre-Audit Questionnaire (PAQ), supporting materials, and governing policies that define expectations for post-incident analysis and continuous improvement.

Primary guidance was drawn from the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, along with Attachment 9 – the Sexual Abuse Incident Review (SAIR) Checklist. These documents establish a clear and organized framework for conducting multidisciplinary reviews following substantiated or unsubstantiated incidents of sexual abuse.

The Auditor confirmed that the facility maintains a structured process designed not only to evaluate the circumstances of each incident but also to identify contributing factors, assess system effectiveness, and develop meaningful recommendations to enhance safety and prevention efforts.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described a well-coordinated and time-sensitive process for conducting incident reviews. The PCM explained that reviews are initiated promptly following the conclusion of qualifying investigations and are completed within established timeframes. The use of the SAIR checklist ensures consistency, thoroughness, and clear documentation.

The PCM emphasized that findings and recommendations are reviewed by leadership to ensure appropriate follow-through and continuous improvement.

Facility Head

Facility leadership highlighted the importance of the incident review process as a tool for strengthening operations and preventing future incidents. The Facility Head described how review teams are composed of individuals from multiple disciplines, allowing for a comprehensive evaluation of each case.

Leadership also confirmed that recommendations generated through the review process are carefully considered, with actions taken when appropriate and documented when not implemented.

Incident Review Team Members

Members of the incident review team described a collaborative and analytical approach to reviewing cases. They explained that each review includes an examination of contributing factors such as environmental conditions, staff response, and potential systemic issues.

Team members emphasized that the process is designed to identify opportunities for improvement and to develop practical, targeted recommendations that enhance

safety and operational effectiveness.

PROVISIONS

Provision (a): Structured and Required Review of Qualifying Incidents

The facility conducts a sexual abuse incident review following every substantiated or unsubstantiated investigation, excluding those determined to be unfounded. Documentation and interviews confirm that this requirement is clearly understood and consistently applied.

During the past twelve months, the facility reported nine investigations of sexual abuse. Reviews are required for qualifying cases, and staff demonstrated readiness to conduct these reviews in accordance with policy.

Relevant Policies:

1. GDC SOP 208.06, Section J(1), p. 36, requires that a Sexual Abuse Incident Review be conducted following qualifying investigations.
2. Attachment 9 – SAIR Checklist outlines required elements and documentation standards.

Provision (b): Timely Completion of Reviews Within Established Timeframes

The facility ensures that incident reviews are completed within 30 days of the conclusion of an investigation. Staff and leadership confirmed that systems are in place to support timely scheduling, completion, and documentation of reviews.

Relevant Policies:

1. GDC SOP 208.06 and Attachment 9 require completion of incident reviews within 30 days of investigative closure.

Provision (c): Multidisciplinary and Collaborative Review Team

The incident review process incorporates input from multiple disciplines, including upper-level management, investigators, line supervisors, and medical or mental health staff. This collaborative approach ensures that each review benefits from a wide range of perspectives and expertise.

Relevant Policies:

1. GDC SOP 208.06 and Attachment 9 require participation from relevant departments to ensure comprehensive review and analysis.

Provision (d): Detailed Documentation and Leadership Review

The facility prepares a detailed report for each incident review, including findings, contributing factors, and recommendations for improvement. These reports are

	submitted to the Facility Head and PREA Compliance Manager for review and oversight. **Relevant Policies:** 1. GDC SOP 208.06, Section J, and Attachment 9 require documentation of review findings and submission to facility leadership. **Provision (e): Implementation and Tracking of Recommendations** Recommendations generated through the incident review process are carefully evaluated and implemented when appropriate. When recommendations are not adopted, the facility documents the rationale for that decision, ensuring transparency and accountability. **Relevant Policies:** 1. GDC SOP 208.06 requires implementation of approved recommendations or documentation of reasons for non-implementation. **CONCLUSION** Following a thorough review of documentation, interviews, and facility practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility demonstrates a well-structured, collaborative, and effective review process that supports continuous improvement. Staff are knowledgeable, procedures are clearly defined, and leadership is actively engaged in evaluating and implementing recommendations. This approach reflects a strong commitment to accountability, prevention, and the ongoing enhancement of inmate safety.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	OCUMENT REVIEW The Auditor conducted a comprehensive and methodical review of documentation to evaluate compliance with PREA Standard §115.87, which establishes requirements for the collection, aggregation, and reporting of data related to allegations of sexual abuse. This review included the Pre-Audit Questionnaire (PAQ), supporting documentation, and relevant agency reports.

Key materials examined included the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, as well as the most recent Survey of Sexual Victimization (SSV2) submitted to the U.S. Department of Justice. These documents collectively demonstrate a structured, consistent, and transparent approach to data management.

The Auditor confirmed that the agency maintains a well-organized system for collecting and analyzing incident-based data, using standardized tools and definitions. This system supports accurate reporting, trend analysis, and continuous improvement in safety practices across facilities.

INTERVIEWS

Agency PREA Coordinator (PC)

The PREA Coordinator provided a detailed overview of the agency's data collection and reporting processes. The coordinator explained that data is gathered from multiple sources, including incident reports, investigative files, and Sexual Abuse Incident Reviews, and is compiled into a centralized system.

The coordinator emphasized that aggregated data is submitted annually to the Department of Justice by established deadlines and is also used to produce public reports. These reports analyze trends, evaluate progress, and guide improvements while ensuring that sensitive information is appropriately protected.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the facility-level process for collecting and submitting data. Monthly reports are completed using standardized electronic tools, ensuring consistency and accuracy across all facilities. These reports include detailed information on allegations, investigative outcomes, and related documentation.

The PCM noted that this regular reporting structure supports ongoing monitoring, accountability, and alignment with agency-wide practices.

PROVISIONS

Provision (a): Standardized and Consistent Data Collection

The agency collects detailed and consistent data for every allegation of sexual abuse using standardized tools and definitions. This ensures uniformity across all facilities and supports reliable analysis.

Relevant Policies:

1. GDC SOP 208.06, Section J(2)(a), requires monthly submission of PREA data using standardized electronic reporting tools, including details of all allegations and outcomes.

Facilities must also submit Attachment 9 – SAIR Checklist for applicable cases within established timelines.

Provision (b): Annual Aggregation and Public Reporting

The agency aggregates incident-based data at least annually and publishes findings in an annual PREA report. This report includes trend analysis, comparisons to prior years, and evaluation of prevention efforts.

Relevant Policies:

1. GDC SOP 208.06, Section J(2)(c), requires annual aggregation and publication of data, including analysis of trends and institutional improvements.

Provision (c): Alignment with Federal Reporting Requirements

The agency's data collection tools include all elements required to respond to the Department of Justice's Survey of Sexual Victimization. This ensures full compliance with federal reporting standards.

Relevant Policies:

1. GDC SOP 208.06 requires submission of annual data to the Department of Justice, including all required SSV data elements.

Provision (d): Comprehensive Data Sources and Record Integration

The agency collects and reviews data from a variety of sources, including incident reports, investigative files, and incident review documentation. This comprehensive approach ensures accuracy and completeness.

Relevant Policies:

1. GDC SOP 208.06, Section J(2)(a), requires inclusion of all investigative and incident-related data in monthly reporting.

Provision (e): Inclusion of Contracted Facility Data

The agency collects both incident-based and aggregated data from all contracted facilities, ensuring that reporting is consistent across all locations housing inmates.

Relevant Policies:

1. GDC SOP 208.06 requires inclusion of data from contracted facilities in annual reporting and analysis, with provisions for public reporting and appropriate redaction of sensitive information.

Provision (f): Timely Submission to the Department of Justice

The agency provides requested data to the Department of Justice, including annual submissions of sexual abuse data for the previous calendar year. Documentation reviewed confirmed timely and accurate reporting.

Relevant Policies:

1. GDC SOP 208.06 requires submission of annual data to the Department of Justice upon request, consistent with federal requirements.

CONCLUSIONS

Following a thorough review of documentation, policies, and interviews, the Auditor concludes that the agency is in full compliance with PREA Standard §115.87 – Data Collection.

The agency demonstrates a well-structured, consistent, and transparent approach to collecting, analyzing, and reporting data related to sexual abuse allegations. Standardized tools, regular reporting, and comprehensive oversight support accuracy and accountability across all facilities.

These practices reflect a strong commitment to data-driven decision-making, continuous improvement, and transparency in maintaining inmate safety.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor conducted a comprehensive and methodical review of documentation to evaluate compliance with PREA Standard §115.88, which focuses on how agencies analyze collected data to improve prevention, detection, and response to sexual abuse. This review began with the Pre-Audit Questionnaire (PAQ), which outlined the agency's structured approach to data-driven decision-making and continuous improvement.

Primary guidance was drawn from the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy establishes a clear framework for reviewing aggregated data, identifying trends, and implementing corrective actions across facilities.

The Auditor also reviewed the 2023 Survey of Sexual Victimization (SSV-2) submission and the 2024 PREA Annual Data Report. These documents provide a detailed and comparative analysis of data across reporting periods, highlighting trends, identifying

areas for improvement, and documenting corrective actions. The Auditor verified that these reports are publicly accessible through the agency's website, reflecting a strong commitment to transparency and accountability.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator provided a detailed explanation of how the agency analyzes data collected under PREA standards. The coordinator described a comprehensive review process that evaluates prevention efforts, investigative outcomes, and staff training effectiveness. Data from multiple sources is analyzed to identify patterns and inform improvements.

The coordinator emphasized that annual reports are developed based on this analysis and made publicly available, with limited redactions applied only when necessary to protect safety and privacy.

Agency Head Designee

The Agency Head Designee described the annual PREA report as a key strategic tool that supports both accountability and continuous improvement. The report includes year-to-year comparisons, identifies emerging trends, and documents corrective actions taken at both the facility and agency levels.

The Designee emphasized that the report is carefully reviewed and approved prior to publication and serves as a valuable resource for evaluating performance and guiding future initiatives.

PREA Compliance Manager (PCM)

The PREA Compliance Manager highlighted the accessibility of PREA-related information through the agency's website. The PCM explained that the site serves as a central location for reports, policies, and educational materials, allowing stakeholders to easily access information and monitor progress.

Facility Head

Facility leadership confirmed that data review occurs at the facility level through a designated PREA committee. This group reviews incident data, identifies trends, and forwards findings to the PREA Coordinator, ensuring that facility-level insights contribute to broader agency analysis.

PROVISIONS

Provision (a): Comprehensive Data Review for Continuous Improvement

The agency conducts regular and thorough reviews of data collected under PREA standards to assess the effectiveness of its prevention, detection, and response efforts. This process includes identifying problem areas, implementing corrective actions, and preparing annual reports that reflect findings at both the facility and

agency levels. This was verified by the Facility Head.

Relevant Policies:

1. GDC SOP 208.06 assigns responsibility for data analysis to the PREA Coordinator and requires ongoing evaluation of policies, practices, and training effectiveness.

Provision (b): Comparative Analysis and Documentation of Corrective Actions

The agency's annual PREA report includes detailed comparisons between current and prior years' data, along with documentation of corrective actions taken in response to identified issues. This approach allows for clear measurement of progress and supports informed decision-making. This was verified by the Facility Head.

Relevant Policies:

1. GDC SOP 208.06 requires annual reporting that includes trend analysis, corrective actions, and evaluation of progress in addressing sexual abuse.

Provision (c): Public Availability and Transparency of Reports

Annual PREA reports are published and made available on the agency's website, ensuring that stakeholders can access information regarding agency performance and progress. Reports are reviewed and approved prior to publication, and archived versions remain accessible. This was verified by the Facility Head.

Relevant Policies:

1. GDC SOP 208.06 requires public dissemination of annual PREA reports and approval by agency leadership.

Provision (d): Careful and Limited Redaction of Sensitive Information

When necessary, the agency applies limited redactions to protect safety and privacy. These redactions are narrowly focused and clearly identified, ensuring that transparency is maintained while safeguarding sensitive information. This was verified by the Facility Head.

Relevant Policies:

1. GDC SOP 208.06 requires that any redactions be limited to information that could compromise safety or privacy and that the nature of redacted content be identified.

CONCLUSION

	After a thorough review of documentation, reports, and interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.88 – Data Review for Corrective Action. The agency demonstrates a well-structured and effective system for analyzing data, identifying trends, and implementing meaningful improvements. The use of annual reports, public transparency, and coordinated review processes reflects a strong commitment to accountability and continuous enhancement of inmate safety.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and carefully organized review of documentation to evaluate compliance with PREA Standard §115.89, which governs the secure storage, public availability, and retention of data related to sexual abuse allegations. This review included the Pre-Audit Questionnaire (PAQ), supporting materials, agency policies, and publicly available reports. Key documents reviewed included the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, as well as the agency's most recent Annual PREA Report and data published on its public PREA website. These materials collectively demonstrate a structured, secure, and transparent system for managing PREA-related data. The Auditor confirmed that the agency maintains a well-developed framework for storing both incident-based and aggregated data, ensuring accuracy, confidentiality, and long-term accessibility. Public reporting practices further reflect a commitment to transparency while safeguarding sensitive information. **INTERVIEWS** **PREA Coordinator (PC)** The PREA Coordinator provided a detailed explanation of how PREA-related data is securely stored and managed. The coordinator described the use of facility-level systems with controlled access, ensuring that only authorized personnel with a legitimate need can view sensitive information. Data is also maintained at the agency level and within the SCRIBE system, which serves as the primary electronic database for inmate-related records. The coordinator confirmed that data collected under PREA standards is used for multiple purposes, including preparation of the Survey of Sexual Victimization and the

development of annual reports. Prior to public release, all personally identifiable information is carefully removed to protect privacy and maintain security.

PROVISIONS

Provision (a): Secure and Controlled Data Storage Practices

The facility ensures that all PREA-related data, including incident-based and aggregated information, is securely stored using systems that restrict access to authorized personnel. Documentation and interviews confirm that these controls are consistently applied and support data integrity and confidentiality.

Relevant Policies:

GDC SOP 208.06 requires secure storage of all PREA-related data and limits access to individuals with a defined operational need.

Provision (b): Public Availability of Aggregated Data

The agency publishes aggregated sexual abuse data at least annually, making it available through its official website. This includes data from both agency-operated and contracted facilities, ensuring comprehensive and system-wide transparency.

Relevant Policies:

1. GDC SOP 208.06 requires annual publication of aggregated PREA data and public accessibility through official reporting platforms.

Provision (c): Removal of Personally Identifiable Information

Before any data is released publicly, all personally identifiable information is removed. This ensures that individuals' privacy is protected while maintaining transparency in reporting.

Relevant Policies:

1. GDC SOP 208.06 requires redaction of personal identifiers prior to public release of PREA data.

Provision (d): Long-Term Data Retention and Preservation

The agency retains PREA-related data for a minimum of ten years, or longer when required by law. Investigative records are maintained for the duration of the alleged abuser's incarceration or employment plus additional time, ensuring long-term availability for review and analysis. Inmate-related data is maintained within the SCRIBE system for extended retention.

Relevant Policies:

1. GDC SOP 208.06, p. 39, Sections B and C, require retention of criminal and administrative investigation records for the duration of incarceration or employment plus five years, or a minimum of ten years from the initial report, whichever is longer.

CONCLUSION

After a thorough review of documentation, interviews, and publicly available reports, the Auditor concludes that the facility is in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Retention.

The agency demonstrates a well-structured, secure, and transparent system for managing PREA-related data. Storage practices protect confidentiality, reporting practices promote accountability, and retention policies ensure long-term accessibility.

Overall, the facility maintains a strong balance between transparency and privacy, reflecting a clear commitment to responsible data management and continued oversight of PREA-related activities.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and well-structured review of documentation to evaluate compliance with PREA Standard §115.401, which establishes requirements for the frequency, scope, and transparency of PREA audits. This review included the Pre-Audit Questionnaire (PAQ), publicly available resources, and agency documentation that collectively demonstrate a consistent and organized audit framework. A primary source of information was the Georgia Department of Corrections PREA webpage, which serves as a centralized and accessible repository of audit reports, annual data summaries, corrective action updates, and compliance information. The Auditor reviewed audit reports from the 2022–2025 cycle, noting that the agency maintains a transparent and well-documented record of facility-specific findings and system-wide performance. The documentation confirmed that the agency operates under a structured triennial audit cycle in which all facilities—both operated and contracted—are audited at least once every three years. Scheduling practices ensure that a minimum of one-third of facilities are audited annually, supporting consistent oversight and continuous evaluation. The availability of these reports to the public reflects a

strong commitment to accountability and transparency.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator described the audit process as an ongoing and dynamic system of evaluation and improvement. The coordinator explained that the current audit falls within an active three-year cycle and emphasized that each facility is audited regularly in accordance with PREA requirements.

The coordinator highlighted the role of the agency's PREA webpage in promoting transparency, noting that audit reports, corrective actions, and data analyses are made publicly available. This approach supports accountability while also providing valuable insight into trends and system-wide improvements.

Random Inmates

Inmates interviewed during the on-site audit described being informed of their ability to communicate confidentially with the Auditor. They confirmed that correspondence could be submitted in a secure manner consistent with privileged mail procedures, without staff interference.

Inmates expressed awareness of the audit process and indicated that the opportunity for confidential communication contributed to a sense of safety and trust. They described the presence of external auditors as a positive and reassuring component of facility oversight.

PROVISIONS

Provision (a): Comprehensive and Consistent Triennial Audit Coverage

The agency ensures that all facilities are audited at least once every three years, in accordance with PREA requirements. Documentation and public records confirm that this process is consistently applied across all operated and contracted facilities.

Relevant Policies:

1. GDC SOP 208.06 and agency audit protocols establish requirements for regular PREA audits and public reporting of results.

Provision (b): Annual Audit Distribution and Compliance Tracking

The agency conducts audits of at least one-third of its facilities each year, maintaining a consistent and predictable audit cycle. Publicly available reports provide clear evidence of compliance with this requirement.

Relevant Policies:

1. GDC SOP 208.06 supports structured audit scheduling and ongoing

compliance monitoring.

Provisions (c) through (g): Not Applicable

These provisions are not applicable within the scope of this facility's audit.

Provision (h): Full and Unrestricted Auditor Access

During the audit, the Auditor was granted complete and unrestricted access to all areas of the facility, as well as to relevant documentation and personnel. Staff demonstrated a cooperative and responsive approach, ensuring that all requests were addressed promptly.

Relevant Policies:

1. GDC SOP 208.06 requires full cooperation with PREA audits and unrestricted access for auditors.

Provisions (i) through (l): Not Applicable

These provisions are not applicable within the scope of this facility's audit.

Provision (m): Private and Confidential Inmate Interviews

All inmate interviews were conducted in a private setting without staff presence, allowing for open and candid communication. The environment supported confidentiality and encouraged meaningful participation.

Relevant Policies:

1. GDC SOP 208.06 requires that inmate interviews be conducted privately to ensure confidentiality and integrity.

Provision (n): Confidential Communication with the Auditor

Inmates were provided the opportunity to communicate confidentially with the Auditor through secure correspondence procedures. This process ensured that inmates could share information freely without concern for interference.

Relevant Policies:

1. GDC SOP 208.06 supports confidential communication between inmates and auditors through established mail procedures.

Provision (o): Not Applicable

This provision is not applicable within the scope of this audit.

CONCLUSION

	Following a thorough review of documentation, interviews, and publicly available information, the Auditor concludes that the facility is in full compliance with PREA Standard §115.401 – Frequency and Scope of Audits. The agency demonstrates a well-organized, transparent, and consistently implemented audit process. Regular audits, public reporting, and strong cooperation during the audit reflect a commitment to accountability and continuous improvement. The facility's practices support meaningful oversight and reinforce a culture of safety, transparency, and responsiveness.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a focused and comprehensive review of documentation to assess compliance with PREA Standard §115.403, which governs the public disclosure of PREA audit reports and related information. This review included the Pre-Audit Questionnaire (PAQ), agency documentation, and publicly accessible resources that demonstrate how audit findings are shared with stakeholders. A central component of this review was the Georgia Department of Corrections PREA webpage, which serves as a well-organized and accessible platform for publishing audit reports, statewide data, and compliance updates. The Auditor examined this resource and confirmed that it provides a detailed archive of finalized PREA audit reports, along with supporting materials such as aggregated data and trend analyses. The documentation reflects a strong and consistent commitment to transparency. Audit reports are made readily available to the public, allowing for external review and reinforcing accountability. The agency's approach ensures that information is not only accessible but also presented in a manner that supports understanding and ongoing evaluation of system-wide performance. **INTERVIEWS** **Administrative Staff** Administrative staff described a structured and reliable process for ensuring that audit reports are publicly posted following completion. Once finalized, reports are reviewed and promptly uploaded to the agency's website within required

timeframes. Staff emphasized that this process is closely monitored to ensure accuracy, completeness, and accessibility.

They also noted that public posting of audit results reinforces institutional accountability and demonstrates a commitment to continuous improvement, both internally and externally.

PREA Coordinator (PC)

The PREA Coordinator explained that the agency's PREA webpage functions as a central hub for sharing audit results and related information. The coordinator emphasized that final audit reports are published in full, with limited redactions only when necessary to protect safety or privacy.

This process ensures compliance with PREA requirements while also promoting openness and trust. The coordinator highlighted that the availability of these reports allows a wide range of stakeholders to remain informed about facility performance and corrective actions.

Random Inmates

Inmates interviewed during the audit expressed general awareness that audit results are reviewed externally and made available to the public. While direct access to online resources is limited, inmates indicated that the knowledge of external oversight contributes to confidence in the system and reinforces the credibility of the PREA process.

PROVISIONS

Provisions (a) through (e): Not Applicable

These provisions are not applicable within the scope of this facility's audit.

Provision (f): Public and Transparent Access to Audit Reports

The agency ensures that final PREA audit reports are made publicly available through its official website. Documentation and review of the agency's PREA webpage confirm that reports are posted in full and are easily accessible to the public.

The website includes a comprehensive collection of audit reports, along with supporting data and historical records, allowing stakeholders to review findings, track progress, and evaluate compliance over time.

Relevant Policies:

1. GDC SOP 208.06 requires public availability of PREA audit reports and supports transparency through publication on official platforms.

CONCLUSION

	Following a thorough review of documentation, interviews, and publicly available information, the Auditor concludes that the facility is in full compliance with PREA Standard §115.403 – Audit Content and Public Disclosure. The agency demonstrates a clear and effective approach to transparency, ensuring that audit findings are consistently published and accessible. Staff are knowledgeable about the process, systems are well-organized, and reporting practices reflect a strong commitment to accountability. This approach supports public trust, encourages external oversight, and reinforces the agency’s ongoing commitment to safety and continuous improvement.

Appendix: Provision Findings		
115.11 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	**Contracting with other entities for the confinement of inmates**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	no
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	na

	whichever is later.)	
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	**Inmate education**	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	**Inmate education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	**Specialized training: Investigations**	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no
115.41 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	**Protective Custody**	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	na

	is exempt from this standard.)	
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities	no

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	**Reporting to inmates**	
	Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	**Reporting to inmates**	
	If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c)	**Reporting to inmates**	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	**Access to emergency medical and mental health services**	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	**Data review for corrective action**	

	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	**Frequency and scope of audits**	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	