

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA,

PLAINTIFF,

v.

FULTON COUNTY AND SHERIFF
PATRICK LABAT, IN HIS OFFICIAL
CAPACITY,

DEFENDANTS.

Civil Action No.

1:25-cv-00024-LMM

**NOTICE OF FILING OF THE
REPORT OF THE INDEPENDENT MONITOR**

On January 6, 2025, the Court entered the parties' proposed Consent Decree and retained jurisdiction to enforce it. Consent Decree, ECF No. 3. On February 21, 2025, pursuant to the terms of the Consent Decree, the Court entered an Order appointing a Lead Monitor in this case. Order, ECF No. 5. The Consent Decree requires the Monitor to issue reports every 6 months on the compliance efforts of the County and Sheriff. ECF No. 3, Consent Decree ¶ 330.

On behalf of the Monitor, the undersigned files the attached report of the Monitor, titled "Monitor's Third Report" (Exhibit A), dated August 20, 2026.

Respectfully submitted, this 20th day of August, 2026.

FOR THE UNITED STATES:

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Certificate of Service

The United States Attorney's Office served this document today by filing it using the Court's CM/ECF system, which automatically notifies the parties and counsel of record.

August 20, 2026

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**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

UNITED STATES OF AMERICA,

Plaintiff,

V.

FULTON COUNTY AND
SHERIFF PATRICK LABAT, IN
HIS OFFICIAL CAPACITY,

Defendants.

Civil No.: 1:25-cv-00024-LMM

MONITOR'S THIRD REPORT

Pursuant to Paragraph 330 of the Consent Decree, the Lead Monitor appointed by this Court, Kathleen Kenney, hereby submits the attached Monitor's Third Report, which describes the steps taken by Fulton County and the Fulton County Sheriff's Office to implement the Consent Decree, evaluates the extent to which they have complied with substantive provisions of the Consent Decree, and shares recommendations for them to focus on in the next six months. This Report takes into consideration the comments from the Parties in accordance with

Paragraph 332 of the Consent Decree. The Lead Monitor is available to answer any questions the Court may have regarding this Report at such times as are convenient for the Court and the Parties.

Respectfully submitted August 20, 2026.

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Monitor’s Third Report

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Monitor's Third Report

I. Introduction and Background

The Court entered the Consent Decree between the United States, Fulton County, and Sheriff Patrick Labat pertaining to the Fulton County Jail as an order of the Court on January 6, 2025. The goals of the Consent Decree are as follows: (1) provide reasonable protection from violence to the incarcerated population; (2) ensure that incarcerated people are not subject to excessive force; (3) provide safe and sanitary living conditions; (4) ensure appropriate medical and mental health care is provided to incarcerated people; (5) ensure restrictive housing practices do not pose an unreasonable risk of harm, do not discriminate against people with mental health disabilities, do not harm 17-year-olds; and (6) provide eligible 17-year-olds access to special education services.

The Consent Decree requires Fulton County and the Fulton County Sheriff to, among other things: improve supervision and staffing; implement plans and policies to keep incarcerated people safe from violence; keep doors locked and in working order; require staff to use force consistent with Constitutional standards; protect incarcerated people at risk of suicide and ensure incarcerated people receive adequate medical and mental health care; develop and implement a comprehensive housekeeping plan and pest control to keep the jail facilities clean, sanitary, and free of pests; and facilitate adequate special education services to children with disabilities in the jail. The comprehensive Consent Decree covers virtually every aspect of jail operations and is structured under the following nine areas: (1) Policies, Procedures, and Training; (2) Notification of Rights and Protections; (3) Protection from Harm; (4) Use of Force; (5) Environmental Health

and Nutrition; (6) Medical and Mental Health Care; (7) Restrictive Housing (8) Special Education and Related Services; and (9) Quality Assurance.

This Report evaluates the status of compliance for each relevant provision of the Consent Decree using the compliance standards: (1) Substantial Compliance (2) Partial Compliance; and (3) Non Compliance. The Monitoring Team recognizes that due to the ongoing staffing crisis, the Fulton County Sheriff's Office (FCSO) will have a difficult time revising policies and pulling all staff from their regular duties to be trained on those new policies. As was done in the Second Report, the Monitoring Team has assessed many of the provisions related to developing policies, procedures, and training as "Not Rated." The Monitoring Team does not anticipate continuing to utilize the "Not Rated" category beyond this Report.

During the next reporting period, the Monitoring Team will collaborate with Fulton County, the FCSO, and United States to identify a timeline for policy revisions and related training that is realistic and achievable.

Due to the length of that portion of the Report, the Monitoring Team has placed the evaluations for each relevant provision of the Consent Decree in the Attachment to the Report. Those evaluations highlight the County's and FCSO's progress this monitoring period and a roadmap for reaching substantial compliance. We have included an Executive Summary of some of the key areas of the Consent Decree below. We have also provided recommendations for what areas the FCSO and the County should focus on in the next six months.

II. Monitoring Visit

The Monitoring Team conducted a monitoring visit from April 27 – 30, 2026. The tours included inspection of the physical plant, conditions of confinement, and processes relevant to the Consent Decree at the Main Jail, South Annex, and

Marietta Annex. Members of the Monitoring Team visited the Main Jail and South Annex during both shifts. The visits included meetings with medical and mental health line staff and leadership, meetings with custody line staff and leadership, conversations with incarcerated persons (referred to as “residents” throughout the report), and meetings with executive leadership. The meetings with subject matter experts were particularly helpful and provided the Monitoring Team with clear information regarding the progress they have made and the barriers they face to reaching substantial compliance in their areas. These subject matter experts were thoughtful, engaged, prepared, and committed to improving the conditions and processes in their areas. The FCSO executive leaders provided the Monitoring Team with comprehensive updates regarding several areas of the Consent Decree, some of which are highlighted below.

The staffing crisis continues to be the most urgent issue facing the FCSO. As of April 2026, the FCSO has hired 72 staff, 62 of which have been assigned to the jails. They have hired deputy sheriffs, detention officers, professional officers, fire safety officers, and compliance team staff. Unfortunately, during the same time period as the 72 hires, there have been 50 separations from the FCSO for a variety of reasons, including workplace concerns, better opportunities elsewhere, staff and management conflict, and for some, a desire not to work in the jail. More than 121 staff from Allied Universal (Allied) are now working as tower officers in the security towers at the Main Jail and South Annex. The deputies and detention officers the Monitoring Team spoke to reported feeling safer having the Allied staff working in the towers. The national search for the Chief Jailer is ongoing and expected to be completed in the next reporting period.

During the April visit, FCSO staff reported the resident population was increasing. On the first day of the site visit, the total jail population was 2,858, including 1,909

residents in the Main Jail, 430 at the Atlanta City Detention Center (ACDC), and 141 at the South Annex. A critical component of the FCSO's population management tool kit is contracting to house residents in other counties. As of July 17, 2026, the total jail population was 2,853, broken down as follows:

- Main Jail – 1,869
- South Annex – 160
- Marietta Annex – 70
- ACDC – 441
- Out of County – 313 (residents housed in other jurisdictions)

The current resident population, coupled with the unavailable beds at the Main Jail (due to either maintenance repairs or insufficient staffing to work in the housing units) requires the County and FCSO to explore all available options for housing the FCSO residents. The ACDC lease expires in December 2026. It is unclear whether the lease will be extended beyond the expiration date. Extending the lease beyond December would significantly increase the cost of housing the residents at the facility. The cost would jump from \$50 per day to \$150 per day. The Main Jail is not equipped to absorb the 400–500 residents currently housed at ACDC. The Fulton County Board of Commissioners has approved funding to further explore building an 1,800-bed special purposed facility that could house residents with medical and health issues as well as 17-year-old residents. Since the facility is not yet built, it cannot assist with absorbing the 441 residents at ACDC. The County and FCSO are exploring other options of available bedspace to house FCSO residents.

Following the December 12, 2025, fire at the Main Jail (more information provided in the Environmental Health and Nutrition Section), the FCSO procured

Self-Contained Breathing Apparatus (SCBA) units, 40 of which had been deployed throughout the jails at the time of the April site visit. SCBA training for staff was ongoing and it did not appear that all staff had been trained on the use of these devices.

The fire alarm system is not operational. It is scheduled to be operational in September 2026. The smoke evacuation system is not currently operational. The Main Jail continues to be plagued by plumbing problems. There was a significant flooding problem in January that released approximately 100,000 gallons of water in the Main Jail.

The Monitoring Team found the overall cleanliness of the facilities had declined since the October 2025 visit. Poor conditions create an unhealthy environment, lead to low morale, and contribute to increased resident health care costs. Additionally, the Monitoring Team observed many of the 17-year-olds in restrictive housing were living in perpetual darkness. Specifically, in-cell lights only worked in 3 out of 10 cells in this unit. All of the exterior windows in this unit (and in most of the units at the South Annex) are covered with metal plates which do not allow the entry of natural daylight into the cells. The metal plates were placed on the windows to prevent contraband from being introduced to the facility through windows. The residents in restrictive housing are confined to their cells 23 hours a day. They are permitted out of their cells one hour a day, Monday–Friday, with residents reporting no out-of-cell time on weekends. In addition to the juvenile restrictive housing units, there were several more units at South Annex that did not have operational in-cell lights. There were also no in-cell lights on the 6th Floor of the Main Jail. The deprivation of light negatively impacts physical and mental health, and poses significant safety issues for staff and residents. The Board of Commissioners has approved funding to repair and replace the current in-cell

lighting fixtures at the South Annex. The lighting project is scheduled to begin within the next six weeks.

III. Executive Summary

The Attachment to this Report contains the Monitoring Team's evaluation of the status of compliance for each relevant provision. This Executive Summary provides an overview of the subject areas of the Consent Decree.

Classification and Housing

The FCSO made substantial progress during this reporting period in implementing and operationalizing the revised classification system. Unlike earlier reporting periods, when efforts were primarily focused on development of classification tools, policies, and processes, the current reporting period demonstrated meaningful movement toward day-to-day implementation. Initial classifications are occurring consistently, quality assurance reviews have been completed, classification staff continue to receive technical assistance from Dr. James Austin, and the FCSO has made measurable progress in reducing the number of residents who remain unclassified under the revised system.

The most significant development during this reporting period was the transition from classification-system development to housing-system planning. The classification process is now generating the information necessary for the FCSO to evaluate housing needs across the incarcerated population and develop facility-specific housing plans. Those plans are expected to become the operational framework through which classification decisions are translated into housing assignments, protective custody capacity, vulnerable-population management, and separation of incompatible residents. While the Monitoring Team has not yet

reviewed the draft housing plans, the FCSO appears significantly better positioned to evaluate these issues than during prior reporting periods.

The Monitoring Team also observed meaningful progress in several supporting functions that directly affect classification outcomes. Improvements in gang validation, intelligence gathering, investigative activities, incident review processes, and housing-assignment oversight have strengthened the FCSO's ability to identify vulnerable residents, evaluate safety concerns, and make informed housing decisions. These developments provide a stronger operational foundation for future compliance efforts and should improve coordination between classification, investigative, intelligence, and housing functions.

Despite this progress, significant challenges remain. The most substantial barrier is staffing. While the FCSO has demonstrated an understanding of classification requirements and has implemented many of the foundational elements necessary for compliance, classification staffing levels remain insufficient to consistently perform all required reclassifications, disciplinary reviews, housing reviews, and related quality-assurance activities. The FCSO's exploration of Criminal Information Specialist Technicians and other professional staffing models appears promising; however, additional work remains necessary to determine long-term staffing requirements and workload demands. In the interim, the Monitoring Team supports adding additional resources to the Classification Unit to assist with implementation of the pending housing plans.

Overall, the Monitoring Team observed meaningful progress throughout the classification section. The primary challenge is no longer development of the classification framework itself, but rather continued implementation, integration, staffing, and validation of the systems necessary to ensure that classification

decisions consistently drive housing, safety, and protection outcomes throughout the jail system.

Staffing and Supervision

The staffing and supervision provisions remain among the most critical provisions in the Consent Decree because staffing levels affect nearly every aspect of jail operations, including housing-unit supervision, mandatory-post coverage, security checks, supervisory presence, violence prevention, investigations, classification, and physical security. During this reporting period, the County and FCSO made meaningful progress in several foundational areas, particularly in staffing analysis, staffing reporting, operational data collection, and compliance-monitoring systems. However, those improvements have not yet translated into meaningful improvement in daily jail operations.

The County and FCSO have invested significant resources in addressing the staffing crisis. The CGL Phase 1 staffing analysis established a minimum staffing baseline and provides the FCSO with a clearer understanding of the staffing levels necessary to safely operate the jail. During the prior reporting period, FCSO data indicated it had approximately 398 filled Jail Division positions.¹ During the current reporting period, staffing data reflected approximately 407 filled Jail Division positions, representing modest growth in the custody workforce.² The

¹ This count and others like it reflect filled security specialist, deputy sheriff, deputy sheriff sergeant, deputy sheriff lieutenant, deputy sheriff captain, detention officer, detention sergeant, detention lieutenant, and detention captain positions. They do not include positions of higher rank in the detention officer and deputy classifications or other civilian positions. This particular count comes from the December 29, 2025 AMS report.

² This count and others from this reporting period are based on the June 5, 2026 AMS report.

County also continued implementation of multiple recruitment and retention initiatives, including engagement of the Whalls Group, implementation of a \$10,000 retention incentive for custody personnel, implementation of a \$10,000 sign-on bonus for detention officers, expansion of background-investigation resources, and completion of a compensation and benefits study. In addition, the County expanded its use of Allied Universal (Allied) contract personnel, reportedly filling more than 121 tower officer positions. During the April 29 through May 19, 2026 staffing review period, the Allied staff generated more than 10,000 staffing hours which is equivalent to approximately 87 full-time employees.

Despite these investments and initiatives, operational staffing outcomes have not materially improved. During the prior reporting period, approximately 55 percent of mandatory posts at the Main Jail, Marietta Annex, and South Annex remained vacant. Analysis of staffing data for those locations from April 29 through May 19, 2026, found that approximately 54 percent of required staffing hours remained unfilled. Similarly, fewer than 30 applicants had been approved for hire through the Whalls recruitment process as of June 2026, but the recent increase in hiring is showing promise. While the Monitoring Team recognizes that hiring within a large law-enforcement agency involves numerous factors beyond recruitment, the current pace of hiring remains insufficient to resolve the staffing crisis within a reasonable timeframe. The Monitoring Team therefore remains concerned that current staffing levels are insufficient to safely manage the jail population and meet the requirements of the Consent Decree.

The FCSO continues to rely on redirected personnel, overtime assignments, and contract staffing resources to address staffing shortages. However, the staffing analysis raises significant questions regarding whether available staffing resources are being utilized to their full potential. During the review period, the FCSO had

approximately 185 filled positions outside the Jail Division.³ The staffing analysis determined that, if just half of those personnel were redirected to work two 12.5-hour jail shifts per week as contemplated by the Sheriff's June 13, 2025 redirection directive, they could provide approximately 2,313 hours of jail staffing coverage per week. During the review period, however, those personnel provided an average of only 416 hours of coverage per week across the Main Jail, Marietta Annex, South Annex, and Grady Hospital combined.⁴ This means that roughly 18% of the potential staffing support available through the redirection initiative was actually being utilized. It also means that approximately 3% of posts were filled with redirect staff, compared to 14% if all 2,313 hours were worked.

The Monitoring Team is also concerned by the relatively limited use of overtime to address ongoing staffing shortages. During the 21-day review period, the facilities reviewed generated an average of approximately 653 overtime hours despite untenable and dangerous vacancy rates. By comparison, the Sheriff's Office employed approximately 592 total staff across the Jail Division and other FCSO

³ The FCSO has indicated, and the Monitoring Team acknowledges, that some staff assigned to positions outside of the Jail Division perform functions that cannot reasonably be interrupted without adversely affecting its legal obligations and public safety responsibilities. The staffing analysis included here assumes that an average of 50% of these staff can work two shifts per week in the jail. If the FCSO conducts an analysis to identify the specific positions outside of the Jail Division that cannot be redirected to the jail, the Monitoring Team will review that analysis in future reporting periods.

⁴ The FCSO reports that supervisory personnel, such as captains, majors, and lieutenant colonels, frequently respond to assist with emergent operational needs at the Main Jail and routinely provide, among other things, staffing relief and supervisory support. This work is not captured in the staffing analysis presented here. If the FCSO begins documenting the jail-related contributions of supervisory personnel, the Monitoring Team will review the relevant records in future reporting periods.

divisions during the same period. If half of these employees worked just one additional 12.5-hour overtime shift per week, the Sheriff's Office would have generated approximately 3,700 hours of additional staffing coverage. The overtime actually worked therefore represented only a small fraction of that potential, about 18%. Overtime represented 4% of all posts filled, compared to 20% if 3,700 hours of overtime were worked.

At the same time, the County and FCSO made significant progress in their ability to measure and understand staffing conditions. Staffing reports are substantially more reliable than during prior reporting periods, management appears increasingly familiar with the reporting process, and the Monitoring Team is now able to evaluate vacancy rates, post coverage, overtime utilization, redirected staffing, contract staffing, and supervisory staffing with greater confidence.⁵ While improved measurement does not solve the staffing crisis, it provides a more reliable foundation for future operational decision-making and compliance monitoring.

The Monitoring Team also observed encouraging developments related to security checks and operational accountability. Preliminary analysis of NoteActive data, which is the system that tracks completed security checks, suggests that documented security-check activity increased substantially beginning in December 2025 and continuing through May 2026. While additional analysis remains necessary to isolate security checks from other recorded events and validate

⁵ While the roster data are more reliable, the Monitoring Team's review of rosters continues to identify potential issues with some of the information being recorded. The data presented in this section helps identify trends and patterns, but should not yet be considered precise measures. The Monitoring Team will continue to provide technical assistance related to roster data maintenance.

performance measures, the trend appears positive. The FCSO also continued implementation of the NoteActive platform, including deployment of Near Field Communication (NFC) accountability measures and handheld devices intended to improve documentation, reporting, and management oversight.

Despite these improvements, staffing shortages continue to affect supervisory coverage, security checks, physical security, investigations, and numerous other operational functions. Supervisory staffing levels remain insufficient, and many supervisors continue to perform the operational duties of working directly in officer posts rather than the mentoring, accountability, and oversight functions contemplated by the Consent Decree. Door-security deficiencies also remain a significant concern and continue to contribute to unauthorized movement, violence, and supervision challenges within portions of the jail. Post orders likewise remain an area of non compliance, as the FCSO has not yet begun the comprehensive revision process necessary to align post assignments with evolving Consent Decree requirements and operational practices.

Overall, the County and FCSO have made meaningful progress in understanding, measuring, and managing staffing conditions. However, the underlying staffing shortages remain unresolved and continue to affect daily operations, safety, supervision, and compliance efforts throughout the jail system. The next reporting period should focus on improving hiring outcomes, increasing staffing levels, evaluating deployment strategies, validating staffing data, and determining whether current staffing resources can realistically support the jail population and operational requirements established by the Consent Decree.

Contraband Prevention

During this reporting period, the Monitoring Team developed a substantially better understanding of the scope and complexity of the contraband challenges facing the Fulton County Jail system. Discussions with leadership, facility tours, and review of operational practices confirmed that contraband remains one of the most significant threats to the safety and security of the facilities. The issue extends beyond the introduction of narcotics and cellular telephones and includes resident-manufactured weapons, perimeter-security vulnerabilities, compromised infrastructure, staff misconduct, drone activity, and other factors that collectively undermine safe facility operations.

The Monitoring Team also observed that the FCSO continues to devote considerable operational attention to contraband interdiction and perimeter security. Leadership continues to demonstrate awareness of the risks posed by contraband and discussed a variety of operational, investigative, technological, and security-related efforts intended to address those risks. These efforts reflect a growing recognition that contraband prevention requires coordination across multiple operational areas and cannot be addressed through any single strategy or technology solution.

Despite this progress, the Monitoring Team continues to believe that many of the FCSO's contraband-prevention efforts remain reactive rather than strategic due to the lack of a countywide approach to the issue as the FCSO cannot implement many of the necessary reforms without adequate resources. Examples of needed resources include securing doors and windows, fortifying the perimeter fence, upgrading detection devices, monitoring phone calls, and hiring staff. While operational responses are occurring, those efforts have not yet been fully integrated into the comprehensive Perimeter and Contraband Plan contemplated by the

Consent Decree. Similarly, responsibilities, resource requirements, performance expectations, and long-term implementation strategies remain under development.

The Monitoring Team believes the next phase of compliance should focus on moving from operational responses to a coordinated and sustainable contraband-prevention strategy. This includes clarifying responsibilities, finalizing planning efforts, identifying resource needs, strengthening perimeter security, and ensuring that contraband-prevention efforts are supported by clearly defined policies, procedures, and accountability mechanisms.

Gang Violence

The FCSO demonstrated measurable progress in gang validation, gang intelligence, and gang-related investigative activities during this reporting period. The Classification Unit and Strategic Enforcement Unit (SEU) continued efforts to identify, validate, and track gang-affiliated residents and reported substantial progress in gang-validation activities. These efforts represent meaningful advancement beyond earlier stages of the monitoring process and provide a stronger operational foundation for managing gang-related activity within the jail.

At the same time, progress toward development of a comprehensive Gang Violence Prevention Plan was more limited. During the second monitoring period, the Monitoring Team reviewed the draft Fulton County Jail Security Plan, which incorporated several concepts related to gang management, intelligence gathering, investigative coordination, communication monitoring, and security operations. The Monitoring Team continues to believe that document provides a reasonable foundation from which a comprehensive Gang Violence Prevention Plan can be developed. However, there has been limited movement in further refining or expanding those concepts during the current reporting period. Leadership

transitions, staffing challenges, and competing operational priorities appear to have slowed progress in this area.

As a result, the FCSO currently finds itself in a transitional stage of compliance. Operationally, gang-validation efforts and investigative oversight have improved. Strategically, additional work remains necessary to develop a comprehensive framework that integrates gang validation, classification, housing decisions, intelligence sharing, investigations, and protection of vulnerable residents into a unified gang-management strategy.

The Monitoring Team recognizes the progress made during this reporting period and believes the existing work provides a solid foundation for future development. During the next reporting period, the FCSO should focus on refining and expanding the gang-management concepts already identified within the draft Security Plan and developing them into a more comprehensive Gang Violence Prevention Plan consistent with the requirements of the Consent Decree.

Investigations and Corrective Action Planning

The Monitoring Team developed a significantly better understanding of the FCSO's investigative structure during this reporting period and observed meaningful progress in several areas. Most notably, the Monitoring Team gained a clearer understanding of the role of SEU, which is responsible for criminal investigations arising within the jail. Through meetings with investigative staff, review of investigative processes, and discussions with jail leadership, the Monitoring Team confirmed that criminal investigations are occurring, investigative activity is being tracked once matters are referred to SEU, and investigative reports are being generated and reviewed. Similarly, employee misconduct investigations are

tracked through the Office of Professional Standards (OPS) once those matters are referred for administrative review.

The Monitoring Team also reviewed examples of completed investigations provided by the FCSO and observed documented investigative reports that included evidence review, witness interviews, investigative findings, and recommendations for follow-up action. During this reporting period, the Monitoring Team also conducted a random review of investigative files selected from the agency's investigative database. That review demonstrated that while the FCSO has established a functional investigative process and has demonstrated the ability to produce thorough investigative work, the quality and completeness of investigative documentation varied across the sample. Many of the investigations reviewed met at least a minimally acceptable investigative standard, while several reflected opportunities to improve investigative documentation, evidence collection, witness interviews, and supervisory quality assurance. The Monitoring Team also observed improved communication and collaboration between SEU and jail leadership regarding investigative findings, operational concerns, and corrective-action planning. These developments represent meaningful progress beyond earlier stages of the monitoring process and provide a stronger foundation for future compliance efforts.

The Monitoring Team also continues to have concerns regarding the identification and reporting of incidents requiring investigative review. The FCSO acknowledged ongoing challenges associated with incident reporting and categorization within the jail management system, currently Odyssey. As a result, the Monitoring Team is not yet confident that all incidents requiring investigative review are consistently identified, appropriately categorized, and referred for investigation. This issue affects not only individual investigations but also the

ability of the FCSO to accurately assess investigative workload, evaluate compliance, and identify organizational trends.

The Monitoring Team also observed that while individual investigative, grievance, disciplinary, critical incident review, and use-of-force review processes exist, these systems are not yet sufficiently integrated to provide leadership with a comprehensive understanding of organizational performance. While it is positive there are a myriad of pathways to evaluate incidents, work remains necessary to improve incident identification, investigative referrals, information sharing, corrective-action tracking, and reporting capabilities across multiple operational areas.

Finally, the Monitoring Team remains concerned regarding the absence of a resourced quality-assurance and analytical infrastructure capable of identifying trends and measuring organizational performance. While the FCSO is reviewing individual incidents and conducting critical incident reviews, the agency does not currently appear to possess the staffing, analytical resources, data-management systems, or organizational structure necessary to consistently evaluate trends across investigations, use of force, grievances, discipline, classification, staffing, and sentinel events. The development of those capabilities will be essential to achieving long-term compliance and organizational improvement.

The next phase of compliance should focus on improving incident identification, strengthening reporting systems, improving the consistency and quality of investigative documentation, validating investigative outcomes, enhancing corrective-action processes, and developing the quality-assurance infrastructure necessary to support data-driven decision-making and organizational learning. The framework exists, but anchoring the improvements in policy and training, ensuring

consistency and measuring progress should be the focus in the next reporting period.

Use of Force Policies, Procedures, and Training

The Monitoring Team observed continued progress during this reporting period regarding the development of force-related policies, procedures, and training. Most notably, the FCSO continued working with the use-of-force subject matter experts through regular technical-assistance meetings and onsite working sessions focused on policy development, training, implementation planning, and long-term force reform efforts. Unlike prior reporting periods, where efforts focused primarily on identifying deficiencies and establishing priorities, the current reporting period involved active drafting, revision, and evaluation of force-related policies, training and implementation strategies.

A significant amount of work has been devoted to revising force policies and ensuring that Consent Decree requirements are incorporated into policy language. The use-of-force subject matter experts are conducting a line-by-line review of force-related policies against Consent Decree requirements, resulting in identification of numerous areas requiring clarification, expansion, or revision before policies can move forward for formal review.

The Monitoring Team also observed continued development of an implementation plan intended to guide force-related compliance efforts. However, the plan remains incomplete and does not yet provide a comprehensive roadmap identifying all required policy revisions, implementation priorities, responsible parties, timelines, training impacts, and sequencing related reforms. Several policies have been revised but have not yet been officially submitted to the Monitoring Team or the United States.

Progress was also observed in the area of training development. The FCSO has begun developing lesson plans, training concepts, and custody-specific scenarios associated with revised force policies. However, these efforts remain in the early stages of development. Initial training materials indicate that substantial work remains before lesson plans are capable of supporting the level of operational and cultural change contemplated by the Consent Decree. The FCSO also has not yet developed a comprehensive training strategy addressing force-related training, annual in-service requirements, supervisory training, specialized training, and other Consent Decree obligations.

The Monitoring Team remains concerned regarding the pace of implementation on such a critical issue. While progress is occurring, implementation efforts continue to rely heavily on personnel who maintain other significant operational responsibilities unrelated to force policy and training updates. Staffing limitations, competing operational priorities, delayed deliverables, inconsistent participation in implementation efforts, and work products that often require substantial revision continue to slow progress. The Monitoring Team believes these issues reflect a lack of dedicated implementation capacity rather than a lack of commitment or effort.

During the next reporting period, the Monitoring Team's primary focus will be on evaluating revised force policies, assessing the continued development of the detailed implementation plan, reviewing lesson plans and training curricula, and determining whether the FCSO can transition from policy development to implementation. While progress has occurred during this reporting period, substantial work remains before the FCSO can demonstrate compliance with the force-related provisions of the Consent Decree.

Tasers

The Monitoring Team observed meaningful progress during this reporting period regarding development of Conducted Energy Weapon (CEW) policies, training materials, and deployment standards. The Non-Deadly Weapons Policy (5.02) became a primary focus of the force-reform effort during this reporting period driven by the FCSO's transition to the Axon Taser 10 platform and related technology upgrades. In addition to introducing new Taser capabilities, the transition creates opportunities to improve body-worn camera integration, evidence collection, evidence storage, deployment documentation, and force-review processes. As a result, the FCSO, the use-of-force subject matter experts, and the Monitoring Team have devoted significant attention to ensuring that policy, training, reporting requirements, and review processes evolve in a manner consistent with both the Consent Decree and the capabilities of the new technology.

The Monitoring Team also reviewed training records and a limited number of Taser deployments occurring in 2026. A review of the training status for 172 identified detention staff, current as of June 12, 2026, indicated that all but four detention staff issued a taser had completed CEW training during calendar year 2025 or calendar year 2026. While it is troubling that staff who were not current in their training requirements were in possession of a taser, those employees immediately relinquished the equipment when the Monitoring Team inquired about their status and were scheduled for refresher training. While discussions with the FCSO remain ongoing regarding the appropriate method for tracking and measuring annual Taser certification, specifically whether recertification should be based on a rolling 12-month period or the calendar year, application of the calendar-year standard indicates that the overwhelming majority of the identified detention staff

were listed as currently certified in Taser training. The Monitoring Team also observed that, when feasible, staff generally provided warnings prior to Taser deployment.

Significant concerns remain regarding deployment decision-making and supervisory review. In the six force incidents from January 2026 with sufficient video evidence to permit meaningful review, the Monitoring Team identified multiple incidents in which additional investigation should have occurred regarding whether the force used was unnecessary or excessive. None of the concerns identified by the Monitoring Team appeared to be uncovered or addressed through the existing force-review process but the FCSO did initiate additional review when the incidents were brought to their attention. These findings demonstrate that additional work remains to improve supervisory review of Taser deployments. Strengthening the review process is a primary focus of the use of force technical assistance currently underway, and meaningful improvement will require continued policy development, training, mentoring, and supervisory coaching. The Monitoring Team also remains limited in its ability to evaluate overall CEW practices. The Monitoring Team does not currently receive a reliable, comprehensive list of force incidents from which random samples can be selected. It remains difficult to determine whether reviewed incidents are representative of overall force practices within the jail system.

During the next reporting period, the Monitoring Team's primary focus will be on finalizing the revised CEW policy, evaluating revised training materials, improving supervisory review processes, and determining whether force-tracking systems can provide meaningful oversight of Taser deployments. While progress has occurred during this reporting period, substantial work remains before the FCSO can demonstrate compliance with the CEW-related provisions of the Consent Decree.

Use of Force Reviews

During this reporting period, the Monitoring Team observed continued efforts by the FCSO and the use-of-force subject matter experts to evaluate and redesign the force-review process. Discussions moved beyond individual force incidents and focused increasingly on the structure of the review system itself, including force classifications, review levels, documentation standards, corrective-action processes, referral pathways, committee responsibilities, and accountability mechanisms.

The Monitoring Team gained a better understanding of how force reviews, command-level reviews, grievance reviews, OPS investigations, and SEU investigations currently interact. While these processes exist, they do not yet function as a coordinated system. Significant work remains to clarify responsibilities, improve information sharing, establish referral pathways, define review expectations, and develop mechanisms for tracking corrective actions and outcomes.

The Monitoring Team remains concerned that many of the foundational components necessary to support a mature force-review system are still under development. Current review processes remain heavily dependent upon command staff, and responsibilities that should be resolved at earlier stages of review are often elevated to higher levels of the organization. As a result, the current system functions largely as an incident-review process rather than the structured accountability and organizational-learning system contemplated by the Consent Decree.

The Monitoring Team recognizes the substantial effort currently being devoted to redesigning the review process. Discussions during this reporting period focused on development of force classifications, review standards, corrective-action

tracking, documentation requirements, and methods for ensuring that incidents are reviewed at the appropriate level. The Monitoring Team believes these efforts are necessary to create a sustainable review structure capable of identifying policy concerns, training needs, supervisory issues, and organizational risks.

During the next reporting period, the Monitoring Team's primary focus will be on evaluating the revised review framework, assessing implementation of new review procedures and documentation standards, examining referral pathways between force reviews, grievances, OPS, and SEU, and determining whether corrective-action and accountability systems are functioning as intended. While progress has occurred in understanding and designing the future-state review process, substantial work remains before the FCSO can demonstrate compliance with the force-review provisions of the Consent Decree.

Sanitation and Environmental Safety

A clean and orderly environment is important for the health and safety of both residents and staff. To achieve substantial compliance in this area, the FCSO and Fulton County will need to implement and consistently adhere to adequate environmental health and nutrition policies and procedures, effectually train employees on them, and demonstrate adherence through appropriate documentation. Observations by the Monitoring Team and its discussions with staff and incarcerated persons should also validate adherence. While the FCSO has made incremental progress on redrafting the relevant policies and procedures that govern sanitation and environmental safety, the impacts are not yet being felt in the jails, which remain either in partial compliance or non compliance with the relevant provisions.

Although the Monitoring Team found the general level of cleanliness to be improved in October 2025 when compared to the observations of the baseline visit in May 2025, the improvements were not sustained, and the overall cleanliness had declined during the April 2026 visit. Poor conditions create an unhealthy environment, lead to low morale, and contribute to increased resident health care costs.

Regarding policies and procedures, a document titled “Housekeeping and Sanitation Plan – Resident Housing Units” (“Housekeeping Plan”) was provided by the FCSO and it improves upon the previous draft submitted to the Monitoring Team. The Housekeeping Plan applies to all resident housing areas and assigns cleaning duties to the sanitation supervisor, floor officers, resident floor workers, and residents. However, the impact of insufficient security staffing on compliance is a key theme of this report, and these provisions are no exception. The Floor Deputy/Detention Officer Post Order that was attached to the Housekeeping Plan includes a bullet list of 16 functions that they are supposed to perform, but it is apparent based on observed staffing levels and the unsanitary conditions observed that the floor officers are not consistently completing the tasks outlined in the Housekeeping Plan. Although the draft revised Housekeeping Plan is a step in the right direction, the FCSO needs to closely evaluate the responsibilities it allocates to floor officers given present staffing limitations and identify other staffing resources that will be necessary to properly implement the Plan.

Fulton County has contracted with a vendor to perform “clinical grade” cleaning in the Medical Observation Unit (MOU), Female Observation Unit (FOU), and Psychiatric Observation Unit (POU) at the Main Jail, in addition to the medical and mental health housing areas. However, inspections of the MOU, FOU, and POU and observation of the services being performed during the monitoring visit

revealed that the work did not result in satisfactorily clean conditions in those areas. Reliable processes for promptly identifying and correcting sanitation issues, including improved oversight of this contract, must be developed for substantial compliance to be achieved.

Physical Plant

Ongoing physical plant deficiencies and lack of adequate maintenance in the Main Jail contribute to a hazardous environment for residents, officers, support staff, contractors, and visitors. In order to achieve substantial compliance, these issues must be addressed as soon as possible. The Sanitation and Nutrition Monitor made a technical assistance visit to FCSO in May 2026, which was very productive, and resulted in progress on some of the physical plant provisions.

Damaged locks and doors remain a significant problem in the Main Jail that has far-reaching consequences for the safety of residents and staff. Fulton County reports that although compromised locks are still a significant problem, the structural damage, especially related to the swing doors that are on most resident floors, is a bigger issue. In summary, because of the FCSO's well-documented staffing deficits, residents are spending significant amounts of time in the housing units without adequate supervision. This unsupervised time creates opportunities for some to pack the door frames with books, paper, or other materials, and repeatedly slam the doors until the door frames are damaged. Notwithstanding repeated fixes, this kind of damage has become pervasive in the housing units, and repair crews have been unable to keep pace. For example, the County reports that recently 80 doors were repaired and within two weeks, 45% of them were damaged again. It will thus be difficult for the FCSO and the County to comply with the provisions related to doors and locks until its staffing deficits have been remedied.

Plumbing fixtures should conform to plumbing codes, have adequate water pressure, and be kept clean and in good repair to facilitate personal hygiene and good health. Plumbing related problems continue at the Main Jail, including a mixing valve problem, resulting in extremely hot water in the metal toilet bowls on 6 South; cell sinks with no running water or extremely low water pressure in the MOU; and numerous dayroom toilets and showers that were out of order during the most recent monitoring visit.

The exposed live electrical wires that were found throughout many of the housing units during the October 2025 visit remain major safety and fire concerns.

Residents are using the wires to light wicks made of tissue or paper and, in some cases, starting significant fires, which is extremely hazardous for both residents and staff. The Monitoring Team again observed burning wicks and burned paper debris, as well as the odor of smoke, during the inspections at the Main Jail and the South Annex.

For this monitoring period, the fire detection, alarm, communication, and extinguishment systems remain noncompliant per the Georgia Office of Insurance and Safety Fire Commissioner's Safety Fire Inspection Reports. The State Fire Marshal is conducting monthly inspections at the Main Jail to monitor repair progress. The FCSO's fire protection and safety systems are not adequate, in their present state, to protect life and prevent injury. The fire alarm, suppression, and smoke removal systems in the Main Jail are still not fully operational and, although a repair project is ongoing, completion is not expected until the fall of 2026.

In the interim, although the FCSO is under a fire watch, it is not ensuring that the necessary responsibilities to ensure safety are completed without fail. The fire watch requires the assignment of dedicated, trained staff to continually patrol the Jail to spot fires, identify hazards, and notify the fire department in the event of a

fire. However, the fire watch is not continuous as the logs have a line drawn through various shifts, which appears to indicate that a fire watch was not conducted for numerous shifts from January through April 2026, likely due to staff shortages. Additionally, although a qualified vendor performed annual testing of the fire extinguishers in August 2025, the fire extinguishers are not being inspected and signed off on monthly, a necessary step to ensure that they are accessible, fully charged, and mechanically functional.

The FCSO has hired one new fire safety officer, and at the time of drafting of this report, was in the process of hiring a second. It is hoped that these new staff will help to address these fire safety lapses. To obtain substantial compliance, all facilities must have fully functional fire alert and suppression systems, as well as a smoke evacuation system, that is inspected and tested at regular intervals to ensure that it is compliant with fire safety codes.

The FCSO provided air temperature reports for the housing zones denoting that their acceptable range for air temperatures is 68-78°F. The majority of the temperatures recorded on the reports, and those measured during the onsite inspections, fell within this range, which is encouraging. Fulton County reported that the air handler servicing all of the 300 zones in the North Main Jail tower needs a new coil, which is impacting the daily temperatures, with the highest temperatures being observed on the 4th and 5th floors. Fulton County and the FCSO should continue to monitor these temperatures, especially during the hot summer months, and remediate any deficiencies as soon as possible.

Pest Control

During the April 2026 inspections, the Monitoring Team observed pest activity of various kinds. This included roach activity behind an ice machine, drain flies in

the bakery at the Main Jail, in some of the shower and toilet areas at both the Main Jail and the South Annex, and cockroaches in several of the randomly inspected pipe chases. No signs of rodent infestation were observed. Other than reports of drain flies, the residents did not report seeing pest activity during interviews.

The Monitoring Team received and reviewed pest control service reports for the Main Jail and the South Annex. The reports indicate that the pest control contractor is making regular service calls, investigating reports of pest activity, and performing chemical treatments, when needed, including periodically inspecting and rebaiting the rodent bait stations, which was cited as a concern in the Second Monitoring Report.

Resident laundry was observed to be in generally good condition, without obvious rips, tears, and stains. During the site visit, the FCSO was changing from two-piece to one-piece uniforms, and from sheets and blankets to a one-piece mattress cover with an integrated blanket with the hope that these changes will result in operational efficiencies. However, the newly implemented mattress covers are significantly larger than the sheets, resulting in concerns about the ability of the laundry department to launder them on the regularly scheduled frequency. The Monitoring Team will continue to observe and assess compliance related to the laundry

Chemical Control

Chemical control in FCSO facilities is essential for protecting the safety and health of both the residents and staff. The FCSO is in the process of updating its policies and procedures related to chemical control and a Housekeeping Plan as required by Provision 154. The Monitoring Team looks forward to reviewing those revised policies once drafts are shared. The Monitoring Team has continuing concerns

about FCSO's practices for storing and labeling chemicals, and the distribution of cleaning supplies in the resident housing areas, which is not yet satisfactory. More progress is needed to ensure adequate systems for storage and labeling and proper distribution of chemicals to housing areas in accordance with safety guidelines.

Food and Nutrition

The FCSO made progress during the period on menu modifications to address the observations and concerns of the Monitoring Team. Changes included making the menu more nutritionally appropriate by replacing some servings of luncheon meat entrees with other items.

Menu changes or variations from the dietitian-approved menu were observed during the Monitoring visit that could negatively impact the nutrition of the meals. The FCSO and the food service contractor must ensure adherence to the dietitian-approved menu to move towards compliance with these provisions.

Medical diets continue to be a concern based on resident reports that they are not consistently receiving specialty diets consistent with their documented medical conditions. To obtain substantial compliance, all menus should be reviewed to ensure that the diets promote good health and meet the nutritional needs of all incarcerated persons, and the process for medically therapeutic diets is reviewed and improved to ensure that meals that comply with the medical diet order. It is also recommended that the FCSO create a multidisciplinary team that meets on a regular basis and includes representation from the FCSO, the food service contractor, and medical to discuss dietary issues and concerns including medical diets and resident patient specific concerns.

Intake and Records

Intake is a particularly important health care process in jails, as two essential healthcare obligations are met at intake: identifying patients with urgent and emergent medical or mental health needs and ensuring continuity of care for patients receiving medical or mental health care prior to coming to jail. These patients need to be identified at intake, and their medications and treatments need to be continued uninterrupted. At present, while NaphCare has policy frameworks in place related to patient intake, the lack of privacy in the intake setting is a significant impediment that must be remedied for the FCSO to achieve substantial compliance.

Emergencies

FCSO staff demonstrated responsiveness and appeared to take emergent presentations seriously during the site visit. The goal of an emergency response system is to deliver life-saving emergency care to patients as soon as possible. Life-saving emergency medical interventions include Automated External Defibrillators (AEDs), Cardiopulmonary Resuscitation (CPR), Naloxone, and cut down kits. An effective emergency response system includes relevant policies and procedures, training, properly located equipment, communication, practice drills, documentation, and oversight, including Continuous Quality Improvement (CQI).

The FCSO and NaphCare have made meaningful progress toward developing a more structured process for identifying and responding to mental health emergencies, including newly developed referral guidance for custody and healthcare staff that defines referral categories, identifies suicide risk indicators, and outlines communication and observation expectations. These materials represent positive steps toward clarifying when residents require mental health referral, urgent clinical intervention, or heightened monitoring. However, the

emergency response framework remains incomplete. The revised guidance has not yet been fully incorporated into FCSO policy, training, and cross-departmental procedures, and additional clarification is needed to ensure that emergent mental health concerns are addressed consistently in both intake and post-intake settings. Moreover, the most challenging and significant work will be in implementing this new guidance in the jails and ensuring that emergency mental health responses are closely reviewed to identify and fix any gaps that they reveal.

Medical and Mental Health Assessments, Sick Calls, and Referrals

All patients are to be appropriately assessed for medical and/or mental health problems and have unimpeded access to health care while incarcerated. The Monitoring Team's discussions with and observations of medical and mental health staff reflect that they are committed to providing quality patient care, which is encouraging. Yet, as set forth below, significant obstacles must be overcome to achieve compliance with these provisions.

Health care assessments consist of the receiving screening and the health assessment (called the "Physical Assessment" in TechCare). If these assessments are not done within accepted time frames, patients with serious health problems can be missed and suffer harm. Likewise, if patients do not have access to sick call clinics in a timely manner, all will have increased risk, and some will suffer medical harm. Little has changed in the medical aspects of health assessments since the Monitoring Team's last visit.

The Monitoring Team observed meaningful progress in the FCSO and NaphCare's systems for mental health assessments, referrals, serious mental illness (SMI) identification, and sick call oversight, including newly consolidated site-specific referral guidance, a three-tiered referral structure based on clinical urgency,

training for nursing staff, review of intake screenings by a psychiatric nurse practitioner, and implementation of a standardized SMI determination process in TechCare. These changes represent important steps toward earlier identification of mental health needs, clearer referral pathways, and improved tracking of individuals with serious mental illness. However, additional work remains necessary to demonstrate consistent implementation and sustained compliance. Aggregate tracking is not yet in place to monitor timely completion of evaluations by referral type. Similarly, while sick call CQI materials demonstrate some auditing of face-to-face encounters, the mental health sick call sample was limited and raised questions about data reliability, making it difficult to assess access, timeliness, and completion for mental health-related requests.

Medical Care

The overall goal for the provision of health care to patients incarcerated at the FCSO jails is that all necessary medical tasks, including intake screening, tuberculosis screening, health assessments, chronic care clinics and sick call, will be completed in a clinically appropriate fashion every day without carry-over to the next day. Thereafter, the emphasis will be on ensuring the quality of health care administered, which is CQI.

Currently, not all medical and mental health tasks are completed every day. Medical practitioners interviewed by the Monitoring Team universally state that they are routinely not able to complete all of their scheduled tasks every day. Some days, they may only be able to complete 4-5 tasks. This indicates an unacceptable degree of systemic health care dysfunction at the jail. Moreover, a high percentage of specialist appointments at Grady Hospital are not completed due to insufficient security staffing. While the County has engaged in efforts to expand its contract with a third-party security vendor to enable guarding of

residents at Grady, that alone will not be sufficient to remedy the impacts of deficient security on the quality and availability of medical care to residents. Significantly, records within the medical records database indicate a persistent backlog of hundreds of appointments for patients with chronic medical conditions. Recent reports from NaphCare suggest that this problem is beginning to improve, which is very positive.

Supportive Environments for People with Medical and Mental Health Needs

Incarcerated patients have a wide range of medical needs. Some only need their medications. Others, with more serious medical disabilities, need help ambulating, communicating, or even need assistance with their activities of daily living (ADLs), such as bathing, dressing and eating. Such patients must be housed in an environment where needed assistance is available.

A key obstacle to the FCSO's compliance with the Consent Decree requirements for supportive environments is the Main Jail facility itself. The MOU/FOU is too small for a facility the size of the FCSO. There are problems related to the age of the physical plant. The County is attempting to upgrade the physical spaces devoted to patients with special needs by, for example, installing Americans with Disabilities Act (ADA) compliant grab bars. However, much work still needs to be done.

Although some units benefit from dedicated staff and structured workflows, physical plant limitations, inconsistent access to equipped clinical spaces, and gaps in staffing and supervision undermine the facility's ability to reliably provide supportive environments for individuals with significant medical and mental health needs. Many of these deficits require coordinated action between the County,

which maintains the buildings, the FCSO, and NaphCare, highlighting the need for clearer shared processes and sustained collaboration across agencies.

The Monitoring Team continued to identify significant deficiencies in the physical environments used to house individuals with acute mental health needs, including insufficient suicide-resistant cell capacity, non-functional or damaged padded cells, overflow suicide-watch locations with ligature hazards and visibility concerns, and broader environmental risks in areas used for suicide precautions, psychiatric observation, mental health housing, intake, and restrictive housing. The County, FCSO, and NaphCare have begun developing a more structured approach to suicide-prevention housing and environmental risk mitigation, including discussions regarding renovation of non-padded cells, identification of alternative cell space that is not contraindicated for high-risk patients, replacement of proprietary padding materials, multidisciplinary review of cell functionality, and incorporation of these expectations into revised suicide prevention policies. The Monitoring Team has not yet observed sufficient remediation or a sustainable system for identifying, tracking, prioritizing, and correcting environmental suicide and self-harm risks across the jail system.

Mental Health Care

During the April visit, the Monitoring Team continued to observe that NaphCare mental health staff and leadership were thoughtful, engaged, and committed to improving care. Mental health services at the FCSO continue to operate across multiple housing settings and acuity levels, including general population, mental health housing, the POU, restrictive housing, and other specialized areas. Since the prior monitoring visit, the mental health units have moved from 5-North back to 3-South, which has since been renovated, and NaphCare has provided an updated Mental Health Service Guide that reframes the 3-South mental health

housing units as Mental Health Stabilization Units (MHSU). The new framework represents a meaningful effort to create a more structured continuum of care for individuals with SMI, mental health decompensation, elevated clinical risk, or need for observation and stabilization. As drafted, the MHSU model includes admission criteria, updated assessment requirements, individualized behavioral health treatment planning, minimum clinical contact expectations, objective clinical measures, structured programming, multidisciplinary review, and three levels of care intended to support progression from acute stabilization toward lower levels of supervision or general population placement. The proposed model also establishes at least 10 hours of weekly mental health programming, weekly individual mental health contacts, medication adherence and symptom-stability targets, and development of an incentive-based behavior management component.

These developments, together with the recently implemented SMI workflow, increased discharge-planning resources, and more clearly articulated expectations for clinical follow-up, reflect enhanced expectations for mental health treatment since the prior reporting period. Although these new expectations remain in the early stages of implementation, the Monitors are hopeful that they will translate into meaningful improvements in patient care once the framework is consistently operationalized in practice.

Despite these gains, the Monitoring Team has identified ongoing areas for improvement related to mental health treatment. This includes inadequate confidential clinical space, need for increased mental health staffing, limited patient production, insufficient structured programming in higher-acuity mental health units, limited out-of-cell activity, and incomplete treatment-planning practices. These limitations continue to affect the facility's ability to provide a fully developed, individualized, and therapeutic continuum of mental health care,

particularly for individuals with SMI, individuals awaiting psychiatric hospitalization, and those housed in higher-acuity or more restrictive settings. Accordingly, the Monitoring Team recommends that the FCSO and NaphCare finalize and fully implement the Mental Health Service Guide and related standard operating procedures, ensure that staffing and custody resources are sufficient to support the model, establish reliable quality assurance processes, and track key measures including treatment-plan completion, clinical contact frequency, programming participation, out-of-cell time, housing progression, discharge-planning outcomes, and access to inpatient psychiatric care.

Suicide Prevention

Since the prior reporting period, the FCSO and NaphCare have made meaningful progress in developing a more comprehensive suicide prevention framework. The revised draft FCSO Policy 400-16 establishes a facility-wide suicide prevention program addressing identification, supervision, treatment, emergency response, documentation, review, corrective action, and training related to residents at risk of self-harm or suicide. The draft policy appropriately clarifies that custody staff may not make or override clinical decisions, that residents who attempt suicide, engage in self-harm, express suicidal ideation, or otherwise present a risk of self-injury must be protected immediately, and that such individuals must remain under continuous observation until assessed by a qualified health care professional or Qualified Mental Health Professional (QMHP). It also distinguishes acute suicide risk from non-acute suicide risk, defines constant observation as continuous, uninterrupted direct visual observation by an assigned staff member with no conflicting duties, and clarifies that Q15 checks (or visual checks to verify a resident's safety every 15 minutes) are not constant observation and may not be used for actively suicidal residents. The policy further describes requirements for

the two watch levels (Suicide Observation Status (SOS) Level 1 and Level 2), emergency and priority referral pathways, suicide-resistant housing requirements, padded-cell maintenance expectations, post-watch follow-up, out-of-cell counseling, release planning, transport procedures, documentation requirements, training, drills, mortality/serious-attempt review, quality assurance, and corrective action.

These revisions represent important progress and address many of the Monitoring Team's prior concerns at the policy level. In particular, the draft policy now states that residents expressing suicidality should be housed in suicide-resistant settings with adequate sight lines; that if no suicide-resistant cell is available, the resident must remain on constant observation until appropriate housing is available; and that suicidality should not be used as the basis for placement in restrictive housing. The policy also requires a real-time inventory of suicide-resistant and padded-cell capacity, including operational status, maintenance concerns, repair tickets, expected return-to-service dates, and sight-line limitations, and requires the FCSO, health services, and DREAM/Facilities to meet at least weekly until capacity, repair workflows, ligature mitigation, and sight-line improvements are completed.

However, the policy has not been finalized or fully implemented. During the April 2026 site visit, the Monitoring Team continued to identify inconsistent implementation of suicide-watch procedures, including the use of Q15 monitoring for individuals at the highest level of suicide risk, rather than constant direct observation; ongoing reliance on cells or areas that are not suicide-resistant when suicide-resistant housing is unavailable; environmental risks such as ligature hazards and obstructed sight lines; damaged or unavailable padded cells; and continued use of non-confidential or cell-side encounters for suicide risk assessments and follow-up. NaphCare has begun quality improvement review of

suicide-risk assessment practices, and the FCSO has moved toward QR-code-based documentation of Q15 checks, but available CQI data and site observations continue to show gaps in observation compliance, confidential assessment, housing safety, documentation accuracy, and operational coordination. Accordingly, the FCSO and NaphCare should finalize and implement the revised policy, train custody and health care staff on the new requirements, ensure sufficient staffing for constant observation and Q15 monitoring, complete environmental remediation and padded-cell repair workflows, and use routine quality assurance review to evaluate timeliness, supervision, assessment quality, housing placement, documentation, treatment, follow-up, and corrective action.

Medication Administration

Policy and training materials addressing medication administration are largely in place and reflect many elements of accepted correctional health care standards. However, the Monitoring Team identified variability in how these policies are implemented in practice, particularly with respect to follow-up after missed or refused medications, documentation and tracking of non-adherence, and systematic monitoring of laboratory testing for individuals receiving psychotropic medications.

Moreover, medication is sometimes administered in the middle of the night on certain housing units in the Main Jail, resulting in a substantial number of medication refusals that result from residents simply refusing to wake up. Further, in most housing units, medication rounds were limited to a single general announcement, with no documented or observed effort by custody or health care staff to personally locate individuals who did not present for pill call. In some instances, follow-up was reportedly performed informally by other residents rather

than by staff. These issues must be addressed for the FCSO to work towards compliance with these provisions.

Across the provisions related to psychiatric medications, the FCSO and NaphCare have developed appropriate policy and training frameworks and have identified several 2026 priorities, including additional medication-administration staffing, an essential medication-refusals dashboard, a 90-day psychotropic Medication Administration Record (MAR) audit process, and systematic laboratory-monitoring tracking. However, implementation remains incomplete. Site observations and data responses indicate continued variability in pill-call practices, limited ability to distinguish true refusals from non-presentation, absence of aggregate adherence data for key housing areas, and no completed data demonstrating routine tracking of psychotropic refusals, MAR audits, or laboratory-monitoring compliance. Emergency psychotropic medications were administered to five men during the review period, each preceded by psychiatric review, but all occurred during late-afternoon or early-evening hours when the psychiatrist was onsite. Overall, the FCSO and NaphCare have made meaningful progress in developing the necessary framework, but must still demonstrate reliable, system-level implementation, tracking, and quality assurance.

Oversight and Mortality Reviews

Since the prior reporting period, the FCSO and NaphCare have made some progress in developing policy expectations and care frameworks, but the Monitoring Team has not observed sufficient evidence that these changes have resulted in meaningful improvement in health care delivery between the October 2025 and April 2026 site visits. Coordination between the FCSO and NaphCare continues to appear fragmented, particularly in areas that require shared operational responsibility, such as patient access, security staffing for clinical

services, suicide prevention, hospitalization transfers, environmental safety, and implementation of corrective actions. Similarly, while mortality and serious suicide attempt review processes exist at the policy level, the reviews provided to and observed by the Monitoring Team continue to appear limited in clinical depth and insufficiently analytical. They do not consistently identify care gaps, supervision failures, documentation problems, system-level contributing factors, or corrective action plans with responsible parties, timelines, follow-up audits, and measures of effectiveness. As a result, the oversight and mortality review system has not yet demonstrated that it reliably produces accountability, quality improvement, or sustained remediation of identified deficiencies.

Mental Health Contraindication to Restrictive Housing

As noted above, since the prior reporting period, the FCSO and NaphCare have made important progress on several mental health-related procedures that may support future compliance with the provisions in this section. This includes development of a standardized SMI determination process, updated mental health referral guidance for custody staff, and a revised Mental Health Service Guide for NaphCare staff. These materials identify individuals with SMI, mental health decompensation, high-risk clinical presentations, or need for observation as candidates for mental health housing. Together, these developments provide a foundation for identifying individuals who may be contraindicated for restrictive housing and diverting them to more clinically appropriate settings, including MHSU, psychiatric observation, suicide watch, general population with enhanced mental health follow-up, or other less restrictive housing.

However, the FCSO and NaphCare have not yet demonstrated significant concrete progress in developing and implementing a restrictive housing-specific clinical review and diversion process. The Monitoring Team has not been provided

evidence of a standardized, facility-wide workflow to ensure that mental health staff are consistently notified of restrictive housing placements, conduct timely face-to-face screenings, determine whether restrictive housing is contraindicated, communicate findings to custody leadership, and track whether recommended housing changes are implemented. At the time of the March 2026 records request, the FCSO and NaphCare did not have accurate SMI data for individuals in restrictive housing, and NaphCare reported that it was not consistently notified of restrictive housing placements. During the April 2026 site visit, the Monitoring Team observed individuals with significant psychiatric symptoms in restrictive housing, reinforcing concern that there is no reliable practice in place for diverting individuals with SMI from restrictive housing.

The central gap across these provisions is the absence of a placement-level tracking and accountability system. Without this infrastructure, the FCSO and NaphCare cannot reliably demonstrate that individuals with SMI or other mental health contraindications are excluded from restrictive housing, removed when clinically indicated, provided adequate treatment if retained, or reviewed at required intervals.

Before the next Monitoring Team site visit, the FCSO and NaphCare should prioritize finalizing and implementing a restrictive housing mental health review process consistent with the Consent Decree. The process should require prompt notification to mental health of all restrictive housing placements; face-to-face QMHP screening within required timeframes; documented contraindication determinations; clear criteria for diversion or removal; defined alternatives to restrictive housing; required custody leadership approval when individuals with SMI or contraindications remain in restrictive housing; weekly clinical and multidisciplinary review; out-of-cell confidential treatment unless specifically

contraindicated; and a placement-level tracker that permits meaningful quality assurance review. The FCSO should also revise restrictive housing policies, custody training, post orders, and supervisory review processes to ensure that mental health referral guidelines are operationalized in restrictive housing settings and that individuals showing decompensation, self-harm risk, suicidality, or new symptoms of SMI are immediately referred for QMHP assessment and housing review.

Discipline

The Monitoring Team has recently begun providing FCSO staff technical assistance with the Resident Discipline Program. A positive development this reporting period is the addition of one staff member to the FCSO's discipline team. There are now 5 full-time staff – a captain, lieutenant, sergeant, deputy and detention officer – focused on ensuring the FCSO's discipline program is firm, fair and consistent. During the recent technical assistance visit, the Monitoring Team gained a deeper understanding of the FCSO's disciplinary processes and the barriers they face reaching substantial compliance with some of the Consent Decree provisions.

The FCSO's Resident Rules and Discipline Policy (600-01) and Categories of Resident Rules and Discipline Policy (600-10) provide a good foundation for the Resident Discipline Program. Through technical assistance, the Monitoring Team will work with FCSO staff to revise these policies and forms to conform with the Consent Decree. Staff have proactively drafted several forms to meet a number of requirements in the Consent Decree (i.e., notice of disciplinary hearing, notice of disciplinary findings, restrictive housing early release review, Resident's Appeal form, Disciplinary Hearing form and Multidisciplinary Restrictive Housing Review). Once the policies are finalized, the forms can be finalized as well.

One of the fundamental due process rights in a disciplinary program is to provide the resident advance written notice of the charges. During the April Monitoring Visit, some members of the Monitoring Team observed three disciplinary hearings. The lieutenant conducting the hearings asked the residents if they knew what charges they were facing and if they had received the notice of charges. Two of the residents denied receiving the notice of charges. The document in the disciplinary file indicated the resident had “refused to sign” the notice of charges.

The other important due process rights for resident disciplinary proceedings are: some time to prepare for the hearing (at least 24 hours); the right to call witnesses and present documentary evidence (unless doing so would be hazardous); the right to assistance for illiterate residents or in complex cases; and a written statement of the findings, including evidence relied on and the reason for the action taken. (*See Wolff v. McDonnell*, 418 U.S. 539 (1974)).

During this monitoring period, the discipline team reports they have improved on meeting the 14-day deadline within which to hold a hearing. The improvement is linked to an increase in staffing and reduction in the number of staff conducting each hearing. They conduct hearings at the Main Jail, South Annex, and ACDC. Hearings are conducted on Tuesdays, Wednesdays, and Thursdays. The Monitoring Team reviewed a copy of the disciplinary team’s spreadsheet. The staff use this document to track hearing dates, outcomes and dates to be released from restrictive housing. Of the 34 incidents noted for February 2026, four were dismissed due to staff’s inability to hold the hearing within 14 days. The outcome is denoted as dismissed due to time allotment. There were a total of 18 cases dismissed for February incidents. In addition to failing to hold the hearing within 14 days, cases were dismissed due to a missing charge sheet and the resident receiving criminal charges for the incident. The Monitoring Team will provide

technical assistance to the FCSO on their tracking tool to expand the items tracked to align with the Consent Decree.

The next steps for technical assistance are to meet with NaphCare, the FCSO, and members of the Monitoring Team (including the Mental Health Monitor) to develop the procedures for consulting with a QMHP as outlined in Provision 275. This consultation is to determine whether the resident is unable to appreciate the nature and quality or the wrongfulness of their acts and if the resident is determined culpable for the disciplinary violation, whether the proposed sanction is likely to cause psychological harm or interfere with mental health treatment.

The Monitoring Team will continue to provide technical assistance during the next monitoring period. The goal is to complete the revisions on the disciplinary policies and forms by the end of the year.

17-Year-Olds in Restrictive Housing

The Eighth Amendment of the U.S. Constitution bans cruel and unusual punishment. Jails must ensure residents receive necessities, including proper lighting. During the April visit, the Monitoring Team observed that many of the 17-year-olds in restrictive housing were living in perpetual darkness. Specifically, in-cell lights only worked in 3 out of the 10 cells in this unit. Therefore, 70% of the cells in the unit did not have operable lighting. All of the exterior windows in this unit (and in most of the units at the South Annex) are covered with metal plates which do not allow the entry of natural daylight into the cells. The metal plates were placed on the windows to prevent contraband from being introduced to the facility through the windows.

The residents in restrictive housing are confined to their cells 23 hours a day. They are permitted out of their cells for one hour a day, Monday – Friday. They remain

in their cells 24 hours a day on the weekends. Some members of the Monitoring Team toured this unit at night. It was very difficult to see into the cells and to determine the number of residents housed in the cell. The deprivation of light negatively impacts physical and mental health, poses significant safety issues for the residents as well as staff.

The National Commission on Correctional Healthcare has noted: “Psychologically, children are different from adults, making their time in isolation even more difficult and the developmental, psychological, and physical damage more comprehensive and lasting.”⁶ The lack of lighting poses a particular risk of adverse reactions for residents whose brains are still developing. The residents reported that the lack of lighting was bad, especially over the weekends. They noted it gets depressing and impacts their sleep.

During the Monitoring Team’s October 2025 visit, the Team noted the lighting in a number of cells was not working but the residents had a small dome light. There were no dome lights observed during the April 2026 visit nor were the in-cell lights repaired. When asked what happened to the small dome lights, FCSO staff reported “they went away.” When staff were asked about why the lights were not working, they noted that the residents had destroyed them. Many of the residents reported the lights had been inoperable since they were placed in the cell. Some of those residents had been placed in the cell months ago.

Not having lights in the restrictive housing cells of 17-year-olds is an unacceptable condition that must be remedied immediately. The Board of Commissioners has

⁶ National Commission on Correctional Health Care, Position Statement: Solitary Confinement (Isolation) 2 (April 2016).

approved funding for the lighting project at the South Annex. The work on the lighting project is scheduled to begin within the next six weeks.

IV. Recommendations for the Next Six Months

In consultation with the Parties, the Monitoring Team identified the following Consent Decree Provisions for the FCSO and County to focus on for the next six months. A number of the items noted below were also listed in the Second Report. These items (staffing, suicide prevention, fire suppression and alert) will remain on the priority list until substantial compliance is achieved. The action steps should include, finalizing the detailed implementation plan, revising policies, procedures, and training, and developing an internal audit process. The Monitoring Team remains available to support reform efforts.

- Protection from Harm – Staffing and Supervision – Provisions 61-71
- Protection from Harm – Classification and Housing Plan – Provision 51
- Medical and Mental Health Care – Suicide Prevention – Provisions 199, 214, 224, 230-237
- Environmental Health and Nutrition – Fire Suppression and Alert System – Provision 164
- Environmental Health and Nutrition – Housekeeping Plan – Provision 154
- Environmental Health and Nutrition – Lights – Provision 160
- Mental Health Care – Mental Health Stabilization Unit – Provisions 220, 222-224, and 227-229.
- Use of Force – Use of Force Reviews – Provisions 141-147
- Restrictive Housing – Discipline – Provisions 267-275

The County and the FCSO have allocated significant resources to support compliance with the Consent Decree. The FCSO has several substantial resource allocation requests pending with the County to support compliance with various provisions, including but not limited to perimeter security improvements, personal duress alarms, double overtime pay, data mining technology, and a range of other needs. The County and the FCSO must engage in a transparent, collaborative and well-planned process to address and prioritize the profound resource needs in the jails.

Finally, the Monitoring Team will closely observe the FCSO's staffing and resident population levels over the next six months. Should those levels remain consistent with where they are in August 2026, the Monitoring Team will inform the Court and ask for a hearing.

Attachment to the Monitor’s Third Report

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Policies, Procedures, and Training

The provisions in this section establish requirements of Fulton County (the County) and the Fulton County Sheriff's Office (FCSO) related to policies and training. As discussed in the First Monitoring Report and Second Monitoring Report, a preliminary review of relevant policies suggests that they will require revisions to ensure compliance with the Consent Decree. Given the current staffing crisis, the FCSO will have a difficult time revising policies and pulling all staff from their regular duties to be trained on those new policies. Therefore, the Monitoring Team has assessed many of the provisions related to developing policies, procedures, and training as "Not Rated" in this report. Fulton County and the FCSO have shared limited draft policies, procedures, and training curricula with the Monitoring Team for review.

The Monitoring Team continues to collaborate with Fulton County, the FCSO, and United States to identify a timeline for policy revisions and related training that is realistic and achievable. As part of that work, the Monitoring Team connected the FCSO with experts in the fields of resident classification and use of force to provide technical assistance as staff revise policies and procedures associated with those sections of the Consent Decree. Monitoring Team members have also provided technical assistance regarding draft revisions to policies related to suicide prevention and resident discipline.

In the sections below, the Monitoring Team provides more details and addresses specific recommendations about individual provisions.

Provision 31

Within 4 months of the Effective Date, or as otherwise agreed to in the Implementation Plan developed pursuant to Section XII, the County and FCSO will provide draft policies, procedures, and training curricula (including PowerPoint slides and handouts) regarding each Party's respective duties under this Consent Decree developed to meet the requirements of this Consent Decree to the United States and the Monitor for review and comment. The United States and the Monitor will provide any comments in response within 30 days of receipt of each policy, procedure, or training.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

Fulton County and the FCSO have not yet shared any draft policies, procedures, or training curricula with the Monitoring Team and United States for formal review.¹ The deadlines included in recent implementation plans target 2026 and 2027 for the completion of policies, procedures, and training. To meet these deadlines, the Monitoring Team expects to begin seeing drafts for formal review in the second half of 2026. As deadlines approach, the Monitoring Team recommends that the FCSO identify internal deadlines that account for the 30 days necessary for the Monitoring Team and United States to review drafts and provide comments.

Provision 32

Within 30 days of receipt of comments from the United States and the Monitor, the County and FCSO will revise and finalize the policy, procedure, or training.

¹ The FCSO and County have shared several draft policies that the Monitoring Team has reviewed as part of its technical assistance efforts.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

Fulton County and the FCSO have not yet shared any draft policies, procedures, or training curricula with the Monitoring Team to review. As such, they have not had any comments from the Monitoring Team or United States to address. As deadlines for the completion of policies, procedures, and training approach, the Monitoring Team recommends that the FCSO stagger the provision of drafts to the Monitoring Team to ensure that FCSO staff have the time necessary to respond to comments and finalize each draft with 30 days of receiving comments.

Provision 33

If the Monitor and United States must approve a policy, procedure, or training before it can be finalized, that requirement will be specified in this Decree. If approval is not specifically required, the County and FCSO will nevertheless consider the comments of the Monitor and United States in revising and finalizing the policy, procedure, or training.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

As discussed above, Fulton County and the FCSO have not yet shared policies, procedures, and training with the Monitoring Team and United States for a formal review. This will become more common in the second half 2026, and the Monitoring Team recommends that the FCSO set the foundation for compliance with Provision 33 by first identifying those policies, procedures, and training curricula that require approval from the Monitoring Team and the United States.

Provision 34

The County and FCSO will review their policies, procedures, and training relevant to the Consent Decree annually, revising them as necessary. All substantive revisions to policies, procedures, and training relevant to this Consent Decree will be submitted to the United States and the Monitor for review following the procedure described in paragraphs 31–33, above.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The Monitoring Team recommends that the FCSO begin to address this provision by formalizing an annual review process in its revised training policy. These revisions should specify the process associated with the annual review and require staff to formally document the outcome for all relevant policies, procedures, and training curricula in a manner that can be shared with the Monitoring Team.

Provision 35

FCSO will request a National Institute of Corrections (NIC) and Bureau of Justice Assistance (BJA) assessment of its training program, capacity, and needs, which will be provided to the Monitor and United States. FCSO will obtain from NIC and BJA such assistance as can be provided to improve its training program.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

In February 2026, the FCSO submitted a request to the National Institute of Corrections for technical assistance related to a comprehensive assessment of its current training program. This included “training governance, organization, and oversight; core academy, in-service, and specialized training curricula; training delivery methods, frequency, and documentation; and staffing, instructor capacity,

and training resources.” The last update provided to the Monitoring Team indicated that the National Institute of Corrections confirmed receiving the request but had not yet indicated whether the request would be approved. The Monitor consulted with the then-Director of the National Institute of Corrections in 2025, and it was determined that NIC would serve as the entity to coordinate FCSO’s request for assistance pursuant to this provision. The Monitoring Team finds that the FCSO has fulfilled its obligation and is therefore in substantial compliance with this provision.

Provision 36

All Jail staff will be trained on this Consent Decree, including how and why it came about and what it means, and will be provided with a written overview of the Consent Decree and an electronic copy of the Consent Decree.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During the prior reporting period, the FCSO made significant progress on Provision 36 by holding in-service training sessions about the Consent Decree. Between January 1, 2025 and August 29, 2025, 483 current employees attended the legal update addressing the Consent Decree. Between September 2025 and June 30, 2026, there were 393 documented attendance entries for In-Service/Legal Update and the Policy and Procedure class that included a Legal Update. The training records demonstrate ongoing institutional progress in ensuring staff receive Consent Decree-related training.

The Monitoring Team recommends that the FCSO update this in-service training curricula and embed it in the orientation training provided to all new staff going

forward. Before finalizing this training, the FCSO should provide the curricula to the Monitoring Team and United States for review.

The FCSO reported that it shared a one-page summary of the Consent Decree with staff through PowerDMS and in rollcalls at the start of shifts during this reporting period. The Monitoring Team has not yet received records documenting this effort.

Provision 37

FCSO will document all staff trainings and certify that each staff member has attended all required trainings and has demonstrated basic competency and understanding of the material presented.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO uses paper sign-in sheets for individual training sessions and enters that information into the Georgia Peace Officer Standards and Training Council (POST) database to track overall training records. The Monitoring Team reviewed Georgia POST training records for a sample of 20 FCSO staff and compared them to several requirements established in the FCSO Training Requirement and Specialize Training Policy (700-05).²

Policy 700-05 requires that “[n]ew Deputies/Detention Officers shall receive 120 hours of training during their first year of employment” and “all Deputy/Detention Officers receive at least 40 hours of annual training.” Of the 20 training records,

² The FCSO has reported that some older training records that were saved on a local shared drive and in a Microsoft Access database are no longer accessible and that other records were lost during a Georgia POST transition to an online records system. As such, the Georgia POST records reviewed as part of this analysis may not reflect officers’ entire training history.

80% indicated that the sampled staff completed 120 hours or more of training in their first year. The training records indicated that the annual training requirements were met by 30% or less of sampled deputies and detention officers between 2021 and 2025.

In future reporting periods, the Monitoring Team will request a sample of Georgia POST records and documentation from the individual in-service training sessions in order to assess the accuracy and reliability of the training information maintained and the extent to which training requirements are being met. We will also request information related to the methods FCSO training staff use to determine if training attendees have “demonstrated basic competency and understanding of the material presented” as required by Provision 37.

Provision 38

FCSO will fully train all Custody Staff, pursuant to FCSO training requirements, before allowing any officer to work without direct supervision in a housing unit.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Policy 700-05 does not establish specific training requirements before allowing custody staff to work a housing unit without direct supervision. In practice, the FCSO requires new custody staff to complete an 80-hour Basic Jail Training Course. The training records reviewed by the Monitoring Team indicated that 80% of sampled staff took the Basic Jail Training Course early in their career with the FCSO and that the remaining 20% took the course while employed somewhere else before joining the FCSO. Two of the sampled staff were hired in 2025, and the FCSO provided documentation indicating that they completed the Basic Jail

Training Course in September 2025 before being assigned to a team to work in the jails in November 2025.

We recommend that the FCSO revise Policy 700-05 to explicitly require completion of the 80-hour Basic Jail Training Course before custody staff are allowed to work a housing unit without direct supervision. In future reporting periods, the Monitoring Team will request training and assignment records for a larger group of new staff to more fully assess compliance with this provision.

Provision 39

FCSO will train all personnel who hold supervisory and leadership positions in supervision requirements and leadership skills.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Policy 700-05 requires that “facility management and supervisory staff” receive 40 hours of management and supervision training during their first year. Among the eight sampled staff who had worked as a supervisor for a year or more at the time the training records were provided to the Monitoring Team, the training recorded indicated that 75% completed 40 or more hours of overall training in their first year as a supervisor and 38% completed 40 or more hours of training specific to supervision and management.³

³ The training specific to supervision and management included Basic Supervisory/Management Training, Computer Based Training - Supervisory/Management Training, Miscellaneous Supervisory/Management Skills, New Supervisor Training, Supervision, Supervision Level I, and Supervision Level II.

We recommend that the FCSO revise Policy 700-05 to include a list of supervision-related course work that would satisfy the 40-hour requirement related to management and supervision training. In future reporting periods, the Monitoring Team will request training and assignment records for a larger group of recently promoted supervisory staff to more fully assess compliance with this provision.

Provision 40

The United States and the Monitor will be permitted to observe trainings relevant to provisions of the Consent Decree in-person or by reviewing video of the trainings.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The FCSO has not yet developed training relevant to the provisions of the Consent Decree, other than training on the Consent Decree itself. Therefore, the Monitoring Team has not yet requested that the FCSO allow team members to observe training sessions. The Monitoring Team and the United States request to observe newly developed training will likely grow more common in the second half of 2026.

Notification of Rights and Protections

The provisions in this section address requirements that the FCSO provide certain information related to jail procedures and the residents' reasonable right to safety. The FCSO has drafted a script and recorded a video to be used for a Resident Orientation that addresses these topics. However, due to budget and technical issues, the FCSO has not yet finalized the editing of the video or begun displaying it to the residents. The FCSO anticipates the Resident Orientation video will be rolled out in the next monitoring period.

Provision 41

FCSO will effectively and meaningfully communicate to all incarcerated people their right to reasonable safety within the Jail, including their right to be free from violence, extortion, sexual abuse, retaliation, and other misconduct; the protections in place to ensure that incarcerated people are safe; and if violence, abuse, or misconduct does occur, that incarcerated people can report it so that it can be responded to promptly, appropriately, and without retaliation.

Compliance Status: Partial Compliance

Additional discussion/Recommendations:

As mentioned above, the FCSO has drafted a script and filmed the video to be used for the Resident Orientation video. The Monitoring Team and the United States had the opportunity to review the script and provide feedback. Due to budget and technical issues, the FCSO has not been able to show the residents the video. The FCSO anticipates rolling out the video during the next reporting period.

Provision 42

FCSO will ensure that, during the intake process, all incarcerated people receive clear and accurate information regarding the following: (a) all Jail rules and procedures for incarcerated people to follow; (b) the disciplinary process and potential punishment for rule infractions; (c) the right to be free from violence from other incarcerated people, extortion, sexual abuse, and other misconduct, and from retaliation for reporting such incidents; (d) information about how incarcerated people can protect themselves against a risk of extortion (e.g., not sharing family member contact information, avoiding drug debt); (e) how to report incidents or suspicions of violence, extortion, sexual abuse, or other misconduct; (f) how to seek protection from threatened violence or other harm; (g) procedures for requesting the use of interpreter services; (h) procedures for reporting physical plant issues and requesting repairs to cells and living areas; (i) procedures for requesting hygiene items and accessing laundry services; (j) the process for filing and appealing a grievance; (k) the process of accessing medical and mental health care; and (l) information regarding the FCSO's zero-tolerance policy regarding sexual abuse, including the definition of sexual abuse.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The draft orientation script covers topics listed in the provision. Implementation needs to include measurement of effectiveness and ensure that information is clear and understood.

Provision 43

Within 14 days of intake, FCSO will provide comprehensive orientation education to incarcerated people, either in-person or through a video presented by an in-

person facilitator, regarding their rights to be free from violence, extortion, sexual abuse, and other misconduct, and to be free from retaliation for reporting such incidents, and regarding the FCSO's policies and procedures for responding to such incidents. People currently incarcerated in the Jail will receive this information and education within four months of the Effective Date.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, the FCSO has drafted the script and recorded the orientation video. The FCSO should also train staff to serve as facilitators for the orientation. The facilitators should be available for clarification and to answer any questions. The Monitoring Team previously advised the FCSO to develop a tracking mechanism to show the residents received the orientation education within 14 days of intake and when the rest of the population received the education.

Provision 44

FCSO will ensure that the information outlined in this Section is conveyed and made available in formats accessible to all incarcerated people, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to incarcerated people who have limited reading skills, and is conveyed via appropriate secure means in facilities, as well as Jail handbooks.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

While the FCSO has begun the process of identifying possible sources of the data needed to comply with this provision, they do not have a comprehensive mechanism to identify the residents who need the orientation materials, including

the jail handbooks, in an accessible format. The FCSO will need to track when and how it provided the necessary information.

Provision 45

The United States will review any materials or curriculum utilized to satisfy the requirements of this Section, in consultation with the Monitor, and provide recommendations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The United States and the Monitoring Team had the opportunity to review and provide feedback on the FCSO's draft orientation script. When the FCSO develops the procedures to comply with Provision 44, it will provide them to the Monitoring Team and United States for review and comment.

Protection from Harm

Policies, Procedures, and Training

The provisions in this section establish requirements of Fulton County and the FCSO related to Protection of Harm policies and training. Given the current staffing crisis, the FCSO will have a difficult time revising policies and pulling all staff from their regular duties to be trained on those new policies. Therefore, the Monitoring Team has assessed many of the provisions related to developing policies, procedures and training as “Not Rated” in this report.

The Monitoring Team continues to collaborate with Fulton County, FCSO, and the United States to identify a timeline for policy revisions and related training that is realistic and achievable. The Monitoring Team observed continued progress during this reporting period with classification related policies and procedures. FCSO staff continued to work closely with classification expert Dr. James Austin with the implementation and validation of a revised classification system. The revised Classification Policy should be submitted to the United States and Monitoring Team for review during the next reporting period.

Provision 46

By dates set in the Implementation Plan, Section XII, FCSO will draft new or revised policies and procedures to comply with the provisions related to Protection from Harm and will submit those policies and procedures to the United States and the Monitor pursuant to the process described in Section III above.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The FCSO has not yet formally submitted revised policies related to Protection from Harm to the United States and the Monitoring Team. The deadlines in recent implementation plans target 2026 and 2027 for the completion of policies, procedures and training. To meet these deadlines, the Monitoring Team expects to begin seeing drafts for formal review in the second half of 2026.

Provision 47

Within three months of the date that any policy or procedure related to Protection from Harm is finalized or revised (following the period of review for the Monitor and United States), FCSO will train all relevant staff on that policy, through in-service training.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The FCSO has not yet finalized a revised policy warranting the need to train staff on the revised policy. The FCSO has not yet developed a comprehensive training strategy for the Protection from Harm sections of the Consent Decree. This strategy should identify training priorities, staffing impacts, delivery methods, implementation timelines, and methods for measuring training effectiveness.

Provision 48

Staff training will include information about how to recognize signs of abuse, control, and extortion among the incarcerated population.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While the FCSO currently provides staff training regarding the Prison Rape Elimination Act (PREA), that training will be revised to align with policy revisions that incorporate Consent Decree requirements. FCSO staff can also identify the appropriate training class to include information about recognizing signs of control and extortion among residents.

Provision 49

FCSO will develop and implement a training program to ensure that all Jail investigators have the requisite skills to conduct prompt, thorough, and objective investigations, including specialized training for investigators of sexual abuse allegations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

In lieu of developing and implementing an internal specialized training program for sexual abuse investigations, the FCSO chose to utilize an outside vendor to provide this specialized training. Five Strategic Enforcement Unit (SEU) investigators have obtained specialized sexual abuse training to ensure compliance with PREA standard 115.34. During the next monitoring period, the Monitoring Team will review FCSO's training designed to ensure jail investigators have the requisite skills to conduct prompt, thorough and objective investigations.

Provision 50

FCSO will train all staff who may have contact with incarcerated people on the following: (a) its zero-tolerance policy for sexual abuse; (b) how to fulfill staff's responsibilities under the FCSO's sexual abuse prevention, detection, reporting, and response policies and procedures; (c) incarcerated people's right to be free

from sexual abuse and to be free from retaliation for reporting sexual abuse; (d) the dynamics of sexual abuse in confinement; (e) the common reactions of sexual abuse victims; (f) how to detect and respond to signs of threatened and actual sexual abuse; and (g) how to respond to sexual abuse, including: (i) how to respond effectively and professionally to victims of sexual abuse; (ii) how and to whom to report allegations or suspicions of sexual abuse, including how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (iii) how to preserve physical evidence of sexual abuse (this provision does not apply to volunteers); and (iv) how to communicate effectively and professionally with incarcerated people, including incarcerated people who are gay or transgender.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO revised the PREA training for staff, contractors, and volunteers who have contact with residents to incorporate the items included in this provision. The Monitoring Team recently received the revised PREA training materials. During the next monitoring period, the Monitoring Team would like to either observe the training or in the alternative, meet with the staff delivering the training.

Classification and Housing

The FCSO made substantial progress during this reporting period in implementing and operationalizing the revised classification system. Unlike earlier reporting periods, when efforts were primarily focused on development of classification tools, policies, and processes, the current reporting period demonstrated meaningful movement toward day-to-day implementation. Initial classifications are occurring consistently, quality assurance reviews have been completed,

classification staff continue to receive technical assistance from Dr. James Austin, and the FCSO has made measurable progress in reducing the number of residents who remain unclassified under the revised system.

The most significant development during this reporting period was the transition from classification-system development to housing-system planning. The classification process is now generating the information necessary for the FCSO to evaluate housing needs across the incarcerated population and develop facility-specific housing plans. Those plans are expected to become the operational framework through which classification decisions are translated into housing assignments, protective custody capacity, vulnerable-population management, and separation of incompatible residents. While the Monitoring Team has not yet reviewed the draft housing plans, the FCSO appears significantly better positioned to evaluate these issues than during prior reporting periods.

The Monitoring Team also observed meaningful progress in several supporting functions that directly affect classification outcomes. Improvements in gang validation, intelligence gathering, investigative activities, incident review processes, and housing-assignment oversight have strengthened the FCSO's ability to identify vulnerable residents, evaluate safety concerns, and make informed housing decisions. These developments provide a stronger operational foundation for future compliance efforts and should improve coordination between classification, investigative, intelligence, and housing functions.

Despite this progress, significant challenges remain. The most substantial barrier is staffing. While the FCSO has demonstrated an understanding of classification requirements and has implemented many of the foundational elements necessary for compliance, classification staffing levels remain insufficient to consistently perform all required reclassifications, disciplinary reviews, housing reviews, and

related quality-assurance activities. The FCSO's exploration of Criminal Information Specialist Technicians and other professional staffing models appears promising; however, additional work remains necessary to determine long-term staffing requirements and workload demands. In the interim, the Monitoring Team supports adding additional resources to the Classification Unit to assist with implementation of the pending housing plans.

The Monitoring Team also identified several areas where operational processes remain overly dependent on manual communication, documentation, and review. Information sharing between healthcare and classification functions, disciplinary-review processes, incident-review processes, protective custody evaluations, and investigative referrals continue to rely heavily on individual staff actions rather than automated workflows and integrated reporting systems. As a result, the FCSO and the Monitoring Team are not yet able to consistently measure, audit, and validate all classification-related activities.

Overall, the Monitoring Team observed meaningful progress throughout this section. The primary challenge is no longer development of the classification framework itself, but rather continued implementation, integration, staffing, and validation of the systems necessary to ensure that classification decisions consistently drive housing, safety, and protection outcomes throughout the jail system.

Provision 51

By dates set in the Implementation Plan, Section XII, FCSO will, in consultation with the Monitor, draft and implement a plan for an objective classification system and housing plan specific to the Jail ("Classification and Housing Plan"). In drafting the Classification and Housing Plan, FCSO will consider custody

classification, risk/need assessment, and screening for risk of vulnerability or perpetration of physical violence or sexual abuse. FCSO will also examine its current housing units, including restrictive housing and protective custody, to determine the appropriateness of each housing unit as it relates to classification at the Jail. The Classification and Housing Plan will provide for separation of incarcerated people by custody classification, as appropriate. The Classification and Housing Plan will address adjustments to the classification system, adequate data collection and analysis, and appropriate ongoing testing for effectiveness. FCSO will submit the Classification and Housing Plan to the United States and the Monitor for review and comment before finalizing.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO made substantial progress during this reporting period toward implementation of the Classification and Housing Plan required by this provision. Much of the foundational work identified in the Implementation Plan has now been completed, including implementation of the revised classification instrument, quality assurance reviews, continued refinement of intake and classification processes, and development of the policy framework necessary to support long-term implementation.

The FCSO continued to work closely with classification expert Dr. James Austin regarding implementation and validation of the revised classification system. During the reporting period, additional audits and reliability reviews were completed, staff requiring remediation received additional training, and a second quality assurance review was conducted. Dr. Austin reported that the classification instrument is functioning appropriately, supervisory staff demonstrate an improved understanding of the scoring methodology, and staff performance continues to

improve. Leadership reported that initial classifications are occurring consistently and that intake operations have improved significantly compared to earlier monitoring periods. At the time of the onsite review, approximately 200 residents remained unclassified under the revised system. The FCSO reported that these residents were primarily housed in contract facilities or consisted of female residents housed at ACDC pending completion of classification activities. As of June 10, 2026, there were no residents who did not have an initial classification score. This demonstrates a profound improvement over the prior reporting period.

The FCSO also continued development of the policy framework required to support the Classification and Housing Plan. Multiple iterations of Classification Policy 200-13 have been completed, Housing Policy 200-12 has been developed, and Admissions Policy 200-22 remains under review. Additional policy revisions identified within the Implementation Plan continue to advance through the review process.

The next major phase of the FCSO's classification reform efforts is to finalize the housing plans. Before meaningful housing plans could be developed, the FCSO first needed to implement the revised classification system and complete a substantial portion of the reclassification process so that it could accurately understand the composition of the jail population. Once that baseline is established, the FCSO can evaluate the number of residents within each custody level and special population category and determine whether existing housing assignments appropriately separate incompatible populations while clustering compatible populations together.

The housing plans are intended to align housing resources with classification levels, protective custody needs, vulnerability concerns, gang-management considerations, medical and mental health needs, and available bed capacity across

the facilities. Leadership reported that housing plans for the Main Jail, South Annex, and Annex facilities were nearing completion. Dr. James Austin continues to assist the FCSO in validating those housing strategies and evaluating whether housing assignments appropriately separate incompatible populations while clustering compatible populations together.

While important work remains, particularly regarding final policy approval, completion and implementation of the housing plans, and continued validation of classification outcomes, the overall trajectory remains positive. The Monitoring Team observed meaningful advancement across nearly every major component of the Classification and Housing Plan and expects the next reporting period to focus primarily on implementation, operationalization, and outcome measurement rather than system development.

Provision 52

FCSO will update the Jail's intake/classification database to ensure compliance and implementation of the substantive provisions of this Consent Decree. It will capture important demographic, security, criminal history, vulnerabilities, medical, and mental health information.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continued to make substantial progress during this reporting period in improving the jail management system (JMS), currently Odyssey, and the information available to classification staff. The revised classification process relies heavily upon information contained within Odyssey, and the system now captures significantly more classification-related information than was available during earlier monitoring periods.

The Monitoring Team observed that Odyssey now contains alerts and indicators designed to assist classification and housing decisions. These include gang affiliation, victimization concerns, PREA-related screening, suicide risk, serious mental illness designations, lower bunk and lower tier restrictions, hearing impairments, and other housing-related considerations. The system also captures criminal history information used in the classification process and provides classification staff with information necessary to evaluate security risks and housing needs.

The availability of this information represents a significant advancement in the FCSO's ability to make informed classification and housing decisions. Classification staff now have access to substantially more information regarding resident vulnerabilities, security concerns, and housing restrictions than was previously available through the classification process.

Despite this progress, important limitations remain regarding the capture of medical, mental health, and disability-related information within Odyssey. While certain housing-related indicators are currently available within the system, the Monitoring Team did not observe evidence of a formalized or automated process that consistently ensures classification staff are notified of all housing-related healthcare, mental health, or disability accommodation needs. Rather, the process remains dependent upon communication between healthcare and custody staff and subsequent manual entry into Odyssey.

The Monitoring Team recognizes that healthcare staff may communicate important housing-related information through documentation, email, verbal communication, or other methods. However, the process remains heavily dependent upon individual staff actions and subsequent manual entry into Odyssey. The Monitoring Team is not yet able to conclude that this process occurs consistently

across all relevant classifications, including serious mental illness designations, disability accommodations, lower bunk or lower tier restrictions, and other housing-related healthcare needs.

For that reason, the Monitoring Team continues to believe that an automated or read-only interface between the electronic health record and Odyssey would provide a more reliable long-term solution. Such an approach would reduce dependence upon manual communication and data entry while helping ensure that classification staff consistently have access to appropriate non-HIPAA-protected information necessary to make informed housing decisions.

Overall, the FCSO has made meaningful progress toward meeting the requirements of this provision. Odyssey now captures much of the demographic, security, criminal history, vulnerability, medical, and mental health information contemplated by the Consent Decree. Continued efforts should focus on improving the reliability of information sharing between healthcare and custody systems and reducing dependence upon manual data-entry processes.

Provision 53

Jail classification staff will review any incident reports referred to classification and include relevant data from any threatening or violent incidents in the intake/classification database.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continued to make progress during this reporting period toward implementation of a process for reviewing threatening and violent incidents as part of the classification process. The Monitoring Team observed evidence that classification staff are reviewing incident reports and, in some cases, utilizing

information from those incidents to conduct classification reviews, adjust classification scores, and make housing-related decisions.

During onsite meetings, classification staff reported that incident reports are reviewed as part of classification operations, and the Monitoring Team observed examples demonstrating that classification personnel had documented their review of incident-related information within resident files. The Monitoring Team also observed examples where incident information appeared to result in classification reviews, housing-related decisions, or adjustments to classification status. These observations indicate that classification staff understands the requirement and that a process exists for incorporating incident information into classification decision making.

Despite this progress, the Monitoring Team's ability to evaluate compliance remains limited because the process is still largely dependent upon manual review and documentation. Incident reports are not always coded in a manner that reliably identifies incidents requiring classification review, and the current JMS does not yet provide a mechanism for confirming which incidents were referred to classification, whether classification completed a review, or whether the review resulted in a classification or housing action.

As a result, compliance currently can only be evaluated through labor-intensive file reviews rather than through automated reports or management tools. While the Monitoring Team observed examples where classification staff reviewed incident information and incorporated that information into classification decision making, the Monitoring Team cannot yet determine whether all threatening or violent incidents that should trigger classification review are consistently identified, reviewed, and documented.

The FCSO has recognized the need to improve automation and auditability of this process and has been working with Tyler Technologies to identify potential Odyssey enhancements. The Monitoring Team continues to believe that long-term compliance with this provision will require functionality within Odyssey that can identify incidents requiring classification review, document classification actions, and allow supervisors to verify that reviews are occurring consistently. Until such functionality is available, compliance verification will remain dependent upon file reviews and other manual processes.

Overall, the reporting period demonstrated meaningful progress. The issue is no longer whether classification staff understand the requirement to review threatening and violent incidents. Rather, the remaining challenge is establishing a system that allows FCSO and the Monitoring Team to reliably verify that qualifying incidents are consistently reviewed and incorporated into classification and housing decisions.

Provision 54

Housing assignments, including cell and bunk assignments within units, will be assigned by classification staff and may not be changed by other Jail staff, except in the case of exigent circumstances, and then subject to review by classification staff within 24 hours. Custody staff will ensure that incarcerated people comply with housing unit, cell, and bunk assignments.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continued to make progress during this reporting period in maintaining classification oversight of housing assignments. Classification staff remain

responsible for housing assignments and continue to review situations where residents are found outside their assigned cells or beds.

The primary issue is no longer staff making unauthorized housing assignments. Rather, residents continue to move themselves between cells within housing zones, particularly in housing areas where doors do not reliably secure. During count procedures, staff identify residents housed outside their assigned locations and provide that information to classification staff for review. Classification then determines whether the resident should be returned to the original housing assignment or whether the move should be approved and formally reflected within the housing system.

The FCSO has conducted staff briefings regarding housing assignment compliance and has worked with classification staff to identify the housing areas where these issues occur most frequently. The problem appears concentrated within portions of the Main Jail and is significantly less prevalent in facilities where cell doors function properly. Although staffing shortages exist throughout the system, the combination of staffing challenges and nonfunctioning doors has made housing assignment compliance particularly difficult within certain Main Jail housing units.

The FCSO understands the nature of the problem and has taken steps to monitor and address it. The FCSO began daily tracking of unauthorized moves by location starting in May 2026 with the intent of conducting a 60-day audit to address trends. This is positive; however, the issue remains ongoing and may be difficult to fully resolve until physical plant deficiencies are corrected and staffing levels improve. In the meantime, classification staff will need to continue reviewing housing discrepancies identified during count procedures and ensuring that housing assignments remain appropriate and consistent with classification decisions.

Provision 55

FCSO will conduct reclassification progress reviews of all incarcerated people at least once every 90 days to ensure that incarcerated people are assigned to the correct Facility and custody level, in accordance with the classification process. The reclassification will give more weight to institutional behavior and less weight to the charged offenses.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has stalled on progress during this reporting period toward implementation of the 90-day reclassification process required by this provision. Since implementation of the revised classification system, the Classification Unit has focused substantial effort on completing initial classifications, reducing the number of unclassified residents, and establishing a process for conducting periodic reclassification reviews. Leadership reported that initial classifications are being completed consistently; however, staffing shortages continue to prevent timely completion of all required reclassification reviews.

The primary barrier to compliance with this provision remains staffing rather than policy, training, or classification methodology. Dr. James Austin has validated the revised classification instrument and the FCSO has demonstrated an understanding of the reclassification process. However, the unit currently lacks sufficient personnel to complete all required reclassification reviews. At the time of the onsite review, much of the reclassification workload was being managed by a single classification sergeant, making it difficult to maintain current reviews while also addressing other classification responsibilities.

The FCSO has begun exploring the use of Criminal Information Specialist Technicians (CISTs) and other professional staff to augment classification operations. This approach is consistent with practices utilized in many correctional systems and would allow professional staff to conduct routine file reviews, rescoring activities, and administrative reclassification functions, while custody classification staff focus on responsibilities requiring interviews, housing decisions, and other custody-specific functions. The Monitoring Team believes this approach has the potential to significantly improve reclassification compliance and may represent a more sustainable staffing model given the FCSO's current recruitment and retention challenges.

Although reclassification reviews are occurring, staffing limitations have prevented the FCSO from maintaining pace with all required reviews and may have contributed to growth in the reclassification backlog during the reporting period. The Monitoring Team was also unable to independently validate the timeliness of all required reviews because Odyssey currently lacks robust reporting capabilities that would allow supervisors to easily track completed reclassifications, upcoming reviews, and overall compliance with the 90-day review requirement. While the system may identify some overdue reviews, additional functionality will be necessary to provide meaningful management oversight of the reclassification process.

Overall, the FCSO has established the foundation necessary to conduct periodic reclassification reviews. The remaining challenge is not development of the process itself, but establishing sufficient staffing resources and management tools to consistently perform and monitor reclassification reviews across the incarcerated population. The Monitoring Team is encouraging the County and FCSO to expand and expedite hiring of CIST staff to augment the Classification Unit staff.

Provision 56

FCSO will hold a reclassification review of incarcerated people following any adverse disciplinary finding and restrictive housing sanction.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continued to make progress during this reporting period toward implementation of the requirement that incarcerated people receive a classification review following an adverse disciplinary finding and restrictive housing sanction. The Monitoring Team observed evidence that classification staff are reviewing at least some disciplinary findings and documenting those reviews within resident files. During the onsite review, disciplinary records were examined that contained classification review documentation, indicating that the process exists and is being utilized in at least some cases. Classification staff also reported that disciplinary information is reviewed as part of classification operations.

The primary challenge under this provision is no longer staff awareness of the requirement. Rather, the challenge is establishing a reliable data system that ensures disciplinary findings are consistently documented, communicated to classification staff, reviewed, and incorporated into classification decisions when appropriate. The Monitoring Team observed evidence that reviews are occurring; however, compliance remains difficult to assess because the underlying disciplinary process is not yet sufficiently integrated into the JMS to ensure an adjudicated disciplinary report triggers a classification action and that classification action is documented on a standardized form or field integrated into the JMS, rather than handwritten on the disciplinary report, which is scanned into the JMS.

On a weekly basis, disciplinary staff send an e-mail to classification staff a list of all of their findings, including findings resulting in restrictive housing sanctions. While handwritten classification review forms were observed and appeared to document review activity, the process remains largely manual and dependent upon individual staff actions rather than automated workflows within Odyssey. As a result, neither FCSO nor the Monitoring Team can currently determine how many disciplinary findings should have triggered classification review, how many reviews were completed, or whether all resulting classification actions were appropriately documented.

As discussed in Provision 55, classification staffing limitations affect the unit's ability to perform and monitor required reviews. However, the primary barrier under this provision is the inability to reliably identify, document, and track all disciplinary findings requiring classification review.

Overall, the FCSO has demonstrated that classification reviews following disciplinary findings are occurring in at least some cases and that staff understand the requirements of this provision. The remaining challenge is developing a disciplinary-review process that is integrated into Odyssey to ensure that all qualifying disciplinary findings and restrictive housing sanctions consistently result in classification review. The Monitoring Team began providing technical assistance to support these efforts in July 2026 to assist in the overall disciplinary process.

Provision 57

FCSO will prepare an annual classification report, based on data from the reclassification progress reviews, to assess whether incarcerated people are being classified correctly and housed appropriately according to their classification.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed in the previous reporting period, the Monitoring Team does not anticipate reviewing the first annual classification report until 2027. The revised classification system continues to be implemented and refined, and calendar year 2026 is expected to serve as the baseline reporting period for the inaugural annual classification report.

As discussed throughout Provisions 51 through 56, the FCSO continued implementation of the revised classification system and associated quality assurance activities under the guidance of Dr. James Austin. The FCSO also prepared a draft Housing Plan for review which will permit the evaluation of appropriate housing of Residents pursuant to their classification factors. These efforts are expected to provide the foundation for the first annual classification report.

Both the FCSO and the Monitoring Team recognize that additional Odyssey reporting capabilities will be necessary to support development of a meaningful annual classification report. While Odyssey currently contains substantial classification, housing, and reclassification information, additional work will be necessary to improve reporting capabilities, data reliability, and management oversight tools. The Monitoring Team believes that Dr. Austin and the FCSO will be able to utilize existing data to develop a meaningful baseline report; however, that report will likely represent the first step in a longer-term reporting process that will continue to mature as the classification system and Odyssey reporting capabilities evolve.

Consistent with the timeline established in the prior report, the Monitoring Team anticipates that the first annual classification report will be based upon calendar year 2026 data and issued in 2027. The initial report should establish baseline measures regarding classification operations, housing assignments, and reclassification practices that can be refined and expanded in future years as additional data becomes available and reporting capabilities mature.

Provision 58

Fulton County and the FCSO will designate or create a sufficient number of housing units to enable the Jail to house people at high risk for victimization safely without relying on restrictive housing or similar punitive conditions. These housing units will be available, per request or assignment, to incarcerated people whose risk assessment screenings demonstrate a high likelihood of being abused; who are deemed vulnerable following an incident of physical or sexual abuse, or a threat thereof; who are vulnerable due to renunciation or refusal of gang membership; or who request protective custody and are determined to require such protection.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed in Provision 51, the FCSO has devoted substantial effort during this reporting period to implementation of the revised classification system and development of facility-specific housing plans. Those efforts are related to this provision because the FCSO cannot determine whether sufficient protective custody and specialized housing capacity exists until it first understands the composition of the incarcerated population, classification levels, vulnerability concerns, and specialized housing needs.

The FCSO currently maintains protective custody housing and has the ability to separate vulnerable residents, rival groups, enemy concerns, and other populations requiring special housing consideration. However, the number of residents officially identified as protective custody status was only 17 as of June 15, 2026, representing far below 1 percent of the jail population.

The Monitoring Team observed evidence that protective custody placements occur and that classification staff have mechanisms available to separate residents when safety concerns are identified. Accordingly, the issue is not whether protective custody housing exists, but whether sufficient protective custody capacity exists across the system to meet current and future needs without relying on restrictive housing or other temporary housing solutions.

The Monitoring Team reviewed a sample of emergency and safety-related grievances, submitted electronically and on paper, from the January through May 2026 reporting period. Across both sources, the Monitoring Team identified recurring complaints involving threats, assaults, extortion, gang-related concerns, roommate conflicts, sexual harassment, and requests for protection. The grievance records generally reflected timely review and response by supervisory, classification, or command staff. In many cases, staff documented interviews, housing changes, referrals, monitoring, or other actions intended to address the reported safety concern. Based on the grievance sample reviewed, the Monitoring Team did not identify a pattern of significant delays in responding to reported safety issues.

As noted above, the FCSO reported approximately 17 residents assigned to protective custody status. However, the grievance review did not provide a reliable mechanism for determining how many requests for protection were received during the reporting period, how many resulted in placement within protective

housing, how many were denied, how many were resolved through alternative housing assignments, or how many remained pending at the conclusion of the review period. As a result, the Monitoring Team is unable to determine whether the reported protective-custody population accurately reflects the number of residents requiring protection. The Monitoring Team believes FCSO should develop a mechanism for tracking requests for protection and documenting the disposition of those requests so that protective-custody decisions can be evaluated and protective-housing resources can be assessed against demonstrated need.

As discussed in Provisions 76, 77, and the investigations provisions, improvements in gang validation, intelligence gathering, and investigative functions have strengthened FCSO's ability to identify residents who may require protective custody housing due to victimization concerns, gang-related threats, extortion, enemy concerns, or other safety risks. These developments provide a stronger foundation for making informed housing and separation decisions and should assist the FCSO in more accurately identifying protective custody needs.

The FCSO has developed draft housing plans that can consider protective custody needs by classification level and housing type. The Monitoring Team has not yet had an opportunity to fully evaluate the completed housing plans and therefore cannot independently evaluate whether the proposed housing allocations provide sufficient protective custody capacity across the jail system. However, development of these housing plans represents meaningful progress beyond the previous reporting period and places the FCSO in a significantly better position to evaluate protective custody needs and housing resources.

The Monitoring Team believes completion and implementation of the housing plans, together with continued refinement of classification, intelligence, and investigative functions, should provide the FCSO with the information necessary to

determine whether additional protective custody capacity or housing modifications are required. The Monitoring Team expects this issue to become substantially clearer during the next reporting period.

Provision 59

When an incarcerated person communicates an imminent threat or risk of danger, Jail staff will immediately place the incarcerated person in a safe place, removed from the perceived or alleged threat of physical or sexual abuse, while determining an appropriate housing assignment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team observed limited measurable progress related to this provision during the current reporting period. The FCSO continues to maintain protective custody housing and retains the ability to separate residents when threats, enemy concerns, victimization concerns, or other safety risks are identified. The Monitoring Team remains aware that staff have mechanisms available to remove residents from potentially dangerous situations while classification and housing decisions are being evaluated.

As discussed in Provisions 51 and 58, the FCSO has continued to strengthen classification, intelligence, and investigative functions that support identification and management of vulnerable residents. These efforts should ultimately improve the FCSO's ability to evaluate protective custody needs and make appropriate housing decisions when threats are identified.

However, the Monitoring Team remains unable to determine whether residents who report imminent threats or risks of danger are consistently removed from danger, documented, tracked, and appropriately housed pending further review.

While staff continue to report that protective actions are taken when threats are identified, the Monitoring Team has not yet observed sufficient documentation, tracking mechanisms, or proof-of-practice to independently evaluate the consistency of those actions across the jail system.

As discussed in the preceding provisions, the Monitoring Team reviewed a sample of paper emergency and safety-related grievances as well as electronically submitted grievances from the January through May 2026 reporting period. The grievances reflected recurring reports of threats, assaults, extortion, gang-related concerns, roommate conflicts, and requests for protection. In many cases, staff documented interviews, housing changes, referrals, monitoring, or other actions intended to address the reported safety concern, suggesting that reported threats are generally reviewed and acted upon. However, the Monitoring Team was unable to determine from the grievance records whether residents reporting imminent threats were consistently and immediately removed from the perceived threat, how long any temporary separation lasted, whether the separation remained effective, or what final housing determinations were made. As a result, while the grievance review provides some evidence that reported safety concerns receive attention from staff, the Monitoring Team is unable to determine whether the FCSO consistently complies with the requirement to immediately place threatened residents in a safe location pending an appropriate housing determination.

Accordingly, the Monitoring Team's assessment of this provision remains substantially unchanged from the previous reporting period. Future compliance efforts should focus on developing documentation and tracking mechanisms that allow the FCSO and the Monitoring Team to better evaluate protective custody requests, emergency separations, and related housing decisions involving residents who report threats to their safety.

Provision 60

No one will be denied protective custody or a housing unit designated pursuant to paragraph 58 based solely on a refusal to identify the person or persons who pose a threat.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team's assessment of this provision remains substantially unchanged during the current reporting period. However, the FCSO has made progress in several related areas that should ultimately strengthen its ability to identify, evaluate, and protect vulnerable residents. As discussed in Provisions 58, 76, 77, and 96 through 102, the FCSO has continued to improve classification practices, gang validation efforts, intelligence gathering, and investigative capabilities. These developments provide a stronger foundation for identifying residents who may require protection, even when they are unwilling or unable to identify a specific threat.

At the same time, significant questions remain regarding how these concerns are evaluated, documented, and resolved. The Monitoring Team does not yet have a clear understanding of whether protective custody requests involving unidentified threats are primarily evaluated by classification staff, referred to SEU for investigation, managed through unit level staff or addressed through a combination of these processes. Similarly, additional clarity is needed regarding how investigative findings related to victimization concerns, enemy concerns, or housing risks are communicated back to classification staff, documented into the JMS and incorporated into housing decisions.

During review of completed investigations, the Monitoring Team observed examples where investigators and classification staff identified concerns that appeared relevant to classification and housing decisions. However, the Monitoring Team could not consistently determine whether those findings were communicated to classification staff, acted upon, or documented within the classification file. As a result, it remains difficult to evaluate how information flows between investigative, intelligence, and classification functions when a resident seeks protection but is unable or unwilling to identify a specific threat.

The Monitoring Team recognizes that several of the systems necessary to comply with this provision continue to improve. However, additional policy development, process clarification, documentation standards, and proof-of-practice will be necessary before compliance can be more fully evaluated.

Staffing and Supervision

The staffing and supervision provisions remain among the most critical provisions in the Consent Decree because staffing levels affect nearly every aspect of jail operations, including housing-unit supervision, mandatory-post coverage, security checks, supervisory presence, violence prevention, investigations, classification, and physical security. During this reporting period, the County and FCSO made meaningful progress in several foundational areas, particularly in staffing analysis, staffing reporting, operational data collection, and compliance-monitoring systems. However, those improvements have not yet translated into meaningful improvement in daily jail operations.

The County and FCSO have invested significant resources in addressing the staffing crisis. The CGL Phase 1 staffing analysis established a minimum staffing baseline and provides the FCSO with a clearer understanding of the staffing levels

necessary to safely operate the jail. During the prior reporting period, FCSO data indicated it had approximately 398 filled Jail Division positions.⁴ During the current reporting period, staffing data reflected approximately 407 filled Jail Division positions, representing modest growth in the custody workforce.⁵ The County also continued implementation of multiple recruitment and retention initiatives, including engagement of the Whalls Group, implementation of a \$10,000 retention incentive for custody personnel, implementation of a \$10,000 sign-on bonus for detention officers, expansion of background-investigation resources, and completion of a compensation and benefits study. In addition, the County expanded its use of Allied Universal (Allied) contract personnel, reportedly filling more than 121 tower officer positions. During the April 29 through May 19, 2026, staffing review period the Allied staff generated more than 10,000 staffing hours which is equivalent to approximately 87 full-time employees.

Despite these investments and initiatives, operational staffing outcomes have not materially improved. During the prior reporting period, approximately 55 percent of mandatory posts at the Main Jail, Marietta Annex, and South Annex remained vacant. Analysis of staffing data for those locations from April 29 through May 19, 2026 found that approximately 54 percent of required staffing hours remained unfilled. Similarly, fewer than 30 applicants had been approved for hire through

⁴ This count and others like it in this section reflect filled security specialist, deputy sheriff, deputy sheriff sergeant, deputy sheriff lieutenant, deputy sheriff captain, detention officer, detention sergeant, detention lieutenant, and detention captain positions. They do not include positions of higher rank in the detention officer and deputy classifications or other civilian positions. This particular count comes from the December 29, 2025 AMS report.

⁵ This count and others from this reporting period are based on the June 5, 2026 AMS report.

the Whalls recruitment process as of June 2026, but the recent increase in hiring is showing promise. While the Monitoring Team recognizes that hiring within a large law-enforcement agency involves numerous factors beyond recruitment, the current pace of hiring remains insufficient to resolve the staffing crisis within a reasonable timeframe. The Monitoring Team therefore remains concerned that current staffing levels are insufficient to safely manage the jail population and meet the requirements of the Consent Decree.

At the same time, the County and FCSO made significant progress in their ability to measure and understand staffing conditions. Staffing reports are substantially more reliable than during prior reporting periods, management appears increasingly familiar with the reporting process, and the Monitoring Team is now able to evaluate vacancy rates, post coverage, overtime utilization, redirected staffing, contract staffing, and supervisory staffing with greater confidence.⁶ While improved measurement does not solve the staffing crisis, it provides a more reliable foundation for future operational decision-making and compliance monitoring.

The Monitoring Team also observed encouraging developments related to security checks and operational accountability. Preliminary analysis of NoteActive data, which is the system that tracks completed security checks, suggests that documented security-check activity increased substantially beginning in December 2025 and continuing through May 2026. While additional analysis remains

⁶ While the roster data are more reliable, the Monitoring Team's review of rosters continues to identify potential issues with some of the information being recorded. The data presented in this section helps identify trends and patterns, but should not yet be considered precise measures. The Monitoring Team will continue to provide technical assistance related to roster data maintenance.

necessary to isolate security checks from other recorded events and validate performance measures, the trend appears positive. The FCSO also continued implementation of the NoteActive platform, including deployment of Near Field Communication (NFC) accountability measures and handheld devices intended to improve documentation, reporting, and management oversight. These efforts support the Monitoring Team's determination that partial compliance is now appropriate for Provision 69.

Despite these improvements, staffing shortages continue to affect supervisory coverage, security checks, physical security, investigations, and numerous other operational functions. Supervisory staffing levels remain insufficient, and many supervisors continue to perform the operational duties of working directly in officer posts rather than the mentoring, accountability, and oversight functions contemplated by the Consent Decree. Door-security deficiencies also remain a significant concern and continue to contribute to unauthorized movement, violence, and supervision challenges within portions of the jail. Post orders likewise remain an area of non compliance, as the FCSO has not yet begun the comprehensive revision process necessary to align post assignments with evolving Consent Decree requirements and operational practices.

One provision within this subsection has matured substantially. The Monitoring Team again found Substantial Compliance with the requirement that criminal background checks be completed for new hires and contractors. Based upon two consecutive reporting periods of substantial compliance, including review of employee background-investigation files and contractor clearance files, the Monitoring Team believes this requirement has become institutionalized.

Overall, the County and FCSO have made meaningful progress in understanding, measuring, and managing staffing conditions. However, the underlying staffing

shortages remain unresolved and continue to affect daily operations, safety, supervision, and compliance efforts throughout the jail system. The next reporting period should focus on improving hiring outcomes, increasing staffing levels, evaluating deployment strategies, validating staffing data, and determining whether current staffing resources can realistically support the jail population and operational requirements established by the Consent Decree.

Provision 61

The County and FCSO will conduct a staffing analysis to determine the number and type of staff necessary to safely operate the Jail and fulfill the requirements of this Consent Decree.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find Partial Compliance with this provision. During the current reporting period, the County continued implementation of the CGL Phase 1 staffing analysis, which established an initial minimum staffing baseline for operation of the jail. The Monitoring Team continues to view completion of the Phase 1 analysis as an important milestone because it provides the County and FCSO with a clearer understanding of the staffing levels necessary to operate the facility safely and effectively.

The Monitoring Team believes the County now possesses sufficient information to understand the minimum staffing levels necessary to safely operate the jail. The primary challenge is no longer identifying staffing needs but rather achieving staffing levels capable of meeting those identified requirements. During the current reporting period, staffing data reflected approximately 407 filled Jail Division positions, representing modest growth from the approximately 398 filled

positions at the end of the prior monitoring period. While this increase is a positive development, staffing levels remain substantially below the staffing requirements identified through the CGL analysis and have not yet been translated into meaningful operational improvements.

The County has continued discussions regarding a potential Phase 2 staffing analysis that would further refine staffing requirements, organizational structure, and long-term operational needs. This next phase of the staffing analysis would include an assessment of the staff needed to fulfill the requirements of the Consent Decree.

Accordingly, the Monitoring Team finds Partial Compliance appropriate. The County has completed the initial staffing analysis contemplated by this provision and established a minimum staffing baseline.

Provision 62

The County and FCSO will develop and implement a comprehensive recruitment, hiring, and retention strategy sufficient to achieve and maintain staffing levels necessary to safely operate the Jail and comply with the requirements of this Consent Decree.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find Partial Compliance with this provision. During the current reporting period, the County and FCSO continued implementing multiple recruitment and retention initiatives intended to address the ongoing staffing crisis. These efforts included continued engagement of the Whalls Group to support recruitment efforts, implementation of a \$10,000 retention incentive for custody personnel, expansion of the background-

investigation unit, and completion of a compensation and benefits study intended to identify long-term recruitment and retention strategies.

The County continued utilizing the Whalls Group to support recruitment efforts and generate candidate interest. Since implementation of the current recruitment strategy, approximately 1,500 individuals have expressed interest in employment opportunities with FCSO. Approximately 40 percent of those inquiries ultimately resulted in submission of a formal application, and slightly more than 200 applicants were referred to FCSO for formal background investigation. However, as of June 2026, fewer than 30 applicants had been approved for hire. While these figures continue to evolve, the overall hiring yield reflects thousands of initial inquiries will be required to produce actual candidates who want to proceed with the background process and ultimately are eligible for hire. The Monitoring Team is working with the FCSO and Whalls Group to quantify the hiring yield from the point in which an inquiry results in a candidate authorizing the initial step of a criminal background check.

The Monitoring Team remains concerned by these outcomes. The current hiring yield is not sufficient to resolve the staffing shortages affecting jail operations and does not appear capable of producing staffing improvements at a pace necessary to meaningfully reduce operational risk. The Monitoring Team recognizes that hiring within a large law-enforcement agency is a complex process involving background investigations, medical screening, academy scheduling, onboarding requirements, and other factors. Nevertheless, the current pace of hiring remains insufficient to resolve the staffing crisis within a reasonable timeframe.

The Monitoring Team understands that applicant attrition occurs for a variety of reasons. Some applicants fail criminal-history reviews or background investigations. However, a significant number of applicants disengage from the

process before hiring decisions are made. During discussions with FCSO and the Whalls Group, both organizations identified concerns regarding portions of the hiring process and applicant screening methods. The Monitoring Team continues to work with the County, FCSO, and the Whalls Group to better understand where applicants are being lost and what modifications may improve hiring outcomes.

The County also implemented a \$10,000 retention incentive for custody personnel during the reporting period. Approximately 300 employees were reportedly eligible for the incentive. At the time of the April 2026 onsite review, leadership reported that 43 employees had declined participation and approximately 100 additional employees had not executed the required agreement. FCSO subsequently reported that concerns regarding the original agreement language resulted in revisions to the program documentation. Staff interviewed during the onsite review discussed the retention-bonus issue and the County's subsequent efforts to address employee concerns. The Monitoring Team views the retention incentive as a significant investment toward improving retention; however, it remains too early to determine whether the program will result in measurable improvements in staffing levels or employee retention.

The Monitoring Team also remains concerned that the County has not yet demonstrated a comprehensive strategy for managing a substantial increase in successful hiring. The Monitoring Team remains available to support FCSO in developing a training plan that incorporates new hires and the myriad of training requirements associated with the Consent Decree.

While staffing levels have improved modestly since the prior reporting period, the improvement has not been sufficient to meaningfully affect operational staffing conditions. During the prior reporting period, FCSO data indicated it had approximately 398 filled Jail Division positions. During the current reporting

period, staffing data reflected approximately 407 filled Jail Division positions. While this increase is encouraging and suggests staffing levels may be stabilizing, the growth remains insufficient to close the substantial staffing gap identified through the CGL staffing analysis.

The Monitoring Team remains concerned that current staffing levels are insufficient to safely manage the current jail population. While the County and FCSO have made meaningful progress in understanding and measuring the staffing challenges facing the jail, they have not yet demonstrated an ability to hire and retain staff at a pace sufficient to resolve them. Absent substantial improvement in staffing levels, the County should begin evaluating whether population-management strategies will be necessary to reduce risk to residents and staff.

Provision 63

The County and FCSO will develop and maintain a staffing plan that identifies mandatory posts, staffing priorities, supervisory requirements, and deployment strategies necessary to safely operate the Jail.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Recognizing that staffing levels remain substantially below operational need, FCSO continued refining a staffing plan designed to prioritize limited resources toward the jail's most critical operational functions. The current staffing plan reflects the realities of existing staffing shortages rather than the staffing levels ultimately required to achieve full compliance with the Consent Decree.

During the reporting period, the staffing expert reviewed the staffing plan, identified deficiencies in portions of the reporting process, and provided additional onsite technical assistance regarding staffing deployment, staffing analysis, and

staffing measurement. As a result of this work, the County and FCSO continued refining both the staffing plan and the data used to evaluate staffing performance. The Monitoring Team and staffing expert established April 2026 as the baseline period from which future staffing-plan analysis will be conducted. This baseline reflects growing confidence in the reliability of staffing-reporting data and provides a more stable foundation for evaluating staffing performance moving forward.

The Monitoring Team recognizes that the current staffing plan remains heavily influenced by operational realities rather than identified staffing needs. Mandatory posts, deployment priorities, and staffing decisions continue to reflect the staff currently available rather than the staffing levels identified through the CGL analysis. This is an operational reality facing the jail and is not unique to this provision.

During the reporting period, the County continued expanding its use of Allied contract personnel as part of its overall staffing strategy. Leadership reported that more than 121 Allied tower officer positions had been filled. The Monitoring Team believes the Allied contract has provided meaningful operational relief, particularly by improving tower coverage and allowing housing-unit staff to operate with greater support. However, contract staffing is not a substitute for achieving the permanent staffing levels contemplated by the Consent Decree.

The County and FCSO are also evaluating whether the TeleStaff platform may provide a more sustainable long-term staffing and scheduling solution. The Monitoring Team and staffing expert have worked with FCSO to identify the reports, metrics, and management tools necessary to support future staffing analysis and oversight. However, the current staffing plan and reporting process

remain the primary mechanisms for evaluating staffing deployment and staffing performance.

The Monitoring Team views the staffing plan as an important operational management tool. However, the current staffing plan should be understood as a crisis-management framework rather than a long-term staffing solution. Despite modest growth in custody staffing and substantial augmentation through Allied personnel, operational vacancy rates remain largely unchanged from the prior reporting period. Meaningful progress under this provision will ultimately depend upon staffing levels improving to a point where the County can transition from managing shortages to staffing the jail in accordance with identified operational needs.

Accordingly, the Monitoring Team finds Partial Compliance appropriate. FCSO has developed and continues to refine a staffing plan that guides operational decision-making. However, the effectiveness of that plan remains constrained by staffing levels that remain substantially below operational need.

Provision 64

FCSO will document on each shift report whether the minimum staffing requirements as set out in the staffing analysis and staffing plan were met for that shift.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continued to utilize the staffing-reporting system developed during the previous reporting period. During the current reporting period, the staffing expert identified significant inaccuracies within portions of the staffing reports and provided additional onsite technical assistance to improve the quality, reliability,

and consistency of the data being reported. In addition to missing and inaccurate entries, the reports do not consistently reflect which posts are required for minimum staffing as staff change them without authorization. The FCSO has not yet established a formal mandatory minimum staffing for each facility that cannot be adjusted by supervisors without a formal process. As a result, the FCSO continued refining its staffing-reporting process and implementing additional quality-control measures designed to improve daily accuracy and management oversight.

During prior reporting periods, the Monitoring Team's ability to evaluate staffing conditions was limited by inconsistent reporting and the absence of reliable staffing data. The most significant development under this provision has been the County's ability to produce staffing information that the Monitoring Team now considers sufficiently reliable to support operational analysis and compliance monitoring.

While reporting accuracy has improved substantially, the staffing reports continue to measure a staffing system operating under crisis conditions. The staffing plan remains heavily influenced by operational realities rather than identified staffing needs, and staffing priorities continue to be driven by available personnel rather than the staffing levels identified in the CGL analysis. As a result, FCSO is becoming increasingly effective at measuring staffing deficiencies, but meaningful progress toward substantial compliance will remain difficult until staffing vacancies are significantly reduced.

The Monitoring Team notes that this provision focuses on the accuracy and reliability of staffing measurement and reporting. The extent to which mandatory posts are actually filled, including the use of redirected staff, overtime, contract staffing, and other staffing strategies, is discussed in Provision 65.

Provision 65

FCSO is obligated to ensure that all mandatory posts at the Jail are filled on each shift. FCSO will take all reasonable steps to fulfill this obligation, including by closely tracking and reporting on unfilled posts and developing corrective action plans to address deficiencies.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

With a more reliable staffing-reporting system now in place and FCSO improving in the documentation associated with staffing, the Monitoring Team is in a stronger position to evaluate whether FCSO is successfully filling mandatory posts and how staffing shortages are being managed on a daily basis. The improved reporting process discussed in Provision 64 now provides a more accurate understanding of vacancy rates, staffing deployment decisions, overtime utilization, redirected staff, and contract staffing resources.

The staffing analysis does not demonstrate a material improvement in vacancy rates since the last reporting period. During the prior reporting period, approximately 55 percent of identified mandatory posts at the Main Jail, Marietta Annex, and South Annex remained vacant. Analysis of staffing data for those locations from April 29 through May 19, 2026 similarly found that approximately 54 percent of the staffing hours required to meet minimum operational staffing levels remained unfilled. While FCSO has made substantial progress in its ability to accurately measure and report staffing levels, the underlying staffing shortage has remained largely unchanged. As a result, significant mandatory-post vacancies continue to affect daily operations and remain a substantial barrier to compliance with this provision.

The Monitoring Team remains concerned that FCSO continues to operate substantially below the staffing levels necessary to consistently fill mandatory posts. While staffing reports now provide a clearer picture of daily staffing conditions, the underlying staffing deficiencies remain significant. As discussed in Provision 61, the County has identified minimum staffing requirements through the CGL staffing analysis. However, current staffing levels remain insufficient to consistently achieve those minimum requirements.

The FCSO continues to rely on redirected personnel, overtime assignments, and contract staffing resources to address staffing shortages. However, the staffing analysis raises significant questions regarding whether available staffing resources are being utilized to their full potential. During the review period, the FCSO had approximately 185 filled positions outside the Jail Division.⁷ The staffing analysis determined that, if just half of those personnel were redirected to work two 12.5-hour jail shifts per week as contemplated by the Sheriff's June 13, 2025 redirection directive, they could provide approximately 2,313 hours of jail staffing coverage per week. During the review period, however, those personnel provided an average of only 416 hours of coverage per week across the Main Jail, Marietta

⁷ The FCSO has indicated, and the Monitoring Team acknowledges, that some staff assigned to positions outside of the Jail Division perform functions that cannot reasonably be interrupted without adversely affecting its legal obligations and public safety responsibilities. The staffing analysis included here assumes that an average of 50% of these staff can work two shifts per week in the jail. If the FCSO conducts an analysis to identify the specific positions outside of the Jail Division that cannot be redirected to the jail, the Monitoring Team will review that analysis in future reporting periods.

Annex, South Annex, and Grady Hospital combined.⁸ This means that roughly 18% of the potential staffing support available through the redirection initiative was actually being utilized. It also means that approximately 3% of posts were filled with redirect staff, compared to 14% if all 2,313 hours were worked.

The Monitoring Team is also concerned by the relatively limited use of overtime to address ongoing staffing shortages. During the 21-day review period, the facilities reviewed generated an average of approximately 653 overtime hours despite untenable and dangerous vacancy rates. By comparison, the Sheriff's Office employed approximately 592 total staff across the Jail Division and other FCSO divisions during the same period. If half of these employee worked just one additional 12.5-hour overtime shift per week, the Sheriff's Office would have generated approximately 3,700 hours of additional staffing coverage. The overtime actually worked therefore represented only a small fraction of that potential, about 18%. Overtime represented 4% of all posts filled, compared to 20% if 3,700 hours of overtime were worked. While it is critical that the Sheriff require his staff to work jail units both through redirect and overtime, the County is encouraged to incentivize working the jail on overtime through the use of double time pay until the vacancy rates reduce to a manageable level. The double time pay should be available to all custody and law enforcement staff assigned to work an established post on the daily roster, which is measurable for accountability.

⁸ The FCSO reports that supervisory personnel, such as captains, majors, and lieutenant colonels, frequently respond to assist with emergent operational needs at the Main Jail and routinely provide, among other things, staffing relief and supervisory support. This work is not captured in the staffing analysis presented here. If the FCSO begins documenting the jail-related contributions of supervisory personnel, the Monitoring Team will review the relevant records in future reporting periods.

Once vacancy rates reduce to a level where safety is restored, current policies regarding overtime pay can be re-established.

The Monitoring Team recognizes that overtime and redirection are not a sustainable long-term solutions and that not all employees can reasonably be expected to work additional shifts. Nevertheless, when viewed alongside the continued existence of substantial mandatory-post vacancies, the current staffing data raises questions regarding whether all reasonable short-term staffing strategies are being fully utilized to mitigate known staffing deficiencies. The Monitoring Team will continue evaluating whether existing staffing resources are being deployed aggressively enough to mitigate risks associated with vacant mandatory posts. Currently combined overtime and redirection efforts are unacceptable due to the level of violence and conditions occurring in the FCSO facilities.

FCSO staffing levels remain insufficient to safely operate the jail in accordance with the requirements of the Consent Decree. While FCSO has improved its ability to identify and measure vacant posts, the ability to fill those posts remains significantly constrained by staffing shortages and a lack of urgency for the FCSO leadership to utilize all available resources to mitigate the profound staffing crisis. Meaningful progress under this provision will ultimately depend upon successful recruitment, hiring, retention, and deployment of additional custody staff.

Provision 66

FCSO is obligated to ensure that appropriate security supervisors are assigned to the Jail on all shifts, so as to provide staff supervision and guidance, and ensure safe and orderly operation of the Jail. FCSO will take all reasonable steps to fulfill this obligation, including by closely tracking and reporting on a lack of assigned supervisory staff and developing corrective action plans to address deficiencies.

These supervisory positions will not be used to replace correctional officer staffing, absent exigent circumstances.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As discussed in Provision 65, FCSO continues to operate with significant staffing shortages throughout the jail system. The supervisory staffing challenges addressed in this provision are related to those broader staffing shortages because sergeants, lieutenants, and captains are generally promoted from the same custody workforce currently experiencing substantial vacancy rates. As a result, the inability to fill line-level custody positions directly affects FCSO's ability to fill supervisory positions and maintain an appropriate supervisory structure.

The staffing-reporting system discussed in Provisions 64 and 65 also allows FCSO, the Monitoring Team, and the Department of Justice to evaluate supervisory staffing levels and supervisory vacancies more accurately. During the previous reporting period, the vacancy rates at the Main Jail, Marietta Annex, and South Annex were approximately 41 percent for sergeant posts, 53 percent for lieutenant posts, and 52 percent for captain.

During this review period, overall, there was slight improvement in supervisory post coverage. The review for the period of April 29 through May 19, 2026 at the Main Jail, Marietta Annex, and South Annex found that approximately 49 percent of required supervisory staffing hours were unfilled, with approximately 53 percent of sergeant posts vacant, 53 percent of lieutenant posts vacant, and 31 percent of captain posts vacant.

While this figure is slightly lower than the overall mandatory-post vacancy rate of approximately 54 percent, nearly one-half of the supervisory coverage required

under the staffing plan remained unfilled. These deficiencies were most pronounced at FCJ (Main Jail) and Marietta Annex, where required supervisory staffing levels were routinely not achieved. Although supervisory staffing at South Annex was substantially stronger, recurring Lieutenant vacancies remained. The Monitoring Team remains concerned that ongoing staffing shortages continue to require supervisors to fill operational assignments and housing unit posts rather than perform supervisory functions. As a result, even when supervisory posts are filled, staffing shortages continue to limit the ability of supervisors to provide the oversight, mentoring, accountability, and compliance functions contemplated by the Consent Decree due to the fact they are covering housing units.

Unlike line-level staffing shortages, supervisory staffing shortages affect not only daily operations but also FCSO's ability to implement, monitor, and sustain broader Consent Decree reforms. Supervisors are responsible for mentoring staff, ensuring policy compliance, conducting reviews and investigations, monitoring operational performance, and implementing corrective actions when deficiencies are identified.

The Monitoring Team remains concerned that supervisory personnel continue to be heavily focused on addressing immediate operational demands rather than performing the supervisory functions contemplated by this provision. During staff briefings, staff continued to identify a need for more experienced supervisors, stronger mentoring, and greater day-to-day supervisory support. These concerns are consistent with observations made during prior reporting periods and reflect the operational reality that many supervisors are consumed by staffing shortages, emergency response activities, and other operational demands.

The impact of supervisory staffing shortages extends beyond routine jail operations. Numerous Consent Decree provisions rely upon supervisors to conduct reviews, mentor staff, provide training oversight, evaluate uses of force, conduct

investigations, identify policy violations, implement corrective actions, and ensure operational accountability. As discussed throughout the Use of Force provisions, the Monitoring Team continues to identify concerns regarding force reviews, supervisory investigations, corrective-action processes, training oversight, and accountability systems. While these issues cannot be attributed solely to supervisory staffing shortages, meaningful progress in many areas of the Consent Decree will remain difficult without sufficient supervisory staffing and the ability of supervisors to perform supervisory functions rather than filling operational gaps.

The Monitoring Team recognizes that FCSO continues to track supervisory vacancies and is attempting to fill supervisory positions as staffing levels permit. However, meaningful improvement in supervisory staffing will remain difficult until the underlying line-level staffing shortages improve. The County cannot promote supervisors from positions that remain vacant, and the continued shortage of custody staff limits the pool of qualified personnel available for promotion.

Accordingly, the Monitoring Team finds that FCSO remains out of compliance with this provision. While staffing measurement and reporting have improved, supervisory staffing levels remain insufficient to provide the level of oversight, mentoring, guidance, and accountability contemplated by the Consent Decree.

Provision 67

FCSO will ensure and document that there are unannounced, irregularly timed rounds conducted at least every hour inside each general population housing unit and at least once every 30 minutes for special management units, or more often if required by policy or this Consent Decree. During rounds, Custody Staff will observe every incarcerated person in the unit for signs of life. Video surveillance

and visual rounds from a control tower may be used to supplement, but must not be used to replace, rounds by Custody Staff.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As discussed in the preceding staffing provisions, staffing shortages continue to affect FCSO's ability to demonstrate compliance with required security-check practices. The Monitoring Team remains unable to conclude that required security checks are being completed consistently at the frequencies required by policy and the Consent Decree. This includes routine one-hour security checks, thirty-minute checks in higher-observation settings, and more frequent checks required for specialized housing assignments.

At the same time, the Monitoring Team observed indications that security-check performance may be improving during the current reporting period. During meetings regarding the NoteActive system, the Monitoring Team reviewed examples of documented security-check activity before and after deployment of Allied tower personnel. The information reviewed suggested a noticeable increase in documented security-check activity following staffing augmentation associated with the Allied contract. In addition, while security checks continue to be missed and timeliness concerns remain, the Monitoring Team did not observe the same frequency of extreme delays between documented security checks that were identified during prior reporting periods.

The reason for this apparent improvement remains unclear. The improvement may reflect increased staffing support associated with the Allied contract, allowing housing-unit staff more time to conduct required security checks. It may reflect improved staff compliance with security-check requirements. It may reflect

improved documentation practices. It may also reflect changes in how security checks are recorded within the system. At present, the Monitoring Team cannot determine the relative impact of these factors, but the overall trend appears more positive than that observed during the prior reporting period.

While the Monitoring Team has not yet been able to quantify the overall increase in security checks or determine the average interval between checks, data provided by FCSO suggests a substantial increase in security-check activity beginning in December 2025 and continuing through May 2026. The Monitoring Team is currently working with FCSO to further refine the data analysis, as the available data set includes events unrelated to security checks, such as door openings, which affect the accuracy of the review. Despite these limitations, preliminary analysis indicates that security-check activity increased significantly during the reporting period, representing meaningful progress toward improving supervisory oversight and security-round practices.

FCSO also continued implementation of enhancements to the NoteActive system. Leadership reported that NFC tags have been installed throughout portions of the jail. NFC tags are electronic checkpoints that require staff to physically scan a designated location using a handheld device, creating a documented record that the location was visited. FCSO also began piloting handheld devices intended to improve accountability and documentation of security checks. The Monitoring Team views these efforts positively because they have the potential to provide more reliable information regarding whether security checks are occurring and whether they are being completed within required timeframes.

The Monitoring Team views the apparent improvement in documented security-check activity as a positive development. However, until reliable baseline data can be established and validated, the Monitoring Team cannot determine whether the

observed improvement reflects actual increases in security-check performance, improved documentation practices, changes in recording methodology, or a combination of those factors. Once reliable baseline data is established, the Monitoring Team anticipates being in a significantly stronger position to evaluate compliance with this provision and determine whether the improvements observed during this reporting period represent meaningful operational progress.

Provision 68

FCSO will ensure that supervisors conduct and document unannounced rounds during all shifts to identify and deter staff misconduct or lapses in supervision. The Watch Commander, Captain of Security or equivalent, and Chief Jailer, will all conduct documented and unannounced rounds in housing and activity areas.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find partial compliance with this provision, although it did not observe significant changes during the current reporting period.

As discussed in Provision 66, supervisory staffing shortages continue to affect FCSO's ability to provide the level of supervisory presence contemplated by the Consent Decree. Supervisors remain heavily engaged in responding to operational demands, staffing shortages, emergency situations, and other daily responsibilities that limit their ability to consistently conduct and document routine supervisory rounds.

During the reporting period, the Monitoring Team discussed this provision with FCSO and reviewed potential methods for improving documentation and accountability associated with supervisory rounds. These discussions focused primarily on the NoteActive system and whether the system could be utilized to

document supervisory presence within housing units and generate reports capable of measuring compliance with this provision.

At present, FCSO does not have a reliable mechanism for distinguishing between routine supervisory rounds and supervisor presence associated with other operational activities. Supervisors frequently enter housing units in response to incidents, staffing needs, resident concerns, meal relief, or other operational demands. While these activities may result in supervisor presence within a housing unit, they do not necessarily constitute the routine supervisory rounds contemplated by this provision. As a result, the Monitoring Team is currently unable to determine whether supervisory rounds are being conducted consistently throughout the jail system.

FCSO believes the NoteActive system may ultimately provide a mechanism for documenting supervisory rounds and generating compliance reports. However, implementation remains incomplete, reporting capabilities continue to evolve, and the system has not yet been configured in a manner that allows the Monitoring Team to evaluate compliance with this provision. The Monitoring Team also recognizes that meaningful implementation will remain difficult until supervisory staffing levels improve and supervisors have sufficient time to conduct routine rounds in addition to their operational responsibilities.

The Monitoring Team anticipates that the greatest area of potential progress during the next reporting period will be development of a reliable method for documenting and measuring supervisory rounds. Once a reporting mechanism is established, the Monitoring Team will be in a significantly better position to evaluate compliance and determine whether routine supervisory rounds are occurring at the frequency contemplated by this provision.

During the next reporting period, the FCSO must establish a reliable method for demonstrating that routine, unannounced supervisory rounds are conducted and documented on all shifts by the supervisory and command staff identified in this provision. Absent demonstrable implementation and proof of practice, continued partial compliance may no longer be supportable.

Provision 69

FCSO will ensure that all security rounds are documented electronically in NoteActive. In the event that NoteActive is unavailable, they will be documented in bound logs with pre-printed sequential page numbers that do not contain pre-printed rounding times, and that are maintained on each housing unit, then entered in NoteActive as a late entry. NoteActive logs will be reviewed by the Watch Commander on each shift, and a selection of NoteActive logs will be reviewed by the Chief Jailer monthly.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During the previous reporting period, the Monitoring Team found non compliance with this provision because the NoteActive system was not being utilized in a manner that allowed FCSO to effectively measure, monitor, and manage compliance with key operational requirements. During the current reporting period, FCSO devoted substantial effort toward improving utilization of the system, expanding its capabilities, refining reporting expectations, and identifying how the system can support operational accountability and compliance monitoring. Based upon this progress, Partial Compliance is now appropriate.

During the reporting period, the Monitoring Team met with FCSO personnel and representatives associated with the NoteActive system to better understand the

platform's capabilities and limitations. Discussions focused on security-check reporting, supervisory-round documentation, reporting intervals, compliance monitoring, and development of management reports capable of supporting operational decision-making. The Monitoring Team gained a substantially better understanding of the system and believes the platform has significant potential to support compliance efforts across multiple operational areas.

FCSO also continued implementation efforts during the reporting period, including deployment of NFC-based accountability measures and piloting of handheld devices intended to improve documentation, reporting, and operational oversight. These developments represent meaningful progress beyond the paper-based and manually maintained systems historically relied upon by the jail.

The most significant development during this reporting period was the transition from discussions regarding system functionality to discussions regarding operational use and reporting capabilities. The primary question is no longer whether the system can be utilized. Rather, the question is whether the system can generate the management reports necessary to support operational oversight and demonstrate compliance with the Consent Decree.

Based on demonstrations conducted during the reporting period, the Monitoring Team believes NoteActive is capable of generating meaningful management reports and operational data that can support compliance monitoring across multiple Consent Decree provisions. The Monitoring Team reviewed reports related to security checks, reporting intervals, and other operational activities and observed increasing use of the system as a management tool rather than solely a documentation platform. While additional refinement remains necessary to improve report accuracy, isolate specific activities, and validate performance measures, the Monitoring Team believes FCSO is beginning to utilize the system

in a manner that supports operational oversight, accountability, and performance measurement. Continued collaboration with FCSO and NoteActive representatives will be necessary to further develop reporting capabilities and fully realize the system's potential.

The Monitoring Team views the progress observed during this reporting period as sufficient to support a finding of Partial Compliance. While additional work remains regarding report development, validation, and proof-of-practice, FCSO has demonstrated increasing utilization of the system, and a clearer understanding of how the platform can support compliance with multiple Consent Decree requirements. Continued progress in this area should remain a priority during the next reporting period.

Provision 70

FCSO will identify all Jail doors that should be locked and interlocked (not open at the same time) and develop and implement policies to ensure proper door security.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find partial compliance with this provision. Housing-unit door security remains a significant operational and safety concern, particularly within portions of the Main Jail. As discussed in Provision 54, inoperable and unreliable locking mechanisms continue to contribute to unauthorized resident movement, complicate housing-assignment compliance, and create additional supervision challenges for custody staff.

The consequences of these deficiencies extend beyond housing assignments. When doors cannot be secured, residents are able to leave assigned cells, enter areas where they should not be present, and gain access to other residents. The

Monitoring Team remains concerned that these conditions contribute to violence, assaults, intimidation, and other safety risks. Residents and staff cannot be considered fully safe in housing environments where doors cannot be reliably secured.

The County and FCSO continued repair efforts during the reporting period and have demonstrated an increasing understanding of the factors contributing to recurring door failures. Leadership acknowledged that repeated repairs alone are unlikely to resolve the problem if the operational conditions contributing to door damage remain unchanged. The Monitoring Team agrees with this assessment.

During the reporting period, discussions focused on the relationship between staffing levels, supervision, resident behavior, and physical plant conditions. The Monitoring Team believes the County must develop a strategy that couples door-repair efforts with improved staffing and supervision. Without sufficient supervision, residents continue to damage doors and locking mechanisms, creating a cycle in which repairs are completed but the underlying causes remain unresolved.

The Monitoring Team did observe one encouraging development. During the prior reporting period, the County began installing upgraded locking components within the pipe chases serving several housing units. Leadership reported that residents have not yet successfully compromised these upgraded components. While additional evaluation is necessary, this suggests that more durable institutional-grade materials may be part of a long-term solution when combined with appropriate supervision and staffing levels.

Door and lock repairs are costly and Fulton County reports that these repairs are straining its budget, and that funds that were allocated for other essential projects

are having to be reallocated to door and lock repairs. In October 2025, DREAM requested an emergency purchase order for \$561,600 to repair damaged frames, hinges, and locks on 108 cell doors. All 108 of the doors were previously repaired as part of the blitz project and in one instance, a resident was observed on the camera system going from door to door to intentionally damage the hinges. EMSI's inspection reports indicate that its staff identified 171 damaged doors in February 2026 and 219 damaged doors in March 2026 on floors 1 North, 2 North, and 2 South and Fulton County reported that as of the prior week, over 600 doors were so severely damaged that they could not be secured. The FCSO and Fulton County are actively working to identify and test alternative door locks and hinges and several of them show promise to help resolve these problems. However, the role of staffing and resident supervision should not be overlooked as a contributing factor

The Monitoring Team believes the County and FCSO have a clear understanding of the factors contributing to recurring door failures and the operational risks created by non-secure housing units. Discussions during this reporting period reflected a growing recognition that long-term success will require more than physical repairs alone. The remaining challenge is development and implementation of a coordinated strategy that aligns door repairs, durable hardware improvements, staffing resources, and supervision practices in a manner that produces lasting operational improvements. Until that occurs, the County will likely continue to face recurring repair costs and ongoing security concerns associated with non-secure housing units.

During the next reporting period, the County and FCSO should demonstrate measurable progress in implementing a coordinated door-security strategy, including reliable tracking, durable repairs, preventive measures, and a reduction in

the number of doors that cannot be secured. If current conditions persist without measurable operational improvement, continued partial compliance may no longer be supportable.

Provision 71

FCSO will draft or revise and implement post orders for Custody Staff for each post in accordance with operational practices developed in compliance with this Consent Decree. The post orders will be prominently located in the control towers.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find partial compliance with this provision. While FCSO maintains post orders for custody assignments, the Monitoring Team is not aware of any significant effort during this reporting period to comprehensively revise post orders to align with the requirements of the Consent Decree.

The Monitoring Team recognizes that FCSO has devoted substantial effort during this reporting period to revising underlying policies, procedures, and operational practices. This work is necessary because post-order revisions should ultimately be driven by the policies and operational expectations they are intended to support. As a result, FCSO's efforts have appropriately focused on policy development rather than post-order revision.

However, the Monitoring Team is not aware of any significant movement toward revising post orders themselves during this reporting period. While this sequencing is understandable, compliance with this provision will ultimately require a comprehensive review and revision of post orders to ensure they reflect evolving operational practices and Consent Decree requirements.

The Monitoring Team also notes that this provision requires post orders to be prominently located within control towers. During the April 2026 tour, similar to prior monitoring tours, the Monitoring Team observed that post orders were not being maintained in a prominent and readily accessible location within control towers. FCSO was encouraged to address this issue during the next reporting period, particularly given the deployment of Allied personnel to tower assignments. Even if post orders have not yet been comprehensively revised, the current post orders should be readily available to tower officers and housing-unit staff assigned to those posts. The Monitoring Team views this as a straightforward issue that should be capable of resolution during the next reporting period.

During the next reporting period, the FCSO must begin planning for the comprehensive revision of post orders and ensure that current post orders are prominently and readily available in all control towers. Given the limited progress during this reporting period and the failure to correct the previously identified placement issue, continued partial compliance may no longer be supportable absent demonstrable progress.

Provision 72

The County and FCSO will continue to perform a criminal background records check on all new hires, including contractors.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find Substantial Compliance with this provision. During the current reporting period, the Monitoring Team reviewed a random sample of background-investigation files and found the investigations to be thorough, well documented, and generally consistent with accepted hiring

practices. Similar to the prior reporting period, the Monitoring Team did not identify evidence suggesting that criminal background investigations are being bypassed or performed in a manner inconsistent with the requirements of this provision.

The Monitoring Team reviewed both the employee background-investigation process and the contractor screening process. FCSO's background-investigation unit conducts comprehensive pre-employment background investigations for prospective employees. Separately, jail staff conduct temporary clearance reviews for contractors, vendors, and visitors requiring facility access. These reviews include criminal-history record checks and other screening measures appropriate to the level of access requested. While the files associated with employee background investigations and contractor clearances are maintained separately, the Monitoring Team reviewed samples of both processes during the current and prior reporting periods and found them to be generally consistent with accepted correctional practices and the requirements of this provision.

The Monitoring Team also observed that FCSO expanded the resources assigned to the background-investigation process during the reporting period. Discussions with staff and review of background-investigation files indicate that the process remains active and operational despite the significant hiring demands associated with the ongoing staffing shortages.

While the Monitoring Team continues to have broader concerns regarding staffing shortages, recruitment outcomes, and hiring timelines, those concerns are addressed in other provisions and do not alter the assessment of this provision. The requirement of this provision is that criminal background investigations be conducted on new hires and contractors. Based on the information reviewed during this reporting period, FCSO continues to meet that requirement.

Contraband Prevention

During this reporting period, the Monitoring Team developed a substantially better understanding of the scope and complexity of the contraband challenges facing the Fulton County Jail system. Discussions with leadership, facility tours, and review of operational practices confirmed that contraband remains one of the most significant threats to the safety and security of the facilities. The issue extends beyond the introduction of narcotics and cellular telephones and includes resident-manufactured weapons, perimeter-security vulnerabilities, compromised infrastructure, staff misconduct, drone activity, and other factors that collectively undermine safe facility operations.

The Monitoring Team also observed that the FCSO continues to devote considerable operational attention to contraband interdiction and perimeter security. Leadership continues to demonstrate awareness of the risks posed by contraband and discussed a variety of operational, investigative, technological, and security-related efforts intended to address those risks. These efforts reflect a growing recognition that contraband prevention requires coordination across multiple operational areas and cannot be addressed through any single strategy or technology solution.

Despite this progress, the Monitoring Team continues to believe that many of the FCSO's contraband-prevention efforts remain reactive rather than strategic due to the lack of a countywide approach to the issue as the FCSO cannot implement many of the necessary reforms without adequate resources. Examples of needed resources include securing doors and windows, fortifying the perimeter fence, upgrading detection devices, monitoring phone calls, and hiring staff. While operational responses are occurring, those efforts have not yet been fully integrated into the comprehensive Perimeter and Contraband Plan contemplated by the

Consent Decree. Similarly, responsibilities, resource requirements, performance expectations, and long-term implementation strategies remain under development.

The Monitoring Team believes the next phase of compliance should focus on moving from operational responses to a coordinated and sustainable contraband-prevention strategy. This includes clarifying responsibilities, finalizing planning efforts, identifying resource needs, strengthening perimeter security, and ensuring that contraband-prevention efforts are supported by clearly defined policies, procedures, and accountability mechanisms.

While progress has occurred during this reporting period, substantial work remains before FCSO can demonstrate compliance with the contraband-prevention provisions of the Consent Decree.

Provision 73

FCSO will appoint an individual of appropriate rank and authority at each Jail Facility with responsibility for the Facility's systems for interdiction of contraband. FCSO will notify the United States and the Monitor of these appointments.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has identified the persons responsible for serving in the role of managing interdiction of contraband at each facility and the designated staff are aware of those responsibilities. However, FCSO has not yet integrated this requirement into the applicable post orders, which must occur to anchor this provision to substantial compliance. The Monitoring Team notes that the first two managers identified for this role are no longer employed by FCSO, demonstrating why this responsibility must ultimately be tied to a position rather than an individual.

The Monitoring Team also notes that FCSO's implementation plans recognize the need to formalize these responsibilities through post orders and position-specific duties. The Monitoring Team agrees this approach is necessary to ensure continuity despite personnel turnover and organizational changes.

The FCSO has not yet presented revised post orders or other documentation demonstrating that these responsibilities have been formally incorporated into the applicable positions. Until that occurs, substantial compliance cannot be achieved.

Provision 74

By dates set in the Implementation Plan, Section XII, the County and FCSO will, in consultation with the Monitor, develop and implement a “Perimeter and Contraband Plan” for detecting and reducing the amount of contraband at each of the Facilities. The Perimeter and Contraband Plan will set forth procedures for screening and searching incarcerated people, staff, and visitors, and otherwise detecting and preventing the introduction and flow of contraband around the Jail. The County and FCSO will submit the Plan to the United States and Monitor for review and comment before finalizing and implementing the Plan.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find Partial Compliance with this provision. During this reporting period, the Monitoring Team observed continued operational efforts to address contraband interdiction and perimeter security. Leadership discussions, facility tours, and operational reviews confirmed that contraband remains a persistent and significant challenge throughout the jail system.

The Monitoring Team also observed that FCSO continues to devote substantial operational attention to contraband interdiction efforts. Leadership reported that

during the first four months of 2026, staff recovered approximately 229 resident-manufactured weapons, 30 cellular telephones, 10 phone chargers, and other dangerous contraband items. The Monitoring Team also notes that FCSO has established a specialized search team comprised of volunteer staff who conduct large-scale searches and contraband sweeps within the facilities. Leadership reported these efforts have produced positive operational results and demonstrate continued attention to the underlying risks associated with contraband introduction and movement throughout the jail system.

At the same time, these findings underscore the magnitude of the contraband problem. Contraband continues to enter the facilities through multiple pathways, including breached perimeter windows, physical plant vulnerabilities, introduction by staff and visitors, and the ongoing destruction and repurposing of facility infrastructure to manufacture weapons and other dangerous items. While FCSO's interdiction efforts have resulted in significant recoveries, the Monitoring Team has not yet observed evidence that these efforts have produced a measurable reduction in the overall prevalence and flow of contraband throughout the jail system.

The Monitoring Team further notes that leadership reported implementation of the Axon technology platform includes the re-establishment of drone-detection capabilities in April 2026 intended to assist with perimeter security and contraband interdiction. The Monitoring Team views efforts to strengthen drone-detection capabilities as a positive development given the significant role drones have played in introducing contraband into the jail system.

However, the Monitoring Team remains concerned that these efforts have not yet been incorporated into the comprehensive Perimeter and Contraband Plan contemplated by this provision. The manager who previously developed the draft Perimeter and Contraband Control Plan is no longer employed by FCSO. The

manager assigned to assume responsibility for the project has not yet been able to devote significant attention to completion of the plan due to competing priorities. While FCSO remains aware of the draft plan and its objectives, substantial work remains before the plan can be finalized, reviewed, and implemented.

The Monitoring Team also notes that implementation of a comprehensive contraband strategy will require continued collaboration between the County and FCSO regarding technology, staffing, perimeter security, screening equipment, drone-detection capabilities, physical plant improvements, and other resource needs. The challenges associated with this whole-of-government approach identified during prior reporting periods remain present and continue to affect progress toward full implementation.

The Monitoring Team believes the next reporting period should focus on finalizing the Perimeter and Contraband Plan, clarifying responsibilities, identifying resource requirements, and establishing a realistic implementation strategy capable of addressing the scope of the contraband challenges currently facing the jail system.

Provision 75

The County and FCSO in consultation with the Monitor, will assess what is required to provide adequate substance use disorder treatment for all persons requiring it at the Jail, and will develop a plan to provide adequate substance use disorder treatment and programs. The County and FCSO will submit the plan for providing adequate substance use disorder treatment and programming to the United States and the Monitor for approval. The County and FCSO will implement the plan upon approval.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 75 has three components. It requires the FCSO to assess what is needed to provide treatment for all patients suffering from Substance Use Disorder (SUD), develop a plan to provide this SUD treatment, submit this plan to the Monitoring Team for approval. Requirements for SUD treatment are also addressed in Provisions 196 and 221.

Currently, the FCSO does not initiate long term Opioid Use Disorder (OUD) treatment in patients who were not already receiving it in the community. Such patients are only treated for withdrawal. This is not compliant with Provision 75.

To comply with Provision 75, the FCSO must:

- Assess what resources it will need to initiate OUD treatment in all patients suffering from OUD.
- Prepare a plan to begin this treatment in the future. Such a program would require a significant increase in medical and security staffing as well as developing a housing area for OUD patients
- Submit this plan to the Monitoring Team.

The Monitoring Team recognizes that the FCSO will likely not be able to implement such an OUD program until it solves the security staffing issues it currently faces. However, the FCSO can, and should, begin the assessment and planning of a comprehensive OUD treatment program now.

Gang Violence

The FCSO demonstrated measurable progress in gang validation, gang intelligence, and gang-related investigative activities during this reporting period. The Classification Unit and SEU continued efforts to identify, validate, and track

gang-affiliated residents and reported substantial progress in gang-validation activities. These efforts represent meaningful advancement beyond earlier stages of the monitoring process and provide a stronger operational foundation for managing gang-related activity within the jail.

At the same time, progress toward development of a comprehensive Gang Violence Prevention Plan was more limited. During the second monitoring period, the Monitoring Team reviewed the draft Fulton County Jail Security Plan, which incorporated several concepts related to gang management, intelligence gathering, investigative coordination, communication monitoring, and security operations. The Monitoring Team continues to believe that document provides a reasonable foundation from which a comprehensive Gang Violence Prevention Plan can be developed. However, there has been limited movement in further refining or expanding those concepts during the current reporting period. Leadership transitions, staffing challenges, and competing operational priorities appear to have slowed progress in this area.

As a result, the FCSO currently finds itself in a transitional stage of compliance. Operationally, gang-validation efforts and investigative oversight have improved. Strategically, additional work remains necessary to develop a comprehensive framework that integrates gang validation, classification, housing decisions, intelligence sharing, investigations, and protection of vulnerable residents into a unified gang-management strategy.

The Monitoring Team recognizes the progress made during this reporting period and believes the existing work provides a solid foundation for future development. During the next reporting period, the FCSO should focus on refining and expanding the gang-management concepts already identified within the draft

Security Plan and developing them into a more comprehensive Gang Violence Prevention Plan consistent with the requirements of the Consent Decree.

Provision 76

FCSO will assign a person with adequate time and resources to track, monitor, investigate, and implement measures reasonably designed to prevent gang activity in the Jail.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has demonstrated measurable progress toward compliance with this provision during the reporting period. Responsibility for oversight of gang-validation activities and gang-related investigations has been assigned within Jail Operations. Under the supervision of the Gang Lieutenant, gang-identification, validation, tracking, and investigative activities are occurring on a regular basis. As of April 2026, the FCSO reported that approximately 396 residents were identified as potential gang members during the intake process and were reviewed, resulting in 327 gang validations.

In addition to assigning a lieutenant to conduct gang validations, the FCSO updated the Classification Unit intake questionnaire to refer residents for gang-involvement investigations based on their responses to several questions. The system automatically emails the gang investigator to initiate the required investigation.

The Monitoring Team also observed that SEU has developed investigative-tracking capabilities and maintains responsibility for coordinating jail-related investigations. These efforts represent meaningful progress beyond prior reporting

periods and demonstrate that gang-management functions are becoming more structured and organized.

Despite this progress, concerns remain regarding staffing levels, investigative capacity, intelligence-sharing practices, and coordination between classification, housing, and investigative functions. The Monitoring Team recognizes that the SEU Lieutenant is responsible for tracking, monitoring, and overseeing gang-related investigative activities; however, additional staffing and organizational resources will be necessary to ensure these functions can be sustained and expanded. Continued development of intelligence systems, investigative resources, and operational coordination will be necessary before substantial compliance can be achieved.

Provision 77

By dates set in the Implementation Plan, Section XII, FCSO will, in consultation with the Monitor, develop a Gang Violence Prevention Plan that addresses identification, documentation, housing management, separation of rival gangs, protection of vulnerable individuals, and coordination with external law enforcement agencies.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team previously reviewed the draft Fulton County Jail Security Plan and found that the document incorporated several concepts directly related to gang management and gang-violence prevention. Among other things, the draft addressed intelligence gathering, investigative coordination, communication monitoring, intelligence-center operations, investigative staffing, and other security

initiatives intended to identify, monitor, and disrupt organized criminal activity within the jail.

Similar to the draft Perimeter and Contraband Control Plan incorporated within the same document, the gang-management concepts have not yet been fully developed into a stand-alone Gang Violence Prevention Plan suitable for submission to the United States for review and approval. While the Monitoring Team continues to view those concepts as a reasonable foundation for future planning efforts, there has been limited progress in further refining or advancing those components during the current reporting period. Leadership transitions, competing operational priorities, and staffing challenges appear to have slowed movement in this area.

The FCSO needs to further refine, organize, and expand the gang-management concepts already contained within the draft document. Additional work remains necessary to more fully address gang validation, classification practices, housing strategies, separation of rival gangs, protection of vulnerable residents, intelligence-sharing protocols, and coordination with external law-enforcement partners.

The Monitoring Team believes the existing draft provides a foundation from which a comprehensive Gang Violence Prevention Plan can be developed. During the next reporting period, the FCSO should be able to build upon the work already completed, further develop the gang-management components currently contained within the Security Plan, and move toward creation of a more comprehensive plan consistent with the requirements of this provision.

Grievance, Incident, and Maintenance Reporting

The provisions contained in this section of the Consent Decree address the reporting and tracking of complaints, maintenance issues, and incidents in the jails.

The FCSO is required to provide residents, staff, and third parties avenues to report safety and contraband issues and to be able to do so free from retaliation.

The FCSO plans to revise the Resident Grievance Procedures Policy (600-02) to align with requirements in the Consent Decree by December 31, 2026. The FCSO has two systems for accepting and handling grievances. The tablet system is through ICSolutions, and it allows for automatic notifications and electronic responses. The paper system is tracked with a spreadsheet and scans of grievances saved on a shared drive. In order to have a single source to document how grievances are handled, the FCSO staff copy information from the ICSolutions system into a spreadsheet. In the first half of 2026, the FCSO received 2,644 grievances, 1,183 submitted on paper and 1,461 submitted electronically through tablets. During the Monitoring Team's April visit, residents reported similar concerns with the grievance system that had been reported to the Monitoring Team on previous visits. Specifically, they reported issues with obtaining a paper grievance form and receiving a response to their grievances.

This section also addresses the requirement for FCSO staff to complete an incident report to document specific matters within the jail, such as fights, sexual abuse, extortion, suicide attempts, etc. The FCSO Incident Report Policy (200-25) will need to be revised to align with the requirements of the Consent Decree.

Finally, as noted in the Executive Summary and previous Monitoring Reports, the jails have significant, long-standing maintenance issues. Ensuring those issues are reported and tracked through the appropriate mechanisms is required in this section of the Consent Decree.

Provision 78

To adequately identify and respond to all incidents posing a risk of harm to people incarcerated at the Jail, FCSO will provide incarcerated people and staff multiple methods to report incidents of violence, extortion, drug trafficking, other contraband, sexual abuse, and threats of any of the foregoing, free from retaliation. The FCSO will also provide a designated avenue for receiving this information from third parties, including family members and attorneys. FCSO will post this information on the FCSO website, in the Jail handbook, in the Jail visiting area, and inside Jail housing zones.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO has not yet developed the policies and procedures for receiving information related to violence and contraband from third parties nor have they posted the information on their website or inside the jails.

Provision 79

FCSO will include accurate information about how to file grievances in the Jail handbook and will make this information available within the housing units.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While the FCSO Resident Handbook includes a section about grievance procedures, it needs to be updated to accurately reflect where a resident can electronically file a grievance. The FCSO has not been issuing residents a paper copy of the Resident Handbook. Instead, they have been relying on the residents being able to access the handbook electronically on their tablets. During the Monitoring Team's April visit, many residents reported not having access to a

tablet. The Monitoring Team recommended that the FCSO maintain a list of residents who had been issued a tablet. The Monitoring Team did not observe any grievance-related information posted in the housing units. In order to retain a Partial Compliance rating, the FCSO will need to demonstrate that information related to grievance procedures is available in the housing units,

Provision 80

FCSO will keep all kiosks or other electronic devices in housing zones in good, working condition so that all incarcerated people in the Jail can submit grievances via kiosks or other electronic devices. FCSO will also provide blank grievance forms to all floor officers and will provide paper grievance forms upon request. In the event that a kiosk or other electronic device is not operable, FCSO will provide a supply of paper grievance forms to the housing zone, unless a supervisor determines that it is not safe to do so.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During the Monitoring Team's April visit, many residents reported they did not have access to a tablet. Grievances cannot be submitted on the current kiosks. While some residents reported they were unable to get a paper grievance form from staff, staff were able to show the Monitoring Team location of the paper grievance forms and that they are provided to residents when requested.

The Grievance Tracking Database indicates that 2,644 grievances were submitted during the first half of 2026. The way they were submitted varied based on housing locations. For example, in 2-North, 73 of the 409 grievances submitted were paper and 336 were submitted by tablet. In 6-North, with next highest

submittals, 191 of the 320 grievances were submitted by paper and 129 were submitted by tablet. The difference may be due to access to tablets on some floors.

Provision 81

FCSO will assist incarcerated people who are limited English proficient, who have a physical, developmental, or mental impairment that substantially limits one or more major life activities, or who have limited reading or writing skills in accessing the grievance system.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While the Monitoring Team has received limited information related to this provision, there is some indication the FCSO attempted to assist residents who are limited English proficient. In the documents shared in March 2026, the FCSO included Spanish versions of the Resident Grievance Form and Extension Notification Form.

Moreover, the ICSolutions application has a tool to translate grievances to more than 15 languages, including Spanish, Arabic, and Chinese. The FCSO reports that both staff and residents have access to this tool.

The Resident Handbook states that, “[i]f inmate requests assistance in completing the Inmate Grievance Form, he/she can get assistance from a staff person or inmate,” but prohibits residents from filing grievances on behalf of others.

The Monitoring Team recommends FCSO add fields in the Grievance Tracking Database to indicate if a resident required or received assistance with filing a grievance.

Provision 82

FCSO will provide written acknowledgement of any grievance received via kiosk or other electronic device, paper form, or otherwise, within 24 hours.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Grievance Tracking Database includes a column documenting the date acknowledgements are sent. About 46% of grievances (paper and electronic) submitted in the first half 2026 have an acknowledgement date that is either the same day as the submission date or the day after.

Finally, the Grievance Implementation Workflow and Plan document received by the Monitoring Team suggests that the FCSO plans to address the 24-hour requirement for paper grievances through the use of a new grievance form that will provide residents with a carbon copy of their submissions. FCSO anticipates utilizing the new form during the next monitoring period.

Provision 83

FCSO will issue a final decision on the merits of any grievance within 7 days of the initial filing of the grievance. FCSO may extend the response period up to an additional 10 days for good cause, with written notice of status update provided to the incarcerated person.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Grievance Tracking Database includes a column for the date a grievance was completed. These data indicate that 63% of grievances submitted in the first half

of 2026 were completed within 7 days and 76% were completed within 10 days. This analysis is based on calendar days.

The Monitoring Team reviewed 10 electronic grievances that were closed more than 7 days after submission and did not find a notice of status update for any of them. The Monitoring Team recently received access to paper grievances and responses and will conduct a similar check for those grievances in the next reporting period.

Provision 84

After receiving an emergency oral or written grievance alleging an incarcerated person is subject to a substantial risk of imminent sexual abuse or violence, FCSO will immediately forward the grievance (or any portion that alleges the substantial risk of imminent sexual abuse or violence) to a level of review at which immediate corrective action may be taken, will provide an initial response within 48 hours, and issue a final decision within seven calendar days. The initial response and final agency decision will document FCSO's determination whether the incarcerated person is in substantial risk of imminent sexual abuse or violence and the action taken in response to the emergency grievance. FCSO will not fail to respond to information alleging a substantial risk of imminent sexual abuse or violence due to mere technical flaws in the form of the grievance.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations: The Grievance Tracking Database includes a column labeled "PREA," but it is empty in both the worksheets tracking paper and electronic grievances. It also contains a general category column, and among the grievances submitted in the first half of 2026, 36 are categorized as "PREA/Sexual Harassment."

There are 3 time-based thresholds that are contained in this provision:

- The grievance should be immediately forwarded to the PREA unit or some other appropriate level of review
- An initial response should be communicated to the resident within 48 hours.
- The final decision should be made within 7 days.

Only 9 of the 36 categorized as related to PREA have notes in the Grievance Tracking Database suggesting the grievance was forwarded to the PREA Team. Of those nine, only four have data suggesting the grievance was forwarded within a day of being received. Of the 36 grievances categorized as related to PREA, 23 have information in the Grievance Tracking Database indicating that a response was shared with the resident within two days. Finally, the Grievance Tracking Database indicates that 21 of the 36 grievances were completed within 7 days, and 5 of the 9 grievances forwarded to the PREA Team were closed within 7 days.

Provision 85

When grievance officers refer a grievance to other Jail staff (e.g., Jail investigators, the Prison Rape Elimination Act (“PREA”) Coordinator, kitchen administrators, or Health Services Administrator), they will (a) share information explaining the referral that was made when responding to the grievance, and (b) receive confirmation from other Jail staff that they have acted in response to the referred grievance.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO grievance staff report they track the referrals they make to other jail staff (and NaphCare for medical complaints) to investigate and draft responses for the grievances regarding their respective areas. The ICSolutions application does

not appear to contain information related to referrals of electronic grievances, though for some electronic grievances, such as those forwarded to the PREA team, there is communication to the resident explaining that the grievance has been forwarded. In future reporting periods, the Monitoring Team will review scanned copies of paper grievance records to fully evaluate this provision.

Provision 86

FCSO will use incident reports to document all incidents related to physical assaults and fights between incarcerated people, sexual abuse and sexual harassment between incarcerated people, threats of force or violence against incarcerated people, extortion of incarcerated people or their families, rule violations, injuries to incarcerated people, suicides and suicide attempts, cell extractions, medical emergencies, contraband, vandalism, escapes and escape attempts.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team has reviewed several incident reports related to the incident categories noted in this provision. Additionally, the Monitoring Teams' discussions with staff have confirmed that staff are familiar with utilizing incident reports for documenting incidents. FCSO next steps should be to revise the Incident Report Policy (200-25) to include all of the types of incidents noted in this provision and to develop a process to audit the incident reports to ensure staff are appropriately categorizing the incidents.

Provision 87

Incident reports will specify if a weapon was used; whether a search of the housing unit occurred after the incident; whether housing changes were initiated; whether a

referral for further investigation was made and to whom; whether protective custody was requested; and whether maintenance orders were submitted in connection with the incident.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO Incident Report Policy (200-25) should be revised to include the requirements of this provision. The FCSO staff acknowledge that most incident reports include most of the information noted above, there are instances where some of the actions may not be captured in the incident report (i.e. Whether search of the housing unit occurred or whether maintenance orders were submitted.). As noted above, the FCSO should develop an audit process for this provision as well.

Provision 88

FCSO will enter all incident reports into the electronic incident reporting system (currently Odyssey) within 24 hours of the incident.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO staff report that they enter incident reports into the electronic incident reporting system within 24 hours of the incident. The Monitoring Team will work with FCSO on developing proof of practice for this provision.

Provision 89

Jail supervisors will review all incident reports to ensure that the applicable data points, including incident type, time, location, involved parties, staff, witnesses, narrative summary, and the information required in paragraph 87, are reported in the document.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The supervisors' review of the incident report is a critical component of the process for ensuring all of the relevant information is captured shortly after an incident. There have been some deficiencies noted in the supervisory reviews of incident reports (not identifying videos, incident not categorized correctly, missing data points, etc). FCSO staff acknowledge this should be an area of focus to ensure the incident reports are thorough and accurate before being approved by custody leadership. Additionally, the FCSO Incident Report Policy (200-25) should be revised to include the requirements of this provision.

Provision 90

FCSO will use maintenance reports to document all maintenance issues related to the facility including fires and utility failures. Maintenance reports will specify time, location, impacted parties, staff, witnesses, nature and extent of the damage, and whether work orders requesting maintenance were submitted in connection with the issue(s).

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO and Fulton County utilize a Computerized Maintenance Management System known as "Maximo," which is administered by the County, to document maintenance issues and track pending and completed work orders. The end users in the Jail do not have access to enter work orders, rather maintenance issues are reported to FCSO's on-site Building Maintenance Manager who relays them to Johnson Controls, Inc. (JCI) the building maintenance contractor. Another contractor, EMSI, conducts scheduled weekly inspections of the Main Jail physical

plant, and regularly shares a spreadsheet with all observed maintenance issues with JCI for entry into Maximo. Fulton County reports that EMSI's inspections are resulting in an "avalanche" of work orders and, as an example, reported that over 400 work orders were created as a result of the previous week's inspections. The FCSO, Fulton County, JCI, and EMSI have all expressed frustration over the current work order related processes. While the Monitoring Team agrees that some degree of gate keeping is needed to preserve system integrity, the FCSO and Fulton County need to ensure that maintenance reports are created that fulfil the requirements outlined in these Provisions, particularly 87 through 92.

Provision 91

FCSO will enter all maintenance reports and work orders into the electronic incident reporting system within 48 hours of the maintenance issue. The County and FCSO will review all maintenance reports and work orders weekly to address concerns.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

A weekly "Jail Blitz Logistics" meeting is held on Tuesdays and the records provided for these meetings indicate that maintenance matters are discussed along with "action items" assigned to FCSO and Fulton County employees. This coordination is positive, and helps with compliance under Provision 91. However, FCSO does not presently create "maintenance reports," as set forth in the provision, and instead relies on Maximo, its maintenance management database, to document work orders that are generated. Moreover, a persistent complaint from FCSO is that work orders are not consistently generated timely in response to maintenance issues identified by FCSO staff, as JCI has exclusive control of what

is entered into Maximo. This creates, in essence, a single point of potential failure that can prevent necessary maintenance conditions from being documented within County systems. The FCSO and County will need to work together to establish clearer processes for reliably and timely documenting maintenance conditions as they are observed in the FCSO facilities. The Monitoring Team is available to assist with this.

Investigations and Corrective Action Planning

The Monitoring Team developed a significantly better understanding of the FCSO's investigative structure during this reporting period and observed meaningful progress in several areas. Most notably, the Monitoring Team gained a clearer understanding of the role of the SEU, which is responsible for criminal investigations arising within the jail. Through meetings with investigative staff, review of investigative processes, and discussions with jail leadership, the Monitoring Team confirmed that criminal investigations are occurring, investigative activity is being tracked once matters are referred to SEU, and investigative reports are being generated and reviewed. Similarly, employee misconduct investigations are tracked through the Office of Professional Standards (OPS) once those matters are referred for administrative review.

The Monitoring Team also reviewed examples of completed investigations provided by the FCSO and observed documented investigative reports that included evidence review, witness interviews, investigative findings, and recommendations for follow-up action. During this reporting period, the Monitoring Team also conducted a random review of investigative files selected from the agency's investigative database. That review demonstrated that while the FCSO has established a functional investigative process and has demonstrated the

ability to produce thorough investigative work, the quality and completeness of investigative documentation varied across the sample. Many of the investigations reviewed met at least a minimally acceptable investigative standard, while several reflected opportunities to improve investigative documentation, evidence collection, witness interviews, and supervisory quality assurance. The Monitoring Team also observed improved communication and collaboration between SEU and jail leadership regarding investigative findings, operational concerns, and corrective-action planning. These developments represent meaningful progress beyond earlier stages of the monitoring process and provide a stronger foundation for future compliance efforts.

Despite this progress, work remains to demonstrate substantial compliance. The Monitoring Team observed meaningful progress in the development of the FCSO's investigative program, including the establishment of investigative processes, case tracking, and supervisory oversight. However, the random review of investigative files identified variability in the timeliness, quality and completeness of investigative documentation, demonstrating opportunities to improve consistency in investigative practices while continuing to strengthen incident identification and reporting. The Monitoring Team also continues to have concerns regarding the identification and reporting of incidents requiring investigative review. The FCSO acknowledged ongoing challenges associated with incident reporting and categorization within the JMS. As a result, the Monitoring Team is not yet confident that all incidents requiring investigative review are consistently identified, appropriately categorized, and referred for investigation. This issue affects not only individual investigations but also the ability of the FCSO to accurately assess investigative workload, evaluate compliance, and identify organizational trends.

The Monitoring Team also observed that while individual investigative, grievance, disciplinary, critical incident review, and use-of-force review processes exist, these systems are not yet sufficiently integrated to provide leadership with a comprehensive understanding of organizational performance. While it is positive there are a myriad of pathways to evaluate incidents, work remains necessary to improve incident identification, investigative referrals, information sharing, corrective-action tracking, and reporting capabilities across multiple operational areas.

Finally, the Monitoring Team remains concerned regarding the absence of a resourced quality-assurance and analytical infrastructure capable of identifying trends and measuring organizational performance. While the FCSO is reviewing individual incidents and conducting critical incident reviews, the agency does not currently appear to possess the staffing, analytical resources, data-management systems, or organizational structure necessary to consistently evaluate trends across investigations, use of force, grievances, discipline, classification, staffing, and sentinel events. The development of those capabilities will be essential to achieving long-term compliance and organizational improvement.

The Monitoring Team recognizes the substantial commitment to comply with these provisions and notes meaningful progress made during this reporting period and believes FCSO has established a stronger foundation for investigative oversight and accountability. The Monitoring Team's random review of investigative files also demonstrated that, while the investigative framework is in place, continued emphasis on investigative consistency, documentation, evidence collection, and supervisory quality assurance will be necessary before substantial compliance can be achieved. The next phase of compliance should focus on improving incident identification, strengthening reporting systems, improving the consistency and

quality of investigative documentation, validating investigative outcomes, enhancing corrective-action processes, and developing the quality-assurance infrastructure necessary to support data-driven decision-making and organizational learning. The framework exists, but anchoring the improvements in policy and training, ensuring consistency and measuring progress should be the focus in the next reporting period.

Provision 92

FCSO will implement a brief and documented daily Incident Review briefing, Monday through Friday, with the Chief Jailer and other appropriate administrative staff to review all major incidents and maintenance issues that occurred in the Jail on the previous day or days and discuss responsive action.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

The FCSO consistently conducted daily operations calls that included participation from the executive team, including the Sheriff, prior to the arrival of the Monitoring Team. Those meetings continue, even on weekends and holidays as needed. These meetings are designed to address critical incidents occurring within the jails as well as maintenance issues. All meetings are documented with meeting notes, with follow up regarding any outstanding or unresolved issues are addressed in subsequent sessions. Meeting notes reflect discussions on jail related incidents, maintenance issues, and staffing. The notes also contain discussions regarding corrective actions to address issues raised during previous calls.

Provision 93

FCSO will examine incident report data for patterns and trends (including violence reported on particular floors, among particular groups, or on particular shifts), and will identify remedial measures to correct any identified issues.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed in Provisions 76 and 77, FCSO has made progress in developing investigative and intelligence-gathering capabilities through SEU and related operational initiatives. During the reporting period, the Monitoring Team observed that incident reports are being reviewed, investigations are being assigned, and FCSO has begun developing systems intended to improve investigative tracking and reporting.

FCSO also recognizes deficiencies in its current reporting practices. Leadership acknowledged ongoing challenges associated with incident reporting and the inconsistent use of incident classifications within Odyssey, resulting in underreporting and the continued need to reconcile multiple tracking systems. FCSO reported that additional staff training has been implemented and expects reporting accuracy to improve going forward.

While these developments represent progress, the Monitoring Team has not yet observed evidence that FCSO is routinely conducting formal trend analyses of incident data or consistently identifying and documenting corrective actions based upon those analyses, due in large part to the lack of a data analysis infrastructure. The current investigative and reporting systems appear capable of supporting future trend analysis; however, additional work remains necessary to ensure incident data can be reliably collected, categorized, analyzed, and reported in a

manner that allows leadership to identify patterns involving violence, housing units, shifts, staff practices, vulnerable populations, or other operational concerns.

During the next reporting period, the Monitoring Team will continue working with FCSO to evaluate reporting capabilities associated with incident tracking systems and to determine whether those systems can generate the information necessary to support meaningful trend analysis and corrective action planning. The focus should shift from simply collecting information to demonstrating how information is being analyzed and used to improve operations and reduce risk.

Provision 94

FCSO will implement a Critical Incident Review process, by which Jail leadership, investigatory staff, and other relevant staff review incidents resulting in serious harm or disruption (such as homicides, suicides, injuries requiring outside transport, escapes, and large-scale disturbances), within 30 days of the incident's occurrence, to discuss the cause of the incident and any immediate remedial measures, and ensure that all relevant information has been provided for investigation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this reporting period, the Monitoring Team reviewed documentation associated with several significant incidents, including an in-custody death that occurred in December 2025,⁹ a major fire that occurred in December 2025,¹⁰ and a

⁹ Incident JA25-4668

¹⁰ Incident JA25-4373

significant flood that occurred in January 2026.¹¹ The materials provided included investigative reports, photographs, incident documentation, autopsy materials, and other supporting records. However, only one file contained documentation demonstrating that a formal Critical Incident Review had been completed.

Accordingly, the Monitoring Team was unable to determine the extent to which Critical Incident Reviews are being conducted following serious incidents or whether completed reviews are being consistently documented and maintained. The Monitoring Team also recognizes that additional critical incidents likely occurred during the reporting period. However, limitations associated with incident tracking and reporting within the JMS continue to make it difficult to identify all qualifying critical incidents and cross-reference those incidents against review materials provided by FCSO.

The Monitoring Team believes the primary challenge associated with this provision is the absence of a standardized Critical Incident Review process and documentation system. While the review completed following the December 2025 fire identified several appropriate operational concerns and corrective actions, the Monitoring Team was unable to identify documentation demonstrating continued follow-up regarding those recommendations. Although the review occurred in December 2025, the file did not contain evidence that identified corrective actions were subsequently tracked, revisited, or formally closed.

FCSO currently does not utilize a standardized Critical Incident Review template, resulting in variability in the quality, content, depth of analysis, and documentation associated with different reviews. FCSO has requested technical assistance from

¹¹ Incident JA-26-0438

the Monitoring Team regarding development of a more formalized Critical Incident Review process; however, that due to other technical assistance priorities, that assistance has not yet been provided. The Monitoring Team will endeavor to provide this support in the next review period.

The Monitoring Team believes FCSO would benefit from implementation of a standardized Critical Incident Review template and a formal review process that clearly identifies required participants, review timelines, corrective-action responsibilities, and follow-up expectations. Effective sentinel event review requires more than an initial meeting following the incident. Serious incidents often continue to generate information long after the event occurs, and corrective actions frequently require months to fully implement. Accordingly, FCSO should develop a standing review process that includes periodic follow-up meetings to monitor open corrective-action items, assess implementation progress, and formally document closure of identified issues.

The Monitoring Team will continue working with FCSO during the next reporting period to strengthen review methodologies, standardize documentation practices, improve incident identification and tracking, and develop a more structured process for monitoring corrective actions through completion. While some positive steps have occurred during this reporting period, substantial work remains before compliance with this provision can be achieved.

Provision 95

FCSO will screen all incident reports, third-party reports, anonymous reports, and grievances, and will refer them for investigation as appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team observed continued progress in the screening and referral of incidents, allegations, and grievances during this reporting period. FCSO has established multiple pathways for identifying issues requiring further review, including incident reports, resident grievances, administrative complaints, criminal allegations, and use-of-force-related concerns.

During onsite meetings, the Monitoring Team confirmed that beginning in April 2026, use-of-force grievances were routed from the Grievance unit directly to OPS for review and investigation and were tracked in the Grievance and OPS tracking systems. However, when cross referencing the Grievance and OPS databases, it appears several grievances were not forwarded to OPS after the new process was developed.¹² OPS reported utilizing a screening process that categorizes matters for investigation or referral to SEU to conduct a criminal investigation if necessary. These processes demonstrate that FCSO has developed mechanisms to identify and route allegations for further review. As the process was new and it appears some grievances were not initially forwarded, a more comprehensive assessment will occur in the next reporting period. The OPS also tracks third-party and anonymous complaints that they are aware of but there is no formal policy or form that FCSO utilizes to ensure all such complaints are consistently tracked and responded to.

The primary challenge associated with this provision is not whether screening occurs, but whether all screening and referral processes can be consistently tracked, documented, and evaluated across the various divisions responsible for investigations. Incident reports, grievances, administrative investigations, criminal

¹² Grievances 5513, 5542, 662720907, 6829017701.

investigations, and other allegations continue to be managed through multiple systems that are not fully integrated. Additionally, anonymous complaints have a less formalized tracking system. As a result, it remains difficult to verify that all allegations are consistently screened, referred, investigated, and tracked through completion.

The Monitoring Team also continues to have concerns regarding reporting consistency. FCSO acknowledged ongoing issues with incident-report categorization and staff compliance with reporting requirements, which can affect the reliability of information used for screening and referral purposes. FCSO reported that additional training has been provided and expects improvements in reporting accuracy moving forward.

The next phase of compliance should focus on demonstrating that all allegation pathways can be tracked from initial receipt through final disposition and then developing a policy, forms and training to anchor the new systems into consistent application. This will require improved reporting capabilities, stronger integration between investigative systems, and the ability to generate management reports that demonstrate compliance with screening and referral requirements. Based upon the progress observed during this reporting period, Partial Compliance remains appropriate and it is not likely this provision will reach substantial compliance in the next reporting period due to competing projects.

Provision 96

FCSO will conduct timely, thorough, and objective investigations of all threats of or incidents of violence resulting in serious injury, sexual abuse, drug trafficking, dangerous contraband, extortion, suicides, serious suicide attempts, injuries

requiring treatment by an outside hospital, injuries of a suspicious nature, fires, escapes, escape attempts, allegations of staff misconduct, and deaths.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continued to make measurable progress toward compliance with this provision during the reporting period. The Monitoring Team observed a more structured investigative process than existed during prior reporting periods and gained a better understanding of the respective responsibilities of SEU and the OPS. SEU has primary responsibility for criminal investigations occurring within the jail, while OPS is responsible for administrative investigations involving employee misconduct and policy violations. Additionally, the PREA unit conducts additional investigations into allegations of sexual abuse. Leadership demonstrated the investigative case management process, supervisory review practices, and coordination between investigative staff and jail leadership. These developments represent meaningful progress from earlier reporting periods.

To evaluate investigative quality, the Monitoring Team requested a random sample of 21 investigative files.¹³ The Monitoring Team appreciates FCSO's transparency in providing these investigative files for review. At the same time, it is difficult to fully evaluate investigative quality when investigative packages are incomplete. Several files did not consistently include supporting materials, including the originating incident report, associated video, photographs, or other documentation necessary to independently assess the adequacy of the investigation and the reasonableness of its conclusions. While some investigative actions may have

¹³ List requested from the March through May 2026 investigations database.

occurred, the Monitoring Team can evaluate only the information documented within the investigative files provided. It is expected information sharing will improve in the next reporting period.

The files include two separate investigative reports depending on the nature of the allegation. For sexual assault allegations, the files included an “Incident/Investigative Report” completed by an SEU investigator and a “PREA Investigation” completed by a PREA investigator. For all other incidents, the files generally contained the “Incident/Investigative Report” completed by an SEU investigator and a “Provision 102 Investigative Report” completed by the same SEU investigator. The “Incident/Investigative Report” and the “PREA Investigation Report” are the primary reports to refer the incident for criminal investigation when appropriate. The Provision 102 report provides more detail that may not be critical to review for prosecution, such as establishing “keep separate” protocols between residents or any staff violation of policies identified in the review.

Of the investigations reviewed, the quality of the “PREA Investigation” and the Provision 102 Investigative reports were noted to provide substantial support to the actual Investigative Report. In reviewing the actual Investigative Report, it was noted that approximately one-half met at least a minimally acceptable investigative standard, although still presenting opportunities for improvement. The remaining one-half reflected investigative files that were incomplete or insufficient but often the missing information was contained in the Provision 102 Investigative Report.

Several recurring themes emerged during the review that require improvement. The official Investigative Reports did not consistently document interviews of uninvolved residents who may have witnessed the incident, and in several cases investigators did not consistently interview all involved residents, including

identified suspects. Likewise, investigative files did not consistently document the use of common investigative techniques, such as reviewing recorded telephone calls, examining resident mail, utilizing confidential informants or intelligence sources, or pursuing other corroborative evidence. While some of these investigative steps may have occurred, they were generally not reflected in the investigative file, making it difficult to evaluate the completeness of the investigation. However, it was not unusual to locate this missing information either in the PREA Investigation or the Provision 102 investigation. Ensuring consistency between these reports is important to improve the quality of investigative information provided when criminal charges are referred to the charging entity.

Similarly, when weapons were reported or reasonably believed to have been used during an assault, investigative files did not consistently document efforts to locate, recover, preserve, or process those weapons as evidence. The files also generally did not document upper-body injury examinations of suspected participants to identify injuries consistent with involvement in a physical altercation, such as abrasions, bruising, defensive wounds, or scraped knuckles. These routine investigative practices can strengthen investigative findings and provide important corroborating evidence.

In the PREA Investigations, the reports completed by the PREA Investigators were often more thorough than the information contained in the SEU investigation. Ensuring continuity between the two reports would improve the SEU investigations, which were frequently noted to be missing critical facts. It is recognized that is likely due to the fact a potential crime could not be established, with additional information being contained in the PREA Investigation report.

The investigative files also demonstrated opportunities to strengthen communication between investigations and classification. While several investigations appropriately recommended housing changes or separation of involved residents, the files did not consistently document whether formal keep-away status was established through the classification process and documented within the classification file. Ensuring that investigative findings affecting resident safety are consistently communicated to classification staff will further support long-term safety and institutional security. Similarly, many investigations appear to have a likely link to gang activity, an issue that was intermittently listed in the Provision 102 report but not in the official Incident Investigation report.

There also exists opportunities to strengthen communication between criminal investigations and other organizational review processes. On the occasions when an investigation identified information suggesting a significant policy, operational, or administrative concern outside the scope of the criminal investigation, the investigative file did not consistently document whether that information had been referred to the appropriate authority for follow-up and whether action was taken. Using the information contained in the Provision 102 Investigative report and establishing a consistent referral process for significant non-criminal issues identified during investigations would strengthen organizational learning while allowing criminal investigations to remain appropriately focused. It is extremely positive that FCSO developed the Provision 102 report to supplement the official Investigation report, so ensuring that information contained in the report receives the appropriate follow through is a critical next step in the new protocol. It is also critical that the investigator ensures that all relevant information in the Provision 102 report be included in the official Investigation report.

The Monitoring Team recognizes that there is an inherent relationship between the initial incident response and the subsequent SEU criminal investigation. The greatest opportunity to identify witnesses, preserve evidence, document injuries, recover weapons, and collect other perishable information often exists during the initial response. Strengthening coordination between first responders and SEU investigators, and ensuring timely investigative follow-up, will improve the quality and completeness of future investigations.

Overall, the Monitoring Team believes FCSO has established the organizational framework necessary to build an effective investigative program. The agency has implemented a formal investigative process, maintains an investigative case management system, and refers serious criminal matters to the District Attorney for prosecutorial review. The FCSO developed a new report, the Provision 102 Investigative Report, designed to look beyond the potential criminal behavior and at systems and other factors that should not be contained in a criminal complaint. However, the quality and thoroughness of the investigative files did vary, suggesting additional training is needed for the investigative staff. Accordingly, the observations identified during this review appear to reflect variability in investigative execution and documentation rather than an absence of investigative capability. Continued emphasis on investigative documentation, specialized PREA investigative training, supervisory quality assurance, and coordination among investigative, classification, and operational staff should further strengthen an investigative program that has demonstrated meaningful progress during this reporting period.

Provision 97

FCSO will develop and implement a process for monitoring the timeliness and completeness of all investigations.

Compliance Status: Partial Compliance***Additional Discussion/Recommendations:***

FCSO has made measurable progress toward compliance with this provision during the reporting period. As discussed in Provision 96, SEU has established a more structured investigative process and demonstrated the use of an investigative case-management system, Socrata, utilized to assign, monitor, and track investigations.

The Monitoring Team also reviewed the investigative tracking database as part of its assessment of investigative timeliness. During the reporting period, the database identified 138 investigations, of which 96 (70%) were documented as being completed within 30 days. The Monitoring Team observed that FCSO has established a process to monitor investigative status and timeliness through its investigative case management system. While additional refinement of reporting capabilities will strengthen oversight, the existence of a centralized tracking process represents meaningful progress beyond prior reporting periods.

The Monitoring Team also observed greater clarity regarding investigative responsibilities within SEU, Custody Operations and OPS. SEU is responsible for criminal investigations arising within the jail, while OPS is responsible for administrative investigations involving employee misconduct and policy violations. Custody is responsible for immediate collection of all relevant information to support the investigation and begin the formal incident report process, which triggers the need for an SEU investigation. This organizational structure provides a foundation for monitoring investigative timeliness and completeness and represents meaningful progress beyond prior reporting periods.

While these developments are encouraging, the Monitoring Team has not yet validated that all existing tracking systems can generate the reports and management information necessary to demonstrate compliance with this provision. During discussions with SEU leadership, additional follow-up was identified regarding the system's ability to generate reports related to investigative timeliness, investigative status, and other requirements associated with Provisions 96 through 106. The Monitoring Team will continue evaluating these capabilities during the next reporting period.

The Monitoring Team also remains concerned that investigative information continues to reside within multiple systems across different divisions. While SEU and OPS appear to maintain independent tracking processes, additional work remains necessary to ensure investigative activity can be monitored consistently and comprehensively across all investigative functions. The ability to readily identify overdue investigations, monitor investigative workload, evaluate investigative quality, and generate management reports will be critical to achieving substantial compliance.

In addition, ongoing coordination and information sharing between SEU, OPS, and jail administration remains necessary. While each entity has identifiable responsibilities and accountability mechanisms and communication appears to be improving, FCSO has not yet demonstrated a fully integrated process to ensure significant criminal investigations, administrative investigations, investigative findings, and corrective actions are consistently communicated to the appropriate stakeholders. Continued refinement of reporting processes, management oversight, and information-sharing practices will be necessary before substantial compliance can be achieved.

The next phase of compliance should focus on validating reporting capabilities, establishing performance measures, and demonstrating that investigative timeliness and completeness can be routinely monitored, reviewed, and acted upon by leadership. Based upon the progress observed during this reporting period, Partial Compliance remains appropriate.

Provision 98

All Jail investigations will include creation and maintenance of an investigative file documenting investigative steps taken/to be taken, evidence and statements collected, and findings and referrals made.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team observed progress toward compliance with this provision during the reporting period. As mentioned, SEU demonstrated a structured process for assigning, tracking, documenting, and monitoring criminal investigations occurring within the jail. The Monitoring Team reviewed investigative processes and observed evidence that investigations are being documented and maintained through an established investigative tracking system. These efforts represent significant progress beyond prior reporting periods and reflect FCSO's commitment to strengthening investigative operations.

As discussed in Provision 96, the Monitoring Team conducted a random review of investigative files to evaluate investigative quality and documentation. While the review identified meaningful progress in the development of the investigative function, it also identified opportunities to improve the consistency and completeness of investigative files. Supporting documentation, investigative steps, evidence review, witness interviews, and follow-up actions were not consistently

reflected within the investigative packages provided for review. Continued emphasis on investigative documentation standards and supervisory quality assurance will strengthen compliance with this provision.

The Monitoring Team's primary concern is not the effort being demonstrated by SEU, but rather the complexity of the overall investigative process and the ability to demonstrate that all components of that process are functioning in a coordinated manner. Before an investigation can be assigned to SEU, an incident must first be identified, documented, appropriately categorized, and referred for investigative review by Custody Operations. Once the investigation is completed, investigative findings may require communication back to jail administration, referral for criminal prosecution, referral to OPS when employee misconduct is implicated, housing or classification action, disciplinary action, gang-management action, or other corrective measures.

The Monitoring Team observed evidence that each of these individual components exists within FCSO but also identified important follow up recommendations from several SEU investigations that were reportedly not shared with Custody leadership, an area that received additional focus by FCSO during this review period. However, additional work remains necessary to ensure the various systems and operational units consistently communicate and share information in a manner that allows FCSO to fully demonstrate compliance with this provision. Incident information originates within Odyssey. Investigative information is maintained by SEU, administrative investigations may involve OPS, and additional evidence and documentation will increasingly reside within Evidence.com as implementation continues. While each system serves a legitimate operational purpose, FCSO has not yet demonstrated a comprehensive method to capture all critical information in

a single investigative file and ensure information flows consistently from incident identification through investigative completion and operational follow-up.

The Monitoring Team wants to emphasize that substantial work is occurring within SEU and the Custody Division and that meaningful progress has been observed during this reporting period. The next phase of compliance should focus on improving integration between reporting systems, investigative processes, referral mechanisms, and follow-up activities so that FCSO can more readily demonstrate that incidents are identified, investigated, communicated, and acted upon in a consistent and reliable manner.

Provision 99

All Jail investigations will be referenced in electronic systems by an investigation number that can be cross-referenced with the incident identification number.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find Substantial Compliance with this provision. During the reporting period, the Monitoring Team observed that investigative processes utilized by FCSO maintain the ability to associate investigations with the originating jail incident tracking number (JA number). This capability allows investigators, supervisors, and jail leadership to trace investigative activity back to the underlying event that prompted the investigation.

As discussed in Provisions 96 through 98, FCSO utilizes multiple investigative and reporting systems. While additional work remains necessary to improve coordination, reporting capabilities, and information sharing among those systems, the Monitoring Team continues to observe that investigations are consistently

linked to the originating incident and can be cross-referenced through existing identifiers.

The Monitoring Team anticipates that future technology enhancements, including implementation of Evidence.com and other developing investigative and reporting systems, will further strengthen this process. However, the current ability to associate investigations with the underlying incident satisfies the primary intent of this provision.

Accordingly, the Monitoring Team finds that FCSO continues to maintain Substantial Compliance with this provision. However, during this reporting period, the Monitoring Team identified several examples that raise questions regarding the integrity of the incident numbering process. For example, one incident was assigned to both an “Avoid Conflict” incident on 5 North and an unrelated assault incident involving two different residents on 6 South.¹⁴ Similarly, documentation associated with another incident contained conflicting incident numbers, with the report header identifying Incident JA26-1615 while portions of the investigative documentation referenced Incident JA26-0196.¹⁵ The Monitoring Team does not yet understand how these discrepancies occurred or whether they reflect isolated documentation errors, data-entry errors, system functionality within the JMS, or another explanation. Additional evaluation will be necessary during the next reporting period.

Significant technology and reporting enhancements remain under development, and the Monitoring Team intends to evaluate the implementation of those systems

¹⁴ JA26-1525

¹⁵ JA26-1615

to ensure the ability to cross-reference investigations and incident reports is maintained as new platforms become operational. During the next reporting period, the Monitoring Team will also work with FCSO to determine how the identified numbering discrepancies occurred, whether they represent isolated anomalies or a broader issue affecting the integrity of the incident numbering process, whether existing quality-assurance processes are sufficient to identify and correct such discrepancies, and whether the reliability of the JA incident number as the primary mechanism for cross-referencing incidents and investigations has been affected.

If additional review demonstrates that these discrepancies occur with sufficient frequency to impair reliable cross-referencing or the pending system changes erode compliance, the Monitoring Team will reevaluate whether Substantial Compliance remains appropriate for this provision. In the interim, it is expected that Substantial Compliance will be maintained.

Provision 100

FCSO will complete its internal investigation regardless of whether the victim wishes to pursue criminal or administrative charges, or whether an external agency pursues criminal prosecution.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO staff reported that investigations are not automatically discontinued when a victim declines to cooperate, refuses prosecution, is released from custody, or when an outside agency declines to pursue criminal charges. The Monitoring Team's discussions with investigative staff were generally consistent with this expectation

and reflected an understanding that investigative decisions should be based upon the facts of the incident rather than the willingness of a victim to participate.

As discussed in Provisions 96 through 99, the FCSO has continued to develop a more structured investigative process through SEU and related investigative functions. The Monitoring Team observed evidence of investigative tracking, supervisory oversight, and investigative accountability that was not present to the same degree during prior reporting periods but that system does not yet track if the victim failed to cooperate, an update SEU and OPS reported they would explore.

The primary challenge associated with this provision is demonstrating compliance rather than establishing intent. While FCSO reports that investigations continue regardless of victim participation or prosecutorial decisions, the Monitoring Team has not yet identified a reliable method to systematically verify those circumstances across the full range of investigations conducted within the jail system. During this monitoring period, the Monitoring Team met with SEU and OPS leadership to discuss whether the investigative tracking systems could be configured to identify investigations that continued despite a victim's refusal to cooperate, release from custody, or a decision not to pursue criminal prosecution. While leadership indicated that the system may ultimately be capable of tracking such information, FCSO has not yet demonstrated that the system has been configured to do so or that reports can currently be generated for monitoring purposes.

The Monitoring Team anticipates that continued refinement of investigative tracking systems and reporting capabilities will improve FCSO's ability to demonstrate compliance with these provisions. It is anticipated that additional progress can be made during the next reporting period as FCSO continues to develop reporting capabilities and evaluate how investigative outcomes can be

monitored through existing systems. Once those capabilities are established, the Monitoring Team expects to conduct additional validation regarding investigative outcomes and closure practices.

Provision 101

FCSO will refer all incidents that appear appropriate for criminal prosecution to the appropriate law enforcement agency for investigation, even when a victim does not wish to cooperate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this reporting period, the Monitoring Team developed a better understanding of the criminal investigative process within the jail and the respective responsibilities of SEU and other investigative entities. Discussions with investigative staff demonstrated that SEU is responsible for conducting criminal investigations arising within the jail and evaluating whether referral for criminal prosecution is appropriate. The Monitoring Team also confirmed that criminal investigations are occurring and are being tracked through SEU's investigative process.

For most incidents occurring within the jail, FCSO serves as the appropriate law enforcement agency responsible for criminal investigation and referral decisions. Certain incidents may involve collaboration with outside agencies, including the Atlanta Police Department for specific serious incidents, the Coroner for deaths and the Fire Marshal for arson investigations. Regardless, charging decisions ultimately remain the responsibility of the appropriate prosecuting authority depending on whether the alleged behavior was a felony or misdemeanor.

The primary challenge associated with this provision is demonstrating and tracking prosecution referral activity in a consistent and measurable manner. Although the Monitoring Team observed evidence of an organized investigative process, FCSO has not yet demonstrated a reporting mechanism that allows leadership or the Monitoring Team to readily identify which investigations resulted in criminal referrals, when those referrals occurred, or the disposition of those referrals.

During this reporting period, the Monitoring Team discussed whether existing investigative tracking systems could be utilized to capture and report referral information. While it appears that such capabilities may be achievable through future system enhancements, those reporting mechanisms have not yet been developed or demonstrated.

Accordingly, the Monitoring Team's concern is not whether criminal investigations are occurring and being referred to the charging entity, but whether FCSO can consistently document, monitor, and report criminal referral activity in a manner that allows compliance to be evaluated. Continued development of reporting capabilities and tracking mechanisms will be necessary before substantial compliance can be achieved.

Provision 102

The FCSO Jail investigator will issue a written investigative report to the Chief Jailer within 30 days after the date of the incident, unless there is documented good cause for an extension. The investigative report will indicate whether the allegation is substantiated, unsubstantiated, or unfounded. The investigative report will include an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the

reasoning behind credibility assessments, and investigative facts and findings, including a determination of why the incident occurred.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team reviewed several completed investigative reports generally included documentation of investigative activity, evidence reviewed, witness statements, findings, and recommendations for follow-up action. These investigations reflected a level of investigative quality and analytical review that was not consistently evident during earlier stages of the monitoring process but, as discussed in Provision 96, there were also other investigative reports that were not as thorough.

The primary challenge associated with this provision is ensuring that investigative findings and recommendations are of a consistent quality and are communicated to and acted upon by the appropriate operational stakeholders. During review of investigative reports provided for review, the Monitoring Team identified instances where recommendations associated with classification concerns, housing issues, or other operational matters did not clearly demonstrate that the information had been provided to the responsible division or that resulting corrective action had been tracked to completion.¹⁶

During the current monitoring period, the Monitoring Team met with jail leadership and SEU and observed improved collaboration and information sharing regarding investigative findings and recommendations. These discussions demonstrated a greater level of coordination than previously observed and

¹⁶ Incidents JA26-0009 and JA 26-0198

reflected a shared understanding of the need to improve communication between investigative personnel and jail administration.

At present, however, the Monitoring Team has not identified a reliable mechanism to determine whether investigative reports are consistently routed to all appropriate stakeholders, whether recommended actions are implemented, or whether corrective actions are completed and documented. These issues were discussed extensively with FCSO leadership, SEU and OPS during the monitoring period, and both practical and achievable solutions were identified. SEU appeared receptive to implementing process improvements designed to strengthen communication, accountability, and follow-up.

The Monitoring Team will continue evaluating these efforts during the next reporting period. The focus will be on determining whether investigative findings are consistently communicated, whether recommendations are tracked to completion, and whether jail leadership can demonstrate that investigative outcomes are driving operational improvements and corrective action.

Provision 103

The departure of the alleged perpetrator or victim from Jail custody or County/FCSO employment will not provide a basis for terminating an investigation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

This provision presents similar compliance-monitoring challenges to those discussed in Provision 100. FCSO staff indicated that investigations are not automatically terminated when a victim or alleged perpetrator leaves custody or when an employee separates from County employment. However, neither FCSO

nor the Monitoring Team currently has a reliable method to systematically identify and evaluate those circumstances. When conducting the random sample review, there was one incident in which it appears the victim no longer being in custody led to the termination of the investigation.¹⁷

During this monitoring period, the Monitoring Team discussed with SEU whether the investigative tracking system could be modified to capture and report investigations involving released residents, separated employees, or other situations covered by this provision. While SEU indicated it would evaluate the feasibility of incorporating those tracking capabilities into its investigative-management system, those capabilities have not yet been demonstrated.

Accordingly, the primary challenge associated with this provision is not the stated investigative practice, but the inability of FCSO to currently demonstrate compliance or the Monitoring Team to independently evaluate compliance. The Monitoring Team will continue working with FCSO during the next reporting period to determine whether reporting enhancements can be implemented to support compliance monitoring and validation.

Provision 104

When outside agencies investigate alleged incidents, the FCSO will request that the outside agency notify a designated point of contact at FCSO when the investigation concludes. In such cases, FCSO will conduct its own investigation, with the goal of identifying and remedying conditions or misconduct that affects

¹⁷ Incident 2026-000367

the safety of people incarcerated in the Jail, and will cooperate with and defer to an outside agency's ongoing investigation as appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO reports they consistently coordinate with outside law-enforcement agencies regarding investigations occurring within the jail and there was evidence of collaboration in several of the investigative files reviewed. During this reporting period, the Monitoring Team also observed a more structured investigative process within SEU and increased involvement in criminal investigations that may involve outside law-enforcement partners. For example, it was noted that seven of the 18 investigative files reviewed were referred for potential criminal prosecution.¹⁸

The primary challenge associated with this provision is demonstrating that notifications from outside agencies are consistently received, documented, and acted upon. At present, neither FCSO nor the Monitoring Team has identified a reliable tracking mechanism to monitor outside investigations, document notification of investigative outcomes, or evaluate any resulting follow-up actions taken by FCSO.

While communication with outside agencies is reported to occur on a regular basis, additional work remains necessary to establish a more formal process for documenting notifications, tracking investigative outcomes, and demonstrating that information received from outside agencies is incorporated into FCSO's investigative, operational, and corrective-action processes.

¹⁸ Incidents: 2026-000474; 2026-000324; 2026-000268; 2026-000214; 2026-000129; 2026-000067; 2026-000393.

The Monitoring Team will continue working with FCSO during the next reporting period to evaluate existing practices and identify reasonable methods to document and monitor compliance with this provision.

Provision 105

Within 60 days of an incarcerated person's death, serious suicide attempt, or other sentinel events resulting in serious security breaches or life-threatening injuries to staff or incarcerated people, the Chief Jailer and other relevant staff will review the investigative file to identify and recommend any corrective action, including changes to policy, or other systemic remedial measures, to attempt to prevent similar incidents in the future. These reviews and any recommendations will be memorialized in writing.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The concerns identified in Provision 94 are equally applicable to this provision. The Monitoring Team observed limited evidence demonstrating a consistent and standardized process for documenting, assigning, monitoring, and closing corrective-action items arising from Critical Incident Reviews.

The documented review associated with the December 2025 fire identified several appropriate operational concerns and recommendations. However, the Monitoring Team was unable to identify documentation demonstrating continued follow-up, implementation status, or formal closure of those recommendations. As a result, it remains difficult to determine whether identified corrective actions are resulting in measurable operational improvements.

The Monitoring Team believes FCSO would benefit from a formal corrective-action tracking process that assigns responsibility, establishes implementation

timelines, requires periodic status updates, and documents closure of completed action items. Such a process should be integrated into the broader Critical Incident Review process discussed in Provision 94.

The Monitoring Team will continue evaluating corrective-action planning and implementation during the next reporting period.

Provision 106

At least semi-annually, FCSO will assess for patterns and trends in deaths, serious suicide attempts, and other sentinel events, will memorialize these assessments and recommended remedial measures in written reports, and will implement systemic remedial measures to correct any identified issues.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

FCSO has not yet demonstrated the organizational infrastructure necessary to comply with this provision. While individual incidents, critical incidents, investigations, grievances, disciplinary matters, and use-of-force incidents are being reviewed through various processes, the Monitoring Team has not observed a formalized quality-assurance function capable of evaluating those events collectively, identifying organizational trends, and measuring the effectiveness of corrective actions over time.

The Monitoring Team believes the primary barrier to compliance is not the absence of effort, but the absence of sufficient analytical resources and a comprehensive data-management strategy. At present, FCSO does not appear to have the personnel, systems, or organizational structure necessary to routinely analyze information across critical incidents, use of force, investigations, grievances,

discipline, classification, staffing, and other operational areas in a manner that meaningfully informs leadership decision-making.

This provision requires more than review of individual incidents. It requires the ability to identify systemic issues, evaluate organizational performance, prioritize resources, and determine whether corrective actions are producing measurable improvements. The Monitoring Team has not yet observed a process capable of performing those functions.

Accordingly, the County and FCSO should evaluate what resources, staffing, analytical capabilities, and data-management systems are necessary to support a sustainable quality-assurance and performance-measurement program. Until those foundational issues are addressed, FCSO will remain limited in its ability to identify trends, evaluate risk, and implement data-driven organizational improvements.

Sexual Abuse Reporting and Investigations

The FCSO continues to demonstrate its commitment to achieving compliance with the PREA-related provisions of the Consent Decree. The PREA Coordinator position is solely dedicated to PREA efforts. An additional PREA Compliance Manager has been added to the PREA Unit, bringing the total number of PREA Compliance Managers to three. This demonstrates positive progress and will assist FCSO with reaching compliance. The Memorandum of Understanding with LiveSafe Resources has proven to be beneficial providing several resources pertaining to sexual abuse, including a no-cost hotline, victim advocacy and support services and coordination of sexual assault examinations conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE).

Provision 107

Fulton County and FCSO will make available a no-cost telephone hotline for reporting sexual abuse in the Jail, consistent with PREA regulations (National Standards to Prevent, Detect and Respond to Prison Rape, 28 C.F.R. § 115 et seq.). FCSO will ensure that all Jail staff accept reports of sexual abuse, including third-party reports of sexual abuse, and will make appropriate notifications.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Residents have the opportunity to report sexual abuse through a no-cost hotline provided through the Memorandum of Understanding with LiveSafe, Fulton County and the FCSO. The PREA Coordinator continues to intermittently test the hotline to ensure it is operational. The Monthly PREA Incident Tracking Logs also contain information that 2 additional phone numbers – the internal PREA Hotline and the Grady Rape Crisis Center – are tested regularly to ensure they too are operational. The Monitoring Team observed signs containing the new LiveSafe hotline number at the Main Jail, in the housing units and intake area. The Monitoring Team did not observe PREA signs containing the new hotline number at the South Annex. FCSO staff advised that many of the signs with the new hotline numbers had been removed by the residents. The FCSO should seek a permanent solution to ensure the PREA information and hotline number remain available in all housing units and intake areas.

The FCSO's current PREA policy requires staff to accept sexual abuse reports "made verbally, in writing, anonymously, and from third parties" and establishes requirement of staff who receive such reports (Policy 400-12). The responding supervisor must notify the Chief Jailer and the PREA Compliance Manager, among others. The 2026 PREA Incident Tracking Log ("PREA Log") includes

approximately 27 unique incidents categorized as “sexual abuse.” Of these, 17 had data indicating that the PREA Team was notified on the same day that staff received the report of sexual abuse. The mean number of days between the report and notification was 1 day, with 6 incidents taking 3 or more days before notification.

Provision 108

FCSO will send notifications regarding all sexual abuse allegations to a centralized PREA Unit in a timely and prompt manner, and the status of each such investigation will be centrally tracked and documented at least monthly.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The PREA Unit has made significant improvements tracking PREA reports, the status of the reports and investigations during this monitoring period. FCSO staff acknowledge that the spreadsheet developed in collaboration with the Monitoring Team has assisted in ensuring timely notifications of sexual abuse allegations. FCSO staff would still like to consider obtaining more formal PREA software to increase efficiency in tracking and maintaining documentation.

As noted in Provision 107, only 17 of the 27 incidents included in the PREA Log indicated that the PREA Team was notified on the same day staff became aware of sexual abuse allegations.

Provision 109

FCSO will employ a full time, dedicated PREA Coordinator, and any additional support staff such as investigators as needed to reasonably manage volume, to

direct PREA compliance activities, and have responsibility to implement the sexual abuse provisions of this Consent Decree.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has made significant steps in ensuring compliance with this provision, by having a PREA Coordinator solely dedicated to ensuring the FCSO follow PREA standards. The addition of three PREA Compliance Managers (PCMs) appears to be a significant step in having sufficient staff to handle the current volume of reports. There has been increased collaboration with the Strategic Enforcement Unit (the unit who investigative sexual abuse cases) during this monitoring period which is a positive step that will assist with achieving compliance. The FCSO provided documentation indicating that five SEU investigators completed specialized training per PREA standard 115.34 during this reporting period. During the next monitoring period, the PREA unit will be relocating to new office space that will provide better accommodations for the team to complete their work. While the increase in staff dedicated to PREA-related activities has improved the FCSO's compliance efforts, it is still a bit premature to assess whether this level of staffing is sufficient to handle the volume of cases. One factor impacting this assessment is the fact that there is not certainty that all PREA allegations are being appropriately categorized and forwarded for investigation.

Provision 110

FCSO will send all incarcerated people who allege sexual abuse for an examination at a hospital facility when recommended by Jail medical staff.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

LiveSafe offers sexual abuse exam services at the Jail facilities. However, at the time of the April monitoring visit, they had not performed any exams in the jails. All exams had been conducted at Grady Hospital. The PREA Coordinator tracks the residents who have been sent to the hospital for a sexual abuse exam. Of the 27 sexual abuse cases included in the PREA Log, a forensic exam was completed in 3 and the resident was sent to Grady Hospital in 4 of the incidents. The Monitoring Team will work with PREA staff to add an indicator on the PREA Log of whether medical staff recommended an examination at a hospital facility.

Provision 111

FCSO will investigate all allegations of sexual abuse in the Jail in a timely, thorough, and complete manner. At a minimum, investigations into sexual abuse in the Jail will include and document interviews of the complainant and the alleged perpetrator, attempts to identify and interview potential witnesses, and reviews of camera footage (including camera footage which may corroborate but not confirm an allegation), relevant documents, and other physical evidence. Where relevant medical records are reviewed by the investigator but not included in the file for privacy reasons or legal restrictions on access to medical information, a summary of relevant information from the records will be included. All investigations will document consideration of all such evidence, and, where any such evidence is unavailable or not considered, include an explanation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

SEU currently conducts all the investigations alleging sexual abuse/assault. As mentioned, five SEU investigators have had specialized sexual abuse

investigations training. The Monitoring Team reviewed a sample of PREA investigations. Overall, the investigations included the information required by this provision. Some of the investigations contained the video evidence in the files while other investigations noted it was available upon request. Moving forward, it would be useful to have all of the evidence relied upon in the case contained in the file. The “102” summary sheet developed by SEU is a useful document that assists the reviewer with gaining a quick snapshot of the case.

Provision 112

Sexual abuse investigations will be conducted by investigators who have received special training in institutional sexual abuse. Specialized training will include techniques for interviewing sexual abuse victims, proper use of *Miranda v. Arizona*, 384 U.S. 436 (1966), and *Garrity v. New Jersey*, 385 U.S. 493 (1967), warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, the SEU conducts the sexual abuse/assault investigations. Currently, five investigators have received the specialized training to conduct these investigations. The investigators completed the training in March 2026. Future sexual abuse investigations should be conducted by these specially trained investigators.

Provision 113

Administrative investigations into sexual abuse allegations will be completed regardless of the results of any criminal investigations and regardless of the

subject's continued confinement in the Jail. Alleged victims will be advised of the outcome of their allegations when possible.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO investigative staff report they continue the sexual abuse investigations even if the perpetrator has been released from custody. None of the randomly selected investigations involved perpetrators who had been released from custody. The investigations included notification to the victim of the outcome of the investigation. The Monitoring Team will work with FCSO to establish a mechanism to identify investigations involving a perpetrator who has been released from custody and the status/outcome of those investigations.

Provision 114

Within 30 days after an allegation of sexual abuse is referred for investigation, FCSO will issue a written investigative report that indicates whether the allegation is substantiated, unsubstantiated, or unfounded. In making that determination, FCSO will apply a preponderance-of-the-evidence standard, with the sole exception of criminal charges. The investigative report will include an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. If warranted, supervisors may grant a time-limited extension for completion of an investigation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The current PREA Log has made tracking the timeliness of sexual abuse investigations more efficient. Information in the PREA Log indicates that all

investigations were completed within 30 days of referral. The Monitoring Team compared the closed date in the PREA Log to the investigation report listed in five investigation packages and the dates matched in all five. The randomly selected investigations reviewed by the Monitoring Team contained all of the requirements of this provision. The FCSO will ensure all of the investigatory requirements contained in the Consent Decree are anchored in revised policies and procedures.

Provision 115

FCSO investigations into sexual abuse allegations will examine whether policy violations or violations of PREA regulations have occurred in addition to assessing whether potential criminal conduct has occurred.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The randomly selected investigations all included references to possible violations of the FCSO's PREA Policy. During the next monitoring period, the Monitoring Team will examine a random sample of investigations to assess whether possible violations of the PREA policy or PREA regulations are noted.

Provision 116

Jail investigations into sexual abuse allegations will consider potential administrative or other remedies including personnel actions and trainings for staff, and counseling referrals, and housing or classification changes for incarcerated people.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The randomly selected investigations included recommendations regarding possible housing changes. The form used for the potential housing changes contains a box for current housing location and a box for where the resident's new housing location. In some of the files reviewed, the box for future housing was left blank. The Monitoring Team did not review any cases this reporting period in which the alleged perpetrator was a staff member. The Team will review a few of those cases during the next reporting period to ascertain what remedies were imposed or considered for staff.

Provision 117

A multi-disciplinary review team, including upper-level management officials at the Jail, with input from line supervisors, investigators, and medical and mental health practitioners, will conduct monthly incident review meetings for substantiated allegations of sexual abuse and for unsubstantiated allegations of sexual abuse committed by staff. The review team will: (a) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) examine the area where the incident allegedly occurred to assess whether physical barriers in the area may prevent detection of sexual abuse; (c) assess the adequacy of staffing levels in that area during different shifts; (d) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (e) prepare a report of its findings and any recommendations for improvement and submit such report to the PREA Coordinator. FCSO will timely consider the review team's recommendations for improvement and will implement them or document their reasons for not doing so.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO staff report that they held multi-disciplinary meetings in January, February, and March. The Monitoring Team has requested meeting minutes to verify attendance and team recommendations. Moreover, the PREA Team indicated that the PREA After-Action Reports may address some of the requirements of this provision. The after-action reports indicate the review is conducted by Assistant Chief Jailer Butler, Health Service Manager Dr. Elam, SEU Lieutenant Battle, and PREA Coordinator Hardy. The reports include questions addressing the items in Provision 117, such as physical barriers and staffing adequacy. The Monitoring Team will work with the FCSO to determine the extent to which the current after-action process addresses this provision.

Provision 118

Supervisory sexual assault investigators will review and sign off on all investigations and will order additional investigation as needed.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

In the randomly selected PREA investigations, the Monitoring Team did not see where a supervisory sexual assault investigator had reviewed or signed off on the investigations. Supervisory staff should be reviewing and signing off on all investigations. Policy, procedure, and practice should reflect this action.

Provision 119

FCSO will take appropriate corrective administrative action—including personnel action, trainings and counseling referrals for staff, and housing or classification changes for incarcerated people—based on the findings of sexual abuse investigations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

See Provision 116.

Information Management Systems and Resiliency Planning

This section of the Consent Decree addresses the FCSO's JMS, emergency power, and resiliency planning. Provision 120 establishes that Fulton County and the FCSO will review and modify the JMS to ensure that those systems provide accurate, reliable, and up-to-date information about people in the Jail, including locations and custody levels. During this review period, Fulton County and the FCSO continued to invest resources in technological support to improve the FCSO's use of the JMS. However, it is the Monitoring Team's understanding that the biggest current obstacles to accurate, reliable, and up-to-date information about residents are not limitations of the JMS. Instead, they are rooted in issues related to resident movement practices. While housing unit staff document movement at the beginning of each shift through paper change reports and share these reports with the Classification Unit, the process is prone to error and unauthorized bed moves have become common.

With respect to Provision 121, which addresses the need for reliable back-up power systems, significant, ongoing problems exist. In the last reporting period, 50% of the uninterruptible power supply (UPS) devices for camera systems at the Main Jail were replaced. In this reporting period, the Monitoring Team received a draft Fulton County Jail Resilience Plan that identified current issues and objectives to modernize existing emergency power systems and extend the power available for critical functions in the jails. An electrical capacity analysis and UPS runtime assessment is included as focus areas in the first phase of the plan.

Provision 122 requires Fulton County and the FCSO to develop and implement a resiliency plan for major events, such as power outages. Resiliency plans include a framework for how to mitigate, prepare for, respond to and recover from emergencies including but not limited to natural disasters such as tornadoes and fires. An important component of resiliency planning is training and assessing readiness. It is critical that a jail not just have a written resiliency plan, but that the elements of the plan are functional and training occurs on a regular basis.

On a positive note, the FCSO hired one of two Fire Safety Officers as of May 2026 and report that the second position was in the process of being filled. The Post Order (Number 3305-01 (Rev)) lists the duties and responsibilities of the Fire Safety Officer to include emergency drills, staff training, and emergency planning, along with record keeping, reporting, and accountability requirements. FCSO has purchased and installed 100 self-contained breathing apparatus (SCBAs) in key locations throughout the facilities and the training team reports that retraining on the SCBAs began in December 2025. As of April 2026, approximately 175 employees had received the training. However, FCSO is not currently conducting fire drills or mock drills (emergency response drill simulating scenarios such as tornadoes or gas leaks) in the Jails. Scheduled, frequent, announced and unannounced, documented emergency drills with feedback and review, help to familiarize employees with procedures and establish routine practices. The videos from the December 12, 2025 fire, show a lack of preparedness demonstrated by confusion, panic and a lack of organization and communication. Fire and mock drill training increase confidence and improve reaction time during true emergencies.

Provision 120

The County and FCSO will, in consultation with the Monitor, review and modify its information management systems to ensure that those systems provide accurate, reliable, and up-to-date information about people in the Jail, including locations and custody levels.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

In the Second Monitoring Report, the Monitoring Team recommended that Fulton County and the FCSO explore electronic options to automate the tracking of resident movements. In this reporting period, the FCSO began using NFC associated with NoteActive to track rounds on 3-South, the Female Observation Unit, and Medical Observation Unit, and Psychiatric Observation Unit. This is excellent progress, and the Monitoring Team recommends the FCSO begin to explore if the use of this technology could be expanded to automate the tracking of resident movement.

In its prior report, the Monitoring Team also recommended that the FCSO begin to conduct monthly audits of its JMS to identify missing, out-of-date, and inaccurate data and produce reports analyzing patterns, trends, and common causes associated with data issues. These reports should allow the FCSO to distinguish between user- and process-related issues that can be addressed through internal policy changes and training and issues with the JMS itself that must be addressed through the vendor. During this reporting period, FCSO staff conducted an audit on resident movements for a three-day period. They identified 300 total resident moves, 20% of which were unauthorized or otherwise lacked explanation. The unauthorized moves were common on certain floors and shifts, and FCSO staff indicated that they planned to use this information to focus its efforts to address the

issue. This audit is consistent with the Monitoring Team's recommendation, and we recommend that the FCSO conduct it on a routine basis, expand the effort to assess issues with other types of JMS data, and formalize the process in its internal policies.

Provision 121

The County and FCSO will upgrade its systems to ensure that, in the event of power outages, emergency power is immediately available and critical services in the Jail continue.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO and Fulton County have numerous ongoing issues related to critical services in the jails, including back up power, UPS devices, fire alarm and suppression systems, doors, and door locks. The Fulton County Jail Resilience Plan identifies several upgrades and replacements associated with the UPS infrastructure and generators that are likely necessary before achieving substantial compliance with this provision.

Provision 122

By dates set in the Implementation Plan, Section XII, the County and FCSO will develop and implement a resiliency plan for major events like power outages so that these events do not put people incarcerated in the Jail at substantial risk of serious harm.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Resiliency plan documents provided by the FCSO include the FCSO Continuity of Operations Plan with an effective date of September 11, 2024, Emergency Evacuation Procedures with an effective date of May 19, 2025, and their Code Red Egress and Relocation Procedural Manual. To obtain substantial compliance, the FCSO should implement training, including the fire/emergency evacuation drills referenced in the Emergency Evacuation Procedures (Policy No. 100-02) to improve and ensure readiness and reduce the risk of substantial harm.

Data Tracking and Reporting

The provisions in this section require the FCSO to track and report on information related to staffing and recruitment efforts, grievances, incidents, allegations of sexual abuse, and the resident population.

The FCSO provided the Monitoring Team with Quarterly Staffing Updates for the fourth quarter of 2025 and the first two quarters of 2026. The second quarter report addressed hiring and attrition, with information about the FCSO overall and specific to its Jail Division. For example, in the second quarter of 2026, the FCSO hired 25 detention officers deputies, all of whom were hired to work in the jails. During that same time period, the FCSO lost 13 detention officers. Information about the use of overtime was also included in the second quarter report. Specifically, in the second quarter of 2026, FCSO staff worked a total of 34,368 overtime hours, 22,752 of which were worked by Jail Division staff.

The FCSO has also shared with the Monitoring Team Daily Activity Reports that list the daily population at the Main Jail, South Annex, Marietta Annex, Atlanta City Detention Center, and various other county jails used to outsource FCSO

residents. At the beginning of May, the Main Jail had a total resident population of 1,880 and an additional 953 residents were housed in other facilities.

This staffing and resident population information and the FCSO's current tracking of grievances, incidents, and allegations of sexual abuse begin to address many requirements associated Provisions 123 through 127. In the sections below, the Monitoring Team addresses specific provisions and recommendations.

Provision 123

FCSO will provide the Monitor and United States a Quarterly Staffing Update every January 15, April 15, July 15, and October 15, which will include information on FCSO's recruitment efforts, hiring, attrition, vacant posts, and use of overtime. The Quarterly Staffing Update will report separately on staffing for the FCSO overall and staffing at the Jail specifically. When the 15th day of a month in which the Quarterly Staffing Update is due falls on a weekend or holiday, the report will be due on the following County business day.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed above, the FCSO provided the Monitoring Team and the United States with Quarterly Staffing Updates for the fourth quarter of 2025 and first quarter of 2026. The first and second quarter reports included information about its recruitment efforts, hiring and attrition, and the use of overtime. They addressed vacant posts as well, but did not distinguish between vacancies associated with positions assigned to work in the Jail Division and those assigned to work in other areas, as is required by Provision 123.

In future Quarterly Staffing Updates, the Monitoring Team recommends that the FCSO provide additional details about vacant positions that address both the specific positions that are vacant and the assignment of those positions.

Provision 124

FCSO will track all grievances filed and their subject matter, including grievance responses and appeals, analyzing them for patterns and trends so as to prevent violence.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has two systems for accepting and handling grievances. An electronic, tablet-based system through ICSolutions allows FCSO staff and residents to send each other electronic messages related to grievances. The paper system is tracked with a spreadsheet and scans of grievances saved on a shared drive. FCSO staff copy information from the electronic ICSolutions system into the spreadsheet to have a single source to document how grievances are handled. Between January 1 and June 30, 2026, the FCSO recorded 1,183 paper grievances and 1,461 electronic grievances.

The FCSO's grievance tracking spreadsheet includes information about the subject of grievances, whether FCSO determined the grievances to be "true," and the date of appeals and staff responsible for handling the appeals. In response to a request for documentation of any efforts to analyze grievances for patterns and trends, the FCSO provided several worksheets with quarterly statistics and versions of the tracking spreadsheet sorted by subject matter. These are certainly helpful, but do not reflect the type of analysis required by Provision 124.

The Monitoring Team recommends, to the extent that FCSO staff currently conduct analysis to identify patterns and trends, they document this analysis in a manner that can be shared with the Monitoring Team. If this analysis is not currently being conducted, we recommend that the FCSO begin to do so in the second half of 2026. In future reporting periods, the Monitoring Team will then focus its review on the accuracy and reliability of the grievance data being tracked and the efficacy of the analysis conducted.

Provision 125

FCSO will track and report the following events occurring in the Jail: (a) homicides, (b) physical assaults between incarcerated people, (c) stabbings, (d) hospital transports following assaults between incarcerated people, and (e) contraband discovered. FCSO will report these events by Jail facility, will separately identify violence against 17-year-olds, people with Serious Mental Illness, and people who identify as gay or transgender.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO circulates a Weekly Status Report that addresses some of the events described in Provision 125, including resident deaths, resident assaults, stabbings, and cell phones and shanks confiscated. These reports do not address hospitalizations or report separate data for residents who are 17 years old, classified as having serious mental illness, or identify as gay or transgender. In a separate set of spreadsheets shared with the Monitoring Team, the FCSO documents incidents that required hospital treatment and those involving 17-year-olds and residents assigned to mental health housing units.

These all represent important progress in addressing the requirements of Provision 125, though much of the work involved appears to require effort outside of the current JMS. The Monitoring Team recommends that the FCSO consider revisions to the JMS to ensure that information recorded in incident reports allow staff to generate automated reports about the events, outcomes, and involved residents addressed in this provision. This approach would free up resources to conduct routine analyses of these data to assess their reliability and identify patterns. Whether the FCSO continues with the use of spreadsheets to track and report this information or builds it into its JMS, the Monitoring Team will focus its review in future periods on the accuracy and reliability of the incident data being tracked as well as the quality of the routing analysis being conducted.

Provision 126

FCSO will collect and track data regarding sexual abuse allegations and investigations at the Jail, and will analyze the data for trends and patterns.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO maintains a PREA tracking log that collects detailed information about the date allegations were reported, the nature of allegations, the involved residents, and the outcome of investigations. It allows the FCSO to track the data necessary to address the substantive requirements established in other provisions about sexual abuse allegations and investigations. The FCSO has also begun analyzing the information it is collecting through a Trending Analysis Report for the first quarter of 2026. This report included aggregate information about the types of allegations received, the locations where the alleged incidents occurred, and the

outcome of investigations. Taken as a whole, the tracking log and quarterly report represent an excellent step towards addressing Provision 126's requirements.

In the second half of 2026, the Monitoring Team recommends that the FCSO develop a routine process by which staff review information in the JMS and other resources to identify potential incidents that require investigation but have not yet been placed on the tracking log. During the Monitoring Team's April visit, we learned that the FCSO may not have been classifying certain investigations into potential relationships between staff and residents as investigations that should be tracked in the PREA tracking log. A routine internal check may not have caught this issue, but it is likely to catch other incidents that would otherwise fall through the cracks.

Further, we recommend that the FCSO expand its next quarterly reports to include additional information already being collected on the PREA tracking log and more narrative discussion of the results of the analysis. Most importantly, to the extent that the analysis identifies trends or patterns that signal potential issues with policies, practices, and training, the quarterly reports are an opportunity to document these issues and recommend potential solutions.

Provision 127

FCSO will report data regarding the population in the Jail to the United States and Monitor monthly. FCSO will notify the United States and the Monitor if the size of the population in the Jail makes compliance with any provision in this Consent Decree unfeasible.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has shared with the Monitoring Team and the United States population information. The Monitoring Team recommends the FCSO revise the Sheriff's Monthly Report Policy (700-28) to require staff to include assessments of whether population levels make compliance with the Consent Decree unfeasible in monthly reports and share these reports with the Monitoring Team on a routine basis.

Use of Force

Policies, Procedures, and Training

The Monitoring Team observed continued progress during this reporting period regarding the development of force-related policies, procedures, and training. Most notably, the FCSO continued working with the use-of-force subject matter experts through regular technical-assistance meetings and onsite working sessions focused on policy development, training, implementation planning, and long-term force reform efforts. Unlike prior reporting periods, where efforts focused primarily on identifying deficiencies and establishing priorities, the current reporting period involved active drafting, revision, and evaluation of force-related policies, training and implementation strategies.

A significant amount of work has been devoted to revising force policies and ensuring that Consent Decree requirements are incorporated into policy language. The use-of-force subject matter experts are conducting a line-by-line review of force-related policies against Consent Decree requirements, resulting in identification of numerous areas requiring clarification, expansion, or revision before policies can move forward for formal review.

The Monitoring Team also observed continued development of an implementation plan intended to guide force-related compliance efforts. However, the plan remains incomplete and does not yet provide a comprehensive roadmap identifying all required policy revisions, implementation priorities, responsible parties, timelines, training impacts, and sequencing related reforms. Several policies have been revised but have not yet been officially submitted to the Monitoring Team or the United States.

Progress was also observed in the area of training development. The FCSO has begun developing lesson plans, training concepts, and custody-specific scenarios associated with revised force policies. However, these efforts remain in the early stages of development. Initial training materials indicate that substantial work remains before lesson plans are capable of supporting the level of operational and cultural change contemplated by the Consent Decree. The FCSO also has not yet developed a comprehensive training strategy addressing force-related training, annual in-service requirements, supervisory training, specialized training, and other Consent Decree obligations.

The Monitoring Team remains concerned regarding the pace of implementation on such a critical issue. While progress is occurring, implementation efforts continue to rely heavily on personnel who maintain other significant operational responsibilities unrelated to force policy and training updates. Staffing limitations, competing operational priorities, delayed deliverables, inconsistent participation in implementation efforts, and work products that often require substantial revision continue to slow progress. The Monitoring Team believes these issues reflect a lack of dedicated implementation capacity rather than a lack of commitment or effort.

This section focuses on force policies, procedures, implementation planning, and training development. Discussions regarding Conducted Energy Weapons (CEWs), force-review practices, force investigations, force-tracking systems, force analytics, and related accountability mechanisms are addressed separately in subsequent sections.

During the next reporting period, the Monitoring Team's primary focus will be on evaluating revised force policies, assessing the continued development of the detailed implementation plan, reviewing lesson plans and training curricula, and

determining whether the FCSO can transition from policy development to implementation. While progress has occurred during this reporting period, substantial work remains before the FCSO can demonstrate compliance with the force-related provisions of the Consent Decree.

Provision 128

By dates set in the Implementation Plan, Section XII, FCSO will draft new or revised policies and procedures to comply with the provisions related to Use of Force as set forth in paragraphs 129–151 below and will submit those policies and procedures to the Monitor and United States for approval pursuant to the process described in Section III above.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continues to work with the use-of-force subject matter experts to revise force-related policies and procedures. During this reporting period, the primary focus remained on the Use of Force Policy (1.01), the Non-Deadly Weapons Policy (5.02), and development of an implementation plan intended to guide compliance efforts across the force-related provisions of the Consent Decree.

The Monitoring Team recognizes that compliance with this section will require revision of approximately twenty force-related policies, procedures, forms, review processes, and related directives. The FCSO has provided draft policies and implementation materials for discussion with the force experts and continues to revise those materials based upon ongoing feedback.

The Monitoring Team also reviewed the FCSO's implementation-planning documents and notes that the FCSO has identified a substantial number of force-related policies requiring revision, assigned responsible personnel, established

projected completion dates, and begun developing provision-specific compliance metrics. While the implementation plan requires further refinement, these efforts represent progress toward development of a more structured roadmap for force-related compliance activities.

While progress has occurred, the draft policies are not yet ready for formal review by the Monitoring Team or submission to the Department of Justice. Significant work remains to ensure policies, reporting requirements, review processes, training expectations, and accountability mechanisms are aligned and consistently applied.

Provision 129

FCSO will ensure that its use-of-force policies provide sufficient guidance on use of force and what constitutes excessive force in compliance with constitutional standards and generally accepted practices and will ensure compliance with all such policies. FCSO's use-of-force policies will describe the level of force authorized for each threat level.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO currently maintains both departmental and custody-specific use-of-force policies that include force-level classifications intended to guide staff decision-making. During this reporting period, the FCSO continued working with the use-of-force subject matter experts to refine force classifications and develop a more comprehensive framework for categorizing force incidents based upon severity, injury, risk, and review requirements.

The Monitoring Team recognizes that meaningful work is occurring to improve force classifications and align policy language with Consent Decree requirements. However, draft policies remain under development and are not yet ready for formal

review by the Monitoring Team or submission to the United States. Additional work remains necessary to ensure force classifications, reporting requirements, review expectations, and accountability measures are consistently incorporated throughout the force policy framework.

As discussed further in Provisions 142, 148, and 150, the Monitoring Team's ability to evaluate compliance with force policies in practice remains limited by ongoing concerns regarding force identification, tracking, and reporting. Until the FCSO can reliably identify and analyze all force incidents, meaningful evaluation of policy compliance in practice will remain difficult.

During the next reporting period, priority should be placed on finalizing force classifications and ensuring revised policies provide clear guidance regarding authorized force options, reporting requirements, supervisory review expectations, and accountability measures.

Provision 130

FCSO will require in policy and ensure in practice that Jail staff:

- a. Use de-escalation and crisis intervention methods when safe and resort to force only after all other reasonable efforts to resolve a situation have failed;
- b. Not use force on a person who is already under officer control and does not pose a threat to the safety or security of the institution, incarcerated people, staff, or visitors;
- c. Use only the amount of force needed to gain control of the person and immediately reduce the level of force as the threat diminishes;
- d. Not use force as a response to verbal insults, taunts, or swearing, and only in response to verbal threats where there is an immediate threat to the safety or security of the institution, incarcerated people, staff, or visitors;

- e. Not use force as punishment or retaliation;
- f. Not use force until the following conditions have been met: (i) a warning or command has been given and repeated, if practical; (ii) the incarcerated person has had time to comply with the warning or command; and (iii) it appears that the incarcerated person is going to continue to resist the order or the staff's effort to control the situation;
- g. Activate body-worn camera in advance of a force incident, whenever possible;
- h. Make timely, documented notifications to medical and mental health staff prior to planned uses of force, if feasible, and after any use of force;
- i. Adequately and promptly report all uses of force, including each separate use of force that occurs in an incident, and do so independently and not in consultation with anyone else. Each staff member who used or observed a use of force must prepare a written report by the end of that person's shift or as soon as possible thereafter;
- j. In reporting a use of force, provide an accurate and detailed account of events that describes what precipitated the use of force, the level of resistance encountered, and any attempts at de-escalation;
- k. Treat any failure to report a use of force as required under these policies as a disciplinary infraction subject to re-training and staff discipline, including possible termination;
- l. Subject any supervisor who fails to comply with their use-of-force review obligations to re-training and discipline for this failure; and
- m. Prohibit the use of conclusory statements, boilerplate, or canned language (e.g., "fighting stance") without supporting incident-specific details in reports describing uses of force.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

This provision remains heavily dependent upon completion of the force-policy revision process currently underway. During this reporting period, the use-of-force subject matter experts worked extensively with the FCSO to review existing force policies against the specific requirements of this provision. That review identified numerous areas where policy language requires clarification, expansion, or modification to ensure the requirements of the Consent Decree are clearly articulated and enforceable.

The review process has involved a line-by-line evaluation of policy language against the requirements of the Consent Decree. The force experts and the FCSO have worked through each requirement contained within this provision to determine whether it is adequately addressed in existing policy and, where necessary, what revisions are required. The expectation throughout this process has been that each Consent Decree requirement must be clearly reflected within policy language before a policy is considered ready for submission to the Monitoring Team or the United States.

Particular attention has been focused on de-escalation requirements, force reporting expectations, supervisory responsibilities, medical and mental health notifications, body-worn camera activation, and documentation standards. Draft revisions have been submitted and reviewed, but substantial work remains before the policies are ready for formal review. To date, the Monitoring Team is not aware of any provision-specific requirements within this section that would require modification or negotiation with the United States. Rather, the current effort remains focused on ensuring that all Consent Decree requirements are fully and accurately incorporated into policy.

The Monitoring Team is encouraged by the level of engagement demonstrated by the FCSO during this process. However, policy development remains ongoing and additional revisions are anticipated before the policies are ready for submission.

Provision 131

Within three months after the date that any policy or procedure related to use of force is finalized or revised (following the period of review for the Monitor and United States), FCSO will train all relevant staff on that policy, through in-service training.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The FCSO currently provides use of force training when an employee is newly hired and annually, but this provision is specifically attached to updated training following a policy update, so compliance is contingent on the policy revision required pursuant to Provision 130.

Provision 132

FCSO will ensure that all staff are properly and regularly trained on policies and procedures on uses of force. All staff members who interact with incarcerated people will be required to receive adequate in-service use-of-force training and annual use-of-force refresher training. Training must include scenario-based training where staff can practice applying force techniques in scenarios encountered in the Jail. Topics covered by the training will include: (a) constitutionally permissible and impermissible uses of force, including what constitutes excessive force; (b) appropriate use of chemical agents and Tasers; (c) de-escalation techniques; (d) use of force on incarcerated people with mental health disabilities or in crisis; (e) methods of managing incarcerated people with

mental illness to avoid the use of force; (f) defensive tactics; (g) use-of-force reporting requirements; and (h) all Jail use-of-force policies and procedures.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this reporting period, the FCSO continued working with the use-of-force subject matter experts regarding force-related training requirements. Discussions included lesson-plan development, scenario-based training concepts, custody-specific force scenarios, supervisory training, and methods for implementing future force training once policy revisions are completed. Additional areas required by the Consent Decree, including crisis intervention, de-escalation, and force interactions involving residents experiencing mental health crises, have not yet been fully developed and will require substantial additional attention during future training development efforts.

During this reporting period, the FCSO provided documentation indicating that 268 staff members received two hours of de-escalation training during calendar year 2025. The Monitoring Team views this as a positive step and recognizes the effort required to provide training during a period marked by significant staffing shortages and competing operational demands. The ability to remove staff from operational assignments for training remains a continuing challenge throughout the jail system.

However, the materials provided did not include an associated lesson plan or curriculum, limiting the Monitoring Team's ability to evaluate the content, quality, and effectiveness of the training delivered. In addition, it was not clear what percentage of custody staff the 268 employees represented, making it difficult to determine the overall reach of the training program.

While the Monitoring Team views the training effort as a positive foundation upon which to build, questions remain regarding whether two hours of de-escalation training is sufficient to develop the skills contemplated by this provision. Many correctional systems have increasingly shifted toward more comprehensive crisis intervention and de-escalation programs that include practical exercises, scenario-based learning, communication techniques, and interactions with individuals experiencing mental health crises. This type of training may be particularly important in a correctional environment such as Fulton County, where staff routinely interact with residents in crisis, individuals with serious mental illness, intake populations, and other higher-risk groups.

The Monitoring Team also remains concerned regarding the FCSO's overall training infrastructure. The FCSO has not yet developed a comprehensive training strategy for force-related training or for many other critical Consent Decree requirements. The agency must simultaneously train newly hired staff, provide annual in-service training, deliver specialized supervisory training, implement revised force policies, and support numerous other operational training requirements. At present, the FCSO has not demonstrated a comprehensive strategy that identifies training priorities, staffing impacts, delivery methods, implementation timelines, or methods for measuring training effectiveness.

In addition, staffing shortages continue to create substantial barriers to implementation. Even once revised policies and training materials are completed, the FCSO will need sufficient staffing to relieve personnel from operational assignments in order to participate in meaningful training activities.

The Monitoring Team recognizes that training development has begun and that the force experts continue to work closely with the FCSO in this area. However, training remains in the developmental stage, and substantial work remains before

the FCSO can demonstrate a comprehensive force-training program capable of supporting the level of cultural and operational change contemplated by the Consent Decree.

Provision 133

FCSO will ensure that supervisors, as part of their initial and annual in-service supervisory training, receive training in conducting use-of-force reviews or investigations appropriate to their rank; strategies for effectively directing staff to minimize uses of force and to intervene effectively to prevent or stop objectively unreasonable force; and supporting staff who report objectively unreasonable or unreported force, or who are retaliated against for attempting to prevent objectively unreasonable force.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continues to provide supervisory use-of-force training through state-sponsored training programs and internal training opportunities. During this reporting period, the Monitoring Team reviewed a random sample of approximately 25 training records and identified documentation reflecting attendance at state-sponsored use-of-force review training for one supervisor. The Monitoring Team views this as a positive step and recognizes the FCSO's efforts to provide supervisory training despite significant staffing challenges. The FCSO reported they are sending supervisors as staffing levels permit but have only been able to allow a few supervisors to attend the multi-day training due to the staffing crisis.

However, the Monitoring Team remains concerned regarding the effectiveness of current supervisory training efforts. During this reporting period, the Monitoring

Team searched the FCSO's JMS and professional standards database for force incidents that occurred in January 2026. We found entries for 13 incidents and exported related force packages from evidence.com for review. Of those force packages, only six contained sufficient video evidence to permit meaningful review. All six reviewed incidents involved Taser deployments,¹⁹ and each of the six incidents contained concerns identified by the Monitoring Team during review. However, none of those concerns were identified within the supervisory review process contained in the force packages.

These findings suggest that while supervisory training is occurring, the training has not yet translated into consistent supervisory identification of force-related concerns, reporting deficiencies, tactical issues, policy violations, or opportunities for corrective action. The Monitoring Team does not view this as solely a training issue. Rather, it reflects the need for a more comprehensive supervisory development strategy that integrates policy revisions, force-review expectations, practical exercises, quality assurance, and ongoing feedback regarding review performance.

As force policies and review processes continue to be revised, the FCSO should develop agency-specific supervisory training that focuses on the actual deficiencies identified through force reviews. Supervisors must be equipped not only to complete force reviews, but to critically evaluate force incidents, identify policy concerns, recognize de-escalation opportunities, assess force proportionality, and ensure appropriate corrective actions occur when necessary.

¹⁹ Incidents JA26-0011; JA26-0041; JA25-0207; JA26-0225; JA26-0233; JA26-0239

The Monitoring Team recognizes that the FCSO has taken positive steps toward expanding supervisory training opportunities. However, the results of force-package reviews indicate that substantial work remains before supervisors can consistently perform the level of review contemplated by this provision.

Tasers

The Monitoring Team observed meaningful progress during this reporting period regarding development of Conducted Energy Weapon (CEW) policies, training materials, and deployment standards. The Non-Deadly Weapons Policy (5.02) became a primary focus of the force-reform effort during this reporting period driven by the FCSO's transition to the Axon Taser 10 platform and related technology upgrades. In addition to introducing new Taser capabilities, the transition creates opportunities to improve body-worn camera integration, evidence collection, evidence storage, deployment documentation, and force-review processes. As a result, the FCSO, the use-of-force subject matter experts, and the Monitoring Team have devoted significant attention to ensuring that policy, training, reporting requirements, and review processes evolve in a manner consistent with both the Consent Decree and the capabilities of the new technology.

The Monitoring Team also reviewed training records and a limited number of Taser deployments occurring in 2026. A review of the training status for 172 identified detention staff, current as of June 12, 2026, indicated that all but four who were issued a Taser had completed CEW training during calendar year 2025 or calendar year 2026. When the Monitoring Team inquired about the status of the remaining four, their Tasers were relinquished and they were scheduled for training. While discussions with the FCSO remain ongoing regarding ensuring only trained staff

are issued a Taser and the appropriate method for measuring annual Taser certification, specifically whether recertification should be based on a rolling 12-month period or the calendar year, application of the calendar-year standard indicates that the vast majority of the identified detention staff currently employed with the FCSO were listed as currently certified in Taser training. The Monitoring Team also observed that, when feasible, staff generally provided warnings prior to Taser deployment.

Significant concerns remain regarding deployment decision-making and supervisory review. In the six force incidents from January 2026 with sufficient video evidence to permit meaningful review, the Monitoring Team identified multiple incidents in which additional investigation should have occurred regarding whether the force used was unnecessary or excessive. None of the concerns identified by the Monitoring Team appeared to be uncovered or addressed through the existing force-review process, but the FCSO did initiate additional review when the incidents were brought to their attention. These findings demonstrate that additional work remains to improve supervisory review of Taser deployments. Strengthening the review process is a primary focus of the use of force technical assistance currently underway, and meaningful improvement will require continued policy development, training, mentoring, and supervisory coaching. The Monitoring Team also remains limited in its ability to evaluate overall CEW practices. The Monitoring Team does not currently receive a reliable, comprehensive list of force incidents from which random samples can be selected. As a result, it remains difficult to determine whether reviewed incidents are representative of overall force practices within the jail system.

Finally, as the FCSO is transitioning to the Axon Taser 10 platform, the FCSO is seeking clarity on several taser related provisions. The Parties have discussed, and

are continuing to evaluate, whether certain Taser-related provisions should be revised to reflect changes in technology while preserving the underlying principles of necessity, proportionality, accountability, and supervisory review.

During the next reporting period, the Monitoring Team's primary focus will be on finalizing the revised CEW policy, evaluating revised training materials, improving supervisory review processes, and determining whether force-tracking systems can provide meaningful oversight of Taser deployments. While progress has occurred during this reporting period, substantial work remains before the FCSO can demonstrate compliance with the CEW-related provisions of the Consent Decree.

Provision 134

FCSO will reduce reliance on electronic control devices to gain control of incarcerated people while still ensuring incarcerated person, staff, and visitor safety.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find non compliance with this provision. During this reporting period, the FCSO continued working with the use-of-force subject matter experts regarding revision of the Non-Deadly Weapons Policy (5.02), associated training materials, force classifications, and force-review processes. These efforts represent important foundational steps toward improving oversight and accountability associated with Taser deployments.

However, revised expectations regarding Taser deployment have not yet been finalized, implemented, or reinforced through formalized training. As a result, the Monitoring Team has not yet observed evidence demonstrating a reduction in reliance on electronic control devices within the custody environment. While

policy development is actively underway, the agency remains primarily in the planning and development phase and has not yet implemented the policy, training, review, and accountability changes necessary to demonstrate reduced reliance on electronic control devices.

The Monitoring Team also remains unable to reliably quantify custody-related Taser utilization or evaluate trends in Taser deployment over time, which is the result of the FCSO's inability to accurately track and report on UOF incidents, including tasers. Current reporting limitations continue to make it difficult to determine whether all force incidents are being identified, appropriately categorized, and consistently reviewed. The failure of the FCSO to quantify custody-related Taser use is extremely problematic. Without reliable force metrics, the Monitoring Team cannot determine whether reliance on electronic control devices is increasing, decreasing, or remaining stable within the jail system. Because the FCSO cannot demonstrate reduced reliance, the provision remains in non compliance.

The Monitoring Team continues to believe that meaningful reduction in Taser use must be supported through policy revision, training, supervision, force review, and ongoing analysis of deployment trends. As revised policies are implemented and force-tracking systems improve, the FCSO should be better positioned to evaluate deployment patterns, identify opportunities for alternative force options, and determine whether reliance on electronic control devices is decreasing over time.

At present, however, the Monitoring Team has not observed sufficient evidence to demonstrate compliance with this provision.

Provision 135

FCSO will ensure that no Jail staff use the Taser unless they have been adequately trained to do so.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continues to require initial and refresher training for staff authorized to carry and deploy Conducted Energy Weapons (CEWs). During this reporting period, the Monitoring Team reviewed approximately twenty-five training records to evaluate compliance with CEW training requirements. The Monitoring Team observed that the vast majority of reviewed staff appeared current with required CEW training. However, the review also identified three employees whose training records did not reflect current CEW certification at the time of review.

The Monitoring Team notes that the FCSO interprets its CEW training requirement as requiring recertification during the applicable calendar year. Under this approach, an employee could potentially experience a significant gap between training events depending on the timing of the prior certification. While the Monitoring Team did not identify a Georgia POST requirement mandating CEW recertification within a rolling twelve-month period, the Monitoring Team notes that correctional accreditation standards have recognized that annual firearms qualification is most appropriately viewed as a twelve-month period rather than a calendar-year requirement.²⁰ More frequent proficiency validation may improve staff familiarity with policy updates, deployment expectations, de-escalation

²⁰ *Performance-Based Standards and Expected Practices for Adult Local Detention Facilities, Fifth Edition.* 5-ALDF-7B-15, p. 139.

principles, and operational decision-making associated with less-lethal force options.

The Monitoring Team encourages the FCSO to evaluate whether a rolling twelve-month recertification model for CEWs and other less-lethal weapons would enhance officer proficiency, reduce training gaps, improve consistency in force practices, and support the goals of the Consent Decree.

The Monitoring Team discussed these findings with training staff and identified opportunities to improve training tracking and reporting capabilities. At present, training records are not consistently coded in a manner that allows training staff or supervisors to easily generate reports identifying employees who completed training, those approaching expiration dates or employees who are no longer current in required training. During discussions with the Monitoring Team, the training manager indicated that the FCSO would explore assigning training codes to recurring courses, such as CEW training, to improve reporting capabilities and facilitate routine compliance monitoring. There is also potential that the upcoming update of the Axon system may allow for tracking of staff training on force. The Monitoring Team believes this would be a positive development and would strengthen the FCSO's ability to verify training compliance going forward. The FCSO is also exploring issuing training certification cards to custody staff that would depict most recent training certification for tasers and other less lethal and lethal training compliance.

The Monitoring Team also evaluated force incidents involving CEW deployments. Of the 13 force incidents that the Monitoring Team found record of in the JMS and professional standards database for January 2026, only 6 contained sufficient video evidence to permit meaningful review. All six reviewed incidents involved Taser deployments. In three of the six incidents reviewed, the Monitoring Team

identified concerns significant enough that additional investigation should have occurred regarding whether the force used was unnecessary or excessive.²¹

These findings raise concerns not only regarding training compliance, but also regarding training effectiveness. While staff may have attended required training, the Monitoring Team's review indicates that additional work is necessary to ensure training adequately prepares staff to make appropriate deployment decisions within a correctional environment. The purpose of training is not merely certification, but development of judgment regarding when CEW deployment is appropriate, when alternative tactics should be considered, and when de-escalation opportunities remain available.

As discussed in Provision 132, the FCSO continues to revise lesson plans, training materials, and force policies. Continued attention should be given to decision-making, proportionality, de-escalation, crisis response, and alternatives to force as part of future CEW training efforts.

Provision 136

FCSO will require that staff discharge Tasers only in circumstances to be outlined in a Taser policy developed in consultation with the Monitor to comply with constitutional standards.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Non-Deadly Weapons Policy (5.02) remains under active revision and has been a primary focus of force-policy development during this reporting period.

²¹ Incidents JA 26-0041; JA26-0225 and JA 26-0239.

The FCSO and the use-of-force subject matter experts have exchanged draft policy language and continue to work through the requirements associated with the Taser provisions of the Consent Decree.

Although meaningful progress has occurred, the policy remains under development and is not yet ready for formal review by the Monitoring Team or submission to the United States.

Provision 137

FCSO will ensure that staff warn incarcerated people and other staff prior to discharging a Taser, when feasible.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Within the limited sample of reviewed taser incidents, staff generally provided a warning prior to deployment of the Taser. This is a positive finding and suggests that staff generally understand the expectation that warnings should be provided whenever feasible prior to deployment. However, the quality, clarity, and professionalism of those warnings varied. In some instances, warnings were delivered in a manner that did not fully reflect the calm command presence and professional communication skills necessary to maximize opportunities for voluntary compliance and de-escalation.

The Monitoring Team also recognizes that this provision will take on increased importance as the FCSO transitions to the Taser 10 platform. Unlike prior Taser systems that relied upon a two-probe deployment to achieve neuromuscular incapacitation, the Taser 10 allows deployment of multiple individual probes. As a result, warning requirements, communication expectations, and opportunities for voluntary compliance become increasingly important. A warning should not be

viewed merely as a procedural requirement, but as an opportunity to gain compliance and avoid force. This expectation becomes particularly important when staff are evaluating whether additional probe deployments are necessary and whether alternative options remain available. Future supervisory reviews should evaluate not only whether a warning was given, but also whether it was delivered in a professional manner, whether adequate time for compliance was provided, and whether additional opportunities existed to resolve the situation without force.

The Monitoring Team understands that warning requirements and deployment decision-making are being incorporated into policy discussions, training development, and scenario-based exercises associated with the Taser 10 rollout. As revised CEW policies and training materials continue to be developed, the FCSO should ensure that warning expectations are clearly articulated in policy, reinforced through training, and consistently evaluated during the force-review process.

While improvements remain necessary, the Monitoring Team observed evidence that warnings are generally being provided prior to Taser deployment.

Provision 138

Each application (in probe, darts, or drive stun mode) or standard cycle (five seconds) of a Taser is a separate use of force, and FCSO will require that each application or cycle is (i) objectively reasonable, (ii) is the minimum force necessary to protect the staff member or another person, (iii) avoids unnecessary injury or risk of injury to officers and others, and (iv) is proportional to the threat. FCSO will require that staff members give the incarcerated person a reasonable opportunity to comply prior to applying another cycle.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed in Provisions 135 and 137, the Monitoring Team reviewed six Taser deployments containing sufficient video evidence to permit meaningful review. In multiple incidents, the Monitoring Team identified concerns regarding whether the force used was objectively reasonable, the minimum force necessary, and proportional to the threat presented. These concerns did not appear to be identified through the existing force-review process.

None of the reviewed incidents involved multiple Taser cycles or repeated deployments. Accordingly, the Monitoring Team was unable to meaningfully evaluate portions of this provision related to opportunities for compliance between successive cycles.

The Monitoring Team continues to work with the FCSO and the use-of-force subject matter experts to ensure that revised policy, training, and force-review processes clearly address deployment justification, proportionality, opportunities for compliance, and supervisory review expectations. Particular attention should be given to ensuring that force-review processes critically evaluate whether each deployment was reasonable, necessary, and proportional under the circumstances.

Provision 139

FCSO will require that staff do not deploy more than three cycles or 15 total seconds of a Taser against a person during a single incident unless Lethal Force is justified. FCSO will require that staff report the justification for each application or cycle in use-of-force reports. FCSO will require officers to consider alternatives, including de-escalation, if the Taser is ineffective.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Of the six Taser incidents reviewed this monitoring period, none of the reviewed incidents appeared to involve more than three Taser cycles or more than fifteen total seconds of Taser activation. Of the reviewed incidents that appeared necessary to address a legitimate threat, the Monitoring Team did not identify concerns regarding extended cycling or cumulative exposure.

However, the Monitoring Team's ability to evaluate compliance with this provision remains limited. As discussed throughout the force section, the Monitoring Team does not currently receive a reliable, comprehensive list of use-of-force incidents from which random samples can be selected. During this reporting period, the Monitoring Team searched the FCSO's JMS and professional standards database for force incidents that occurred in January 2026. We found entries for 13 incidents and exported related force packages from evidence.com for review. The quality of those force packages is poor. The monthly force tracking reports are incomplete and the force packages selected lack videos, do not have reports or thorough reports from all staff, lack quality supervisor reviews, or fail to provide any proof of corrective action. As a result, the Monitoring Team cannot fully evaluate the incidents or determine whether the reviewed incidents are representative of force practices throughout the jail or whether they accurately reflect the full range of Taser deployments occurring during the reporting period.

This concern is particularly important because the Monitoring Team identified incidents involving extended Taser cycling and cumulative exposure during prior reporting periods. While those issues were not identified in the current limited sample, the Monitoring Team cannot conclude that the problem has been resolved. Moreover, current force-review processes do not consistently document, measure,

or evaluate the number of cycles, total activation time, opportunities for compliance, or consideration of alternative tactics.

Provision 140

FCSO will require that staff do not discharge or activate Tasers:

- a. In drive-stun mode solely for pain compliance. Officers may discharge Tasers in drive-stun mode only to supplement the probe deployment to complete the incapacitation circuit, or to gain separation between the officer and the person so that officers can consider another force option;
- b. To target the face, head, neck, breasts, chest, or groin;
- c. Intentionally, when doing so would mean more than one Taser is used at a time against a person;
- d. When it is reasonably evident that a discharge may cause serious physical injury or death; and
- e. On a person who is known or reasonably appears to be exhibiting signs of a mental or behavioral health crisis and who otherwise does not pose an immediate threat of serious injury.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

This provision remains closely tied to the ongoing revision of the Non-Deadly Weapons Policy (5.02) associated training materials, and force-review processes. While portions of these requirements are reflected within existing policy and training materials, the current policy does not yet fully address all of the restrictions and limitations contained within this provision.

The Monitoring Team did not identify sufficient evidence during this reporting period to evaluate several aspects of this provision, including restrictions involving

vulnerable populations, mental health crises, target areas, and other specialized deployment limitations. As a result, future policy revisions, training programs, and force-review processes will play an important role in ensuring these issues are consistently addressed and evaluated.

The Monitoring Team will continue working with the FCSO and the use-of-force subject matter experts during the next reporting period as policy revisions and training development continue.

Use of Force Reviews

During this reporting period, the Monitoring Team observed continued efforts by the FCSO and the use-of-force subject matter experts to evaluate and redesign the force-review process. Discussions moved beyond individual force incidents and focused increasingly on the structure of the review system itself, including force classifications, review levels, documentation standards, corrective-action processes, referral pathways, committee responsibilities, and accountability mechanisms.

The Monitoring Team gained a better understanding of how force reviews, command-level reviews, grievance reviews, OPS investigations, and SEU investigations currently interact. While these processes exist, they do not yet function as a coordinated system. Significant work remains to clarify responsibilities, improve information sharing, establish referral pathways, define review expectations, and develop mechanisms for tracking corrective actions and outcomes.

The Monitoring Team remains concerned that many of the foundational components necessary to support a mature force-review system are still under development. Current review processes remain heavily dependent upon command

staff, and responsibilities that should be resolved at earlier stages of review are often elevated to higher levels of the organization. As a result, the current system functions largely as an incident-review process rather than the structured accountability and organizational-learning system contemplated by the Consent Decree.

The Monitoring Team recognizes the substantial effort currently being devoted to redesigning the review process. Discussions during this reporting period focused on development of force classifications, review standards, corrective-action tracking, documentation requirements, and methods for ensuring that incidents are reviewed at the appropriate level. The Monitoring Team believes these efforts are necessary to create a sustainable review structure capable of identifying policy concerns, training needs, supervisory issues, and organizational risks.

During the next reporting period, the Monitoring Team's primary focus will be on evaluating the revised review framework, assessing implementation of new review procedures and documentation standards, examining referral pathways between force reviews, grievances, OPS, and SEU, and determining whether corrective-action and accountability systems are functioning as intended. While progress has occurred in understanding and designing the future-state review process, substantial work remains before the FCSO can demonstrate compliance with the force-review provisions of the Consent Decree.

Provision 141

FCSO will amend its use-of-force policies and procedures to reflect, and ensure compliance in practice with, the following requirements related to use-of-force reviews.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed in Provisions 128 through 130, the FCSO continues to revise the Use of Force Policy (1.01), related force-review procedures, and associated documentation systems with assistance from the use-of-force subject matter experts. This effort extends beyond policy revision and includes evaluation of force-review forms, evidence collection practices, reporting requirements, force package documentation, supervisory review processes, corrective-action mechanisms, and force-tracking systems.

While progress has occurred, these revisions remain under development. The FCSO's stated objective is to submit the revised policies, forms, and associated review materials to the Monitoring Team and the United States for formal review during the next reporting period. However, substantial work remains before those materials will be ready for submission.

Additional work remains necessary to ensure that policy requirements, review procedures, documentation standards, accountability mechanisms, corrective-action processes, and tracking systems function as an integrated force-review framework.

The following provisions discuss specific findings regarding force-review quality, investigations, supervisory review, accountability, and organizational oversight.

Provision 142

FCSO will ensure that all uses of force and allegations of force are promptly reviewed by appropriate supervisors to identify unlawful conduct, policy violations, and tactical needs. This review will consist of the following, all of which will be documented in a report:

- a. Names and statements of all staff members, incarcerated people, and other participants or witnesses interviewed by the supervisor;
- b. A detailed description and review of the incident, including a discussion and resolution of any material inconsistencies in the evidence;
- c. The supervisor's preliminary findings and conclusions regarding the appropriateness of the force, including whether the force used was necessary, proportional, and objectively reasonable, and otherwise within policy;
- d. Any recommended corrective action plans, re-training, and discipline if appropriate;
- e. A determination of whether anyone was injured and whether necessary medical care was provided;
- f. Photos of all visible injuries sustained;
- g. A description of whether an individual's mental health condition may have or likely contributed to the force event;
- h. A description of injuries observed, including by medical staff;
- i. Separate, confidential interviews of all Custody Staff and witnesses who observed or participated in the use of force;
- j. Documentation about whether the use of force was recorded on video and if not, why not;
- k. All supporting documentation such as incident reports and classification records; and
- l. All video and audio recordings of the incident and of interviews conducted.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The concerns identified during the prior reporting period remain largely unchanged. Significant concerns remain regarding review quality, documentation of findings, corrective-action planning, follow-up activities, and the ability of the review process to consistently identify policy, training, tactical, and supervisory issues at either the individual or organizational levels.

During this reporting period, the Monitoring Team selected for review 13 force cases from January 2026 that it found in the JMS and professional standards database. The Monitoring Team continues to request improvements to force-tracking and reporting systems that would allow for selection of random samples and more reliable evaluation of force-review practices.

Of the 13 force packages reviewed, only 6 contained sufficient video evidence to permit meaningful review. Missing body-worn camera footage, missing fixed-camera footage, incomplete documentation, and other deficiencies limited the Monitoring Team's ability to evaluate several incidents and raised concerns regarding compliance with the documentation and evidence-collection requirements contained within this provision. Similarly, if the information was not available for the Monitoring Team review, it was not available for the FCSO's review.

The limited review conducted during this reporting period did not demonstrate meaningful improvement from the concerns identified during the prior reporting period. In several incidents, the Monitoring Team identified issues involving force decision-making, policy compliance, tactical considerations, professionalism, and potential corrective-action needs that were not identified through the force-review process. These findings reinforce concerns that force reviews continue to focus

primarily on documenting events rather than critically evaluating whether force was necessary, proportional, objectively reasonable, and consistent with policy.

The Monitoring Team did observe improvement regarding allegations of force reported through the grievance system, as discussed in Provision 93. However, the Monitoring Team did not observe comparable improvement in the overall force-review process during this reporting period.

As discussed in Provision 141, force-review policies, forms, documentation requirements, evidence collection practices, corrective-action processes, and tracking mechanisms remain under revision. Significant work remains before the FCSO can demonstrate compliance with the requirements contained within this provision.

The Monitoring Team notes that the FCSO has begun identifying specific implementation tasks associated with this provision, including development of revised supervisor review forms, modifications to Odyssey, integration of grievance-related force allegations into the review process, and revision of supervisory force-investigation training materials. These efforts remain in the developmental stage but represent positive movement toward establishing the structure necessary to support compliance with this provision.

Provision 143

The watch commander and the lieutenant colonel will review the use-of-force report to ensure that it is complete, that the report was thorough, and corrective action was initiated, if necessary.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed in Provision 142, the Monitoring Team continues to have significant concerns regarding the quality and effectiveness of force reviews. This concern extends beyond the initial supervisory review and includes higher-level review conducted by command staff.

The purpose of the Watch Commander and Lieutenant Colonel review is not simply to confirm that reports are complete, but to ensure that force incidents are thoroughly evaluated, policy concerns are identified, and corrective action is initiated when appropriate. The Monitoring Team remains concerned that significant issues are not consistently being identified or elevated through the review process.

The Monitoring Team contributes an aspect of the concerns regarding the lack of supervisory capacity necessary to support compliance with this provision. Even once force-review policies, forms, training, and documentation requirements are revised, meaningful implementation will depend upon the availability of sufficient properly trained sergeants, lieutenants, and command staff to conduct timely and thorough reviews. It is clear that, currently, the FCSO does not have sufficient staff to meet the expectations as discussed in the Staffing provisions.

During this reporting period, the use-of-force subject matter experts continued working with the FCSO regarding force incident classifications, review levels, corrective-action processes, and methods for identifying issues at the earliest stages of review. The Monitoring Team believes development of a structured review framework is essential so that routine documentation deficiencies, training concerns, and minor policy issues can be resolved at the appropriate level while command staff focus on higher-risk incidents, recurring issues, and organizational concerns.

The Monitoring Team believes this approach has the potential to improve review quality and reduce the burden currently placed on Watch Commanders and Lieutenant Colonels. However, successful implementation will require revised policies, improved training, clearer review standards, and sufficient supervisory staffing. Development of a mature and effective command-review process will likely require sustained effort over multiple reporting periods.

Provision 144

FCSO will ensure that investigations comply with, and develop a manual on use-of-force investigations setting forth, the following:

- a. All investigative findings are based on application of a preponderance-of-the-evidence standard;
- b. Investigators obtain and review all supporting evidence, including witness and participant statements, physical evidence, body charts, photographs, and video or audio recordings;
- c. Investigators conduct timely, thorough, and documented interviews of all relevant staff and incarcerated people who were involved in and witnessed the incident in question, to the extent practicable;
- d. All investigations occur promptly after the incident and include thorough documentation of the basis for the investigator's finding, including discussion of all evidence available and unavailable;
- e. All investigations must clearly indicate whether there was compliance with Jail policies and procedures related to uses of force; and
- f. All uses of force will be timely reviewed by supervisors who were neither involved in nor approved the use of force.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As previously mentioned, during this reporting period, the Monitoring Team gained a better understanding of the various processes that occur following a force incident. The Monitoring Team understands this provision primarily to address the collection and preservation of information necessary to support the force-review process. This includes employee reports, witness statements, video evidence, photographs, medical information, injury documentation, supporting records, findings, and other materials necessary to assemble a complete force package and evaluate whether force was consistent with policy.

The Monitoring Team remains concerned that expectations regarding force-package preparation, evidence collection, witness interviews, documentation standards, findings, and corrective-action processes are not yet clearly defined or consistently implemented. As discussed in Provision 142, force packages provided during this reporting period were often incomplete and did not consistently contain all of the information contemplated by this provision. Missing video evidence, incomplete documentation, limited analysis, and insufficient findings continue to hinder meaningful review of force incidents and compliance with the requirements contained in subsections (a) through (f) above.

The Monitoring Team recognizes that certain force incidents may also trigger separate criminal or personnel investigations. In those circumstances, portions of the force-review process may ultimately be deferred pending the outcome of an SEU criminal investigation or an OPS personnel investigation. However, the existence of a parallel investigation should not prevent the timely collection and preservation of information necessary to support the force-review or investigatory process. The force package remains the foundation upon which later review, investigative, disciplinary, and corrective-action decisions are made.

Future policy revisions should more clearly define expectations regarding force-package preparation, evidence collection, witness interviews, documentation standards, referral pathways, and the relationship between force reviews, criminal investigations, and personnel investigations. The Monitoring Team believes this clarification is necessary to improve consistency and strengthen the overall force-review process and to comply with this provision. To support achieving compliance, these issues are being addressed by the force experts.

Provision 145

Higher-level reviewers of appropriate rank will make determinations of whether findings by supervisors regarding the use of force are consistent with policy and supported by a preponderance of the evidence; whether the reviews are thorough and complete; whether there are tactical, equipment, training, or policy considerations that need to be addressed; and whether to initiate an administrative personnel complaint.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The concerns with hire-level reviews identified during the prior reporting period remain largely unchanged. While the FCSO continues to conduct higher-level reviews of known use-of-force incidents, the Monitoring Team remains concerned regarding the ability of reviewers to consistently identify and document policy concerns, training deficiencies, tactical issues, equipment considerations, and corrective-action needs.

Higher-level reviews are being conducted but are not in response to quality reviews by supervisors but are rather the primary review process. This provision requires higher-level reviewers to move beyond confirming that a force package is

complete and determine whether force incidents reveal broader organizational concerns requiring attention. The Monitoring Team continues to believe that these responsibilities are not yet consistently defined or applied. As discussed throughout this section, force classifications, review standards, corrective-action processes, and referral pathways remain under development, limiting the ability of reviewers to consistently evaluate incidents using standardized criteria.

Successful implementation of this provision will require clear review standards, improved documentation, corrective-action tracking mechanisms, and sufficient supervisory staffing. The Monitoring Team anticipates additional progress during the next reporting period as these systems continue to be developed. However, meaningful implementation will require sustained effort over multiple reporting periods.

Provision 146

FCSO will create a use-of-force review committee that will oversee use-of-force events. The use-of-force committee will consist of middle- and upper-level management staff. The committee will conduct systemic reviews of uses of force and investigations into uses of force at least every six months to identify patterns or trends and to determine if there were violations of policy or opportunities to improve training or practices at the organizational and individual level. The committee will also determine if uses of force are being properly classified, investigated, and resolved. FCSO will take appropriate corrective action based on the trends and patterns observed in its systemic reviews. Supervisor-level staff will be re-trained on conducting use-of-force investigations if these reviews or audits demonstrate that FCSO's policies and procedures are not being followed.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to believe that the use-of-force review committee will ultimately play a critical role in identifying trends, evaluating organizational performance, directing corrective action, and ensuring accountability within the force-review system. However, the committee's ability to perform these functions remains dependent upon development of several foundational systems that are still under construction.

As discussed in Provisions 141 through 145, the FCSO continues to revise force-review policies, documentation standards, force classifications, review procedures, corrective-action processes, referral pathways, and supervisory review expectations. Until these foundational processes are fully developed and implemented, the committee's ability to move away from being the initial review mechanism to conducting meaningful trend analysis and organizational review will remain limited.

The Monitoring Team recognizes that the FCSO has established an executive-level force review process and that command staff have devoted substantial time and effort to reviewing force incidents on a consistent basis. However, the current committee structure is often functioning as a substitute for lower-level review processes that are not yet consistently identifying, documenting, and resolving issues at earlier stages of review. As a result, the committee frequently operates as an incident-review body rather than the strategic oversight and organizational-learning mechanism contemplated by this provision. Because of this, reviews are late, follow-up is inconsistent, and supervisors are not being developed to conduct meaningful reviews.

During this reporting period, the use-of-force subject matter experts continued working with the FCSO regarding force classifications, review levels, corrective-

action tracking, committee responsibilities, and methods for identifying trends and patterns. The Monitoring Team believes these efforts are essential because the effectiveness of the committee will depend largely upon the quality of the information, reviews, findings, and corrective-action data being provided to it.

The long-term goal is a system in which routine issues are resolved at the appropriate level while the committee focuses on trends, patterns, policy implications, organizational risks, and systemic improvement efforts. Successful implementation will require revised policies, review standards, corrective-action tracking, improved training, sufficient supervisory staffing, and reliable force data. The FCSO also anticipates that implementation of the Axon suite of services may assist with standardization of force-review processes, evidence management, corrective-action tracking, and data reporting. While these technology solutions may support compliance efforts, they have not yet been implemented and are not a substitute for clear policies, effective supervision, and well-defined review procedures. Since the implementation involves more County agencies than just the FCSO, the exact implementation date has not yet been determined. The County is encouraged to prioritize implementation at the FCSO.

The Monitoring Team anticipates additional progress during the next reporting period as force classifications, review processes, and corrective-action tracking mechanisms continue to be developed. However, development of a mature and effective use-of-force review committee will require sustained effort over multiple reporting periods.

Provision 147

If staff are found to have engaged in misconduct related to inappropriate or unnecessary force against incarcerated individuals, including use of excessive

force or failure to report or inaccurately reporting a use of force, FCSO will initiate appropriate personnel actions and systemic remedies, including reporting to an appropriate law enforcement agency for consideration of criminal prosecution as appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this reporting period, the Monitoring Team gained a better understanding of the multiple processes that may be implicated when employee misconduct is alleged or identified in connection with the use of force. These include the jail force-review process, the grievance process, criminal investigations conducted by SEU, administrative personnel investigations conducted by OPS, and referrals for potential criminal prosecution.

The Monitoring Team recognizes that the FCSO's current structure is more complex than a traditional internal affairs model in which personnel related criminal and administrative investigations are managed within a single unit. At the FCSO, criminal investigations and administrative personnel investigations are handled through different units, SEU and OPS respectively. It remains too early to determine whether this unique organizational structure supports or inhibits compliance with this provision. In the interim, substantial work remains necessary to understand and evaluate how these processes coordinate, share information, avoid gaps or duplication, and ensure appropriate follow-through.

The Monitoring Team remains concerned that tracking across these systems is not yet sufficiently developed. As discussed in the Investigations and Corrective Action Planning Section, the FCSO has not yet demonstrated a reliable mechanism for tracking referrals to the prosecuting authority or the outcomes of criminal

referrals. Similar concerns remain regarding the ability to track use-of-force matters from initial identification through force review, grievance review, SEU referral, OPS investigation, discipline, corrective action, and final resolution.

During the next reporting period, the Monitoring Team will need to conduct additional proof-of-practice review to better understand how force-related misconduct allegations are identified, referred, investigated, tracked, and resolved. This review should include examination of referral pathways between force review, grievances, SEU, and OPS; documentation of decisions not to refer; tracking of criminal referrals and prosecutorial outcomes; administrative investigation timelines and outcomes; and whether systemic remedies, retraining, discipline, or other corrective actions are implemented when appropriate. It is highly likely this review will continue to be hampered by lack of integrated data systems, an issue the FCSO has stated they are focused on resolving.

Data Tracking and Reporting

During this reporting period, the Monitoring Team gained a substantially better understanding of how force-related information is currently identified, tracked, reviewed, investigated, and reported within the FCSO. Through ongoing work with the use-of-force subject matter experts and discussions with FCSO leadership, it became increasingly clear that the primary challenge is the need to improve governance, integration, reporting standards, and analytical capabilities across multiple existing systems.

The Monitoring Team observed meaningful progress in defining the information necessary to support force tracking, force reviews, corrective-action tracking, grievance reviews, OPS investigations, SEU investigations, and executive oversight. The FCSO also established a Chief Technology Officer position and

continued planning for implementation of the Axon suite of services. These developments provide a potential pathway toward improved force-related reporting, evidence management, data integration, and accountability.

Despite this progress, significant work remains before the FCSO can demonstrate substantial compliance with these provisions. The Monitoring Team remains unable to reliably determine the total number of force incidents occurring within the jail system and therefore cannot independently validate many of the force-related metrics contemplated by the Consent Decree. Similarly, the FCSO has not yet demonstrated the ability to consistently capture, integrate, analyze, and report all force-related information required to support meaningful trend analysis, executive decision-making, and organizational oversight.

The Monitoring Team also remains concerned regarding the absence of a mature analytical infrastructure capable of transforming force-related information into actionable management data. While considerable effort has been devoted to defining force classifications, reporting requirements, corrective-action tracking processes, and accountability mechanisms, the FCSO has not yet demonstrated the staffing, analytical resources, reporting capabilities, or organizational framework necessary to routinely evaluate force trends, identify organizational risks, or measure the effectiveness of corrective actions over time.

The Monitoring Team believes the pathway toward compliance is becoming clearer. During the next reporting period, priority should be placed on improving data integrity, standardizing force-related reporting requirements, validating force-related information, developing analytical capabilities, and demonstrating how force-related information is used to support executive oversight, organizational learning, and employee accountability. As these systems mature, the FCSO should be better positioned to implement a more comprehensive early warning capability

capable of identifying employees who may require intervention, additional training, supervision, or corrective action.

While meaningful progress has occurred during this reporting period, substantial work remains before the FCSO can demonstrate compliance with the force data, reporting, analytics, and early warning provisions of the Consent Decree.

Provision 148

FCSO will develop and implement a system that accurately tracks all uses of force by Jail staff and any complaints or grievances related to the alleged use of excessive force to alert FCSO administration to any potential need for retraining, problematic policies, or supervision lapses.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find partial compliance with this provision. During this reporting period, the Monitoring Team gained a better understanding of the various systems currently used to track force incidents, force reviews, grievances, investigations, and related information. Unlike prior reporting periods, the primary challenge is no longer the absence of tracking systems, but rather the ability to ensure that information is consistently identified, classified, entered, reconciled, and reported across multiple systems.

Through ongoing work with the use-of-force subject matter experts, the FCSO has developed a substantially better understanding of the force-tracking challenges facing the organization. These efforts have helped clarify both the capabilities and limitations of the current systems and highlighted the need for stronger governance, reporting standards, and data-management practices.

The Monitoring Team also notes that the FCSO established a Chief Technology Officer position during this reporting period and continued planning for implementation of the Axon suite of services. Leadership anticipates these efforts will assist with integration of evidence management, force documentation, corrective-action tracking, and reporting functions. The Monitoring Team views these developments as positive steps toward a more coordinated force-tracking system.

However, a fully developed solution has not yet been implemented. Significant work remains regarding data-entry standards, force classifications, reconciliation of information across systems, reporting expectations, and integration of force-related information. The Monitoring Team continues to believe these issues and the staffing crisis represent the primary barriers to development of a reliable force-tracking system.

Most importantly, the Monitoring Team remains unable to reliably determine the total number of force incidents occurring within the jail system during the reporting period. As a result, the Monitoring Team is not yet able to accurately report overall force activity, timeliness of reviews, or many of the other metrics contemplated by the Consent Decree.

During the next reporting period, the Monitoring Team's primary focus will be determining whether the FCSO can establish sufficient data integrity and governance to accurately identify force incidents occurring within the jail system and begin producing reliable force-related metrics.

Provision 149

The tracking system discussed in paragraph 148 above will include the categories of information required for individual use-of-force reviews under paragraph 142

above, as well as the following: (a) name and rank of the supervisor(s) responsible for investigating the force; (b) the length of time between the use of force and the completion of the use-of-force investigation and review; (c) the type of any disciplinary action (including corrective action) taken; and (d) whether the matter was referred to OPS or another agency for further investigation.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find non compliance with this provision. While the FCSO currently maintains multiple systems containing force-related information, the Monitoring Team has not yet observed a system capable of reliably capturing and reporting all of the specific information required by this provision.

Through ongoing work with the use-of-force subject matter experts, the FCSO has developed a much clearer understanding of the information necessary to support force reviews, corrective-action tracking, disciplinary outcomes, supervisory oversight, referral pathways, and organizational accountability. The challenge now is ensuring that those data elements are consistently documented, maintained, and reportable throughout the force-review process.

At present, the Monitoring Team remains unable to determine whether key data elements required by this provision can be consistently captured, extracted, and analyzed. This includes information regarding review timeliness, corrective actions, disciplinary outcomes, supervisory involvement, and referral decisions involving OPS, SEU, or other investigative entities. The Monitoring Team believes these reporting capabilities will be necessary before meaningful force oversight and accountability can occur.

The Monitoring Team also notes that the FCSO's implementation-planning documents recognize the need for additional administrative and analytical support associated with force-data management and reporting. The Monitoring Team views this as a positive development because meaningful compliance with this provision will require not only technology solutions, but also personnel responsible for maintaining data quality, reporting, and force-related information management.

During the next reporting period, the FCSO should focus on establishing standardized reporting requirements, validating required data fields, and demonstrating that force-related information can be consistently captured and reported throughout the review and accountability process.

Provision 150

Every six months, FCSO will analyze the prior six months' force data, including the data described above, to determine if underreporting is happening, assess any staff member-specific, unit-specific, and Jail-wide trends, and identify and correct deficiencies revealed by this analysis. The analysis will include reviews of all of the following: incident reports regarding force; use-of-force reviews and investigations; investigations into allegations of excessive force; use-of-force determinations and recommendations; force reporting; and incidents in which medical assistance was requested or provided following a use of force. FCSO will submit this data and analysis to the Monitor and United States every six months.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find non compliance with this provision. As discussed in Provisions 148 and 149, the FCSO has made meaningful progress in understanding the information that must be collected, tracked, and reported to

support force oversight. The Monitoring Team believes the next phase of compliance is transforming that information into meaningful analysis capable of informing operational and executive decision-making.

The purpose of this provision is not simply to generate reports, but to identify underreporting, staff-specific trends, unit-specific concerns, training deficiencies, policy issues, supervisory concerns, and broader organizational risks. The Monitoring Team believes the FCSO now has a much clearer understanding of the information that will ultimately be required to support these analyses. However, the agency has not yet demonstrated the ability to consistently generate, validate, analyze, and act upon force-related data in the manner contemplated by this provision.

As discussed in Provision 146, the long-term success of the executive force-review process will depend upon reliable force classifications, corrective-action tracking, standardized reporting requirements, and meaningful trend analysis. The Monitoring Team continues to believe that executive leadership should ultimately be focused on identifying patterns, evaluating organizational performance, and directing corrective actions rather than conducting detailed reviews of individual incidents. Achieving that goal will require reliable data systems, consistent reporting practices, and analytical capabilities capable of transforming operational information into meaningful management reports.

The Monitoring Team also remains concerned regarding analytical capacity. As discussed previously in Provision 106, meaningful organizational analysis requires more than the collection of information. It requires personnel, resources, and systems capable of validating data, identifying trends, evaluating corrective-action outcomes, and preparing reports that support leadership decision-making. At

present, the FCSO has not demonstrated a dedicated force-analysis capability capable of performing these functions.

The Monitoring Team also notes that the FCSO's implementation-planning documents now recognize the need for dedicated staffing support, periodic force-data audits, development of semiannual force-analysis reports, and identification of underreported force incidents. While these capabilities have not yet been implemented, the Monitoring Team views recognition of these requirements as a positive step because they align closely with the analytical and organizational capabilities contemplated by this provision.

The Monitoring Team recognizes several positive developments during this reporting period, including establishment of a Chief Technology Officer position, continued planning for implementation of the Axon suite of services, and ongoing work by the use-of-force subject matter experts to define force classifications, reporting requirements, and corrective-action tracking processes. The Monitoring Team believes these efforts provide a pathway toward compliance. The next reporting period should focus on establishing baseline force metrics, validating force-related data, developing analytical capabilities, and demonstrating that force information is being used to support executive oversight and organizational improvement.

Provision 151

FCSO will develop and implement an effective early warning system that screens incident reports, use-of-force reviews, allegations of excessive force, and grievances to identify staff members who may be using excessive force, regardless of whether individual use-of-force reviews concluded that specific uses of force were within policy. The system will examine and address potential behavior

patterns by staff members that may indicate training deficiencies, persistent policy violations, misconduct, or potential criminal activity related to uses of force.

Screening staff will refer to supervisors for investigation any misconduct, criminal activity, or other behaviors that may require corrective action including re-training.

FCSO will maintain a list of staff members identified by the early warning system as possibly needing additional training or discipline and will provide an updated list to the United States and the Monitor every six months and upon request.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to find partial compliance with this provision. The FCSO currently maintains an early warning system and continues to utilize various indicators to identify employees who may require additional review, supervision, support, or training. During this reporting period, the Monitoring Team observed progress in the incorporation of force-related grievances into the review process, an area identified as a concern during prior reporting periods.

While these developments are positive, the Monitoring Team continues to believe that the effectiveness of the early warning system remains dependent upon the quality, completeness, and integration of information being provided to it. As discussed throughout Provisions 128 through 150, many of the systems responsible for identifying, reviewing, investigating, tracking, and analyzing force-related incidents remain under development. Accordingly, the Monitoring Team cannot yet determine whether the early warning system is receiving all of the information necessary to identify problematic trends and employee behavior patterns in the manner contemplated by this provision. A review of early warning engagements for custody staff for the period of January through May 2026 revealed only one

staff member had been engaged. The FCSO recognizes the limitation in the current method in which the engagement is triggered and is working with the Use of Force Experts to update the referral process.

The Monitoring Team believes the pathway toward compliance is becoming clearer. Force classifications, force-review processes, corrective-action tracking mechanisms, grievance reviews, OPS investigations, SEU investigations, reporting requirements, and force analytics are all being actively evaluated and refined. However, the early warning system can only be as effective as the information feeding it. Until those underlying systems are operating reliably and consistently, the Monitoring Team does not believe the FCSO can fully implement the type of comprehensive early warning capability contemplated by the Consent Decree. The Monitoring Team does not currently expect the early warning system to function at the level contemplated by the Consent Decree until the force-review, accountability, reporting, and analytical systems discussed throughout this section are operating in a more mature and integrated manner.

At present, the Monitoring Team believes the FCSO should continue utilizing and refining its existing early warning processes while focusing primary attention on development of the force-review, accountability, reporting, and analytical systems discussed throughout this section. As those systems mature, the Monitoring Team anticipates that the early warning system will become increasingly effective and capable of identifying employees who may require intervention, additional training, supervision, or corrective action.

The Monitoring Team also believes the FCSO should be able to provide additional proof of practice regarding operation of the early warning system during the next reporting period. At a minimum, the FCSO should be able to identify custody staff who were flagged through the system, describe the basis for the referral, and

document any resulting interventions, training, supervision, corrective actions, or other follow-up measures. While the Monitoring Team does not yet expect the level of sophistication contemplated by the final form of this provision, demonstration that the current system is identifying employees for review and generating meaningful follow-up actions would represent an important step toward compliance.

Environmental Health and Nutrition

Policies, Procedures and Training

The FCSO continues to review and revise various policies and procedures, however, there has not yet been a review process for approval. Technical assistance was provided by the Monitoring Team on May 26-29, 2026 focusing on the policies and procedures related to the laundry, sanitation, and food service. This included discussions of the FCSO Housekeeping and Sanitation Plans intended to help the FCSO provide more specificity in those documents and to bring them in line with the requirements of the Consent Decree. The Monitoring Team has also provided advice and guidance on relevant standard operating procedures (SOPs) related to clinical cleaning, preventative maintenance of relevant fire systems, jail work orders, and jail pest control. The SOPs must more clearly delineate defined roles and responsibilities, and have mechanisms for tracking and accountability for completion of all tasks related to the Consent Decree. Once they have been satisfactorily revised, training for effected staff may begin.

Provision 152

By dates set in the Implementation Plan, Section XII, FCSO will draft new or revised policies and procedures to comply with the provisions related to Environmental Health and Nutrition as set forth in paragraphs 153–180 below and will submit those policies and procedures to the United States and the Monitor for approval pursuant to the process described in Section III above.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While work is being done and progress is being made to review and update the policies and procedures related to environmental health and nutrition, none of them have been sent to the Monitoring Team or the United States for finalization and approval. The County and FCSO should prioritize building on the momentum from the May technical assistance visit by expediently revising the policies and SOPs discussed and submitting new versions for the Monitoring Team and the United States to review.

Provision 153

Within six months of the date that any policy or procedure related to Environmental Health and Nutrition is finalized or revised (following the period of review for the Monitor and the United States), FCSO will train all relevant staff on that policy, through in-service training.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The relevant policies and procedures are still in draft format and they must be revised or written before substantial compliance can be met for the related training. The County and FCSO should prioritize those revisions so that training may begin.

Sanitation and Environmental Safety

A clean and orderly environment is important for the health and safety of both residents and staff. To achieve substantial compliance in this area, the FCSO and Fulton County will need to implement and consistently adhere to adequate environmental health and nutrition policies and procedures, effectually train employees on them, and demonstrate adherence through appropriate

documentation. Observations by the Monitoring Team and its discussions with staff and incarcerated persons should also validate adherence. While the FCSO has made incremental progress on redrafting the relevant policies and procedures that govern sanitation and environmental safety, the impacts are not yet being felt in the jails, which remain either in partial compliance or non compliance with the relevant provisions.

Although the Monitoring Team found the general level of cleanliness to be improved in October 2025 when compared to the observations of the baseline visit in May 2025, the improvements were not sustained, and the overall cleanliness had declined during the April 2026 visit. Poor conditions create an unhealthy environment, lead to low morale, and contribute to increased resident health care costs.

Regarding policies and procedures, a document titled “Housekeeping and Sanitation Plan – Resident Housing Units” (“Housekeeping Plan”) was provided by the FCSO and it improves upon the previous draft submitted to the Monitoring Team. The Housekeeping Plan applies to all resident housing areas and assigns cleaning duties to the sanitation supervisor, floor officers, resident floor workers, and residents. However, the impact of insufficient security staffing on compliance is a key theme of this report, and these provisions are no exception. The Floor Deputy/Detention Officer Post Order that was attached to the Housekeeping Plan includes a bullet list of 16 functions that they are supposed to perform, including feeding, laundry exchange, court pulls, medication distribution, and head count, in addition to their other assigned duties that include security rounds, well-being checks, and allowing residents to shower and use the phone. It is apparent based on observed staffing levels and the unsanitary conditions observed during the facility inspections that the floor officers are not consistently completing the tasks

outlined in the Housekeeping Plan, which include supervising resident workers and resident cleaning activities, as well as ensuring that all cells are cleaned daily, residents sweep and mop their assigned cells, and dayrooms are cleaned during every shift change. Although the draft revised Housekeeping Plan is a step in the right direction, the FCSO needs to closely evaluate the responsibilities it allocates to floor officers given present staffing limitations and identify other staffing resources that will be necessary to properly implement the Plan.

Fulton County has contracted with a vendor to perform “clinical grade” cleaning in the Medical Observation Unit (MOU), Female Observation Unit (FOU), and Psychiatric Observation Unit (POU) at the Main Jail, in addition to the medical and mental health housing areas. However, inspections of the MOU, POU, and FOU and observation of the services being performed during the monitoring visit revealed that the work did not result in satisfactorily clean conditions in those areas. Rather, immediately after one cell had been cleaned by a contracted cleaning crew on April 29, 2026, it was observed to still be dirty with heavy soil accumulations that had turned into mud with the addition of water during the power washing, and pieces of damp paper still covering the vent grille on the wall. Outsourcing cleaning services should result in clean, sanitary areas that meet health, safety, and compliance standards; therefore, Fulton County and the FCSO should enhance oversight of the work performed under this contract to ensure that it results in a satisfactorily clean environment. Whether sanitation duties are conducted by jail staff, the residents, or outside contractors, reliable processes for promptly identifying and correcting sanitation issues must be developed for substantial compliance to be achieved.

Provision 154

The County and the FCSO will develop and ensure compliance with a comprehensive, written housekeeping plan that assigns responsibility for carrying out the requirements from paragraphs 155–156 below. The housekeeping plan will describe cleaning procedures and instructions on which chemicals and cleaning supplies to use. In addition, it will include checklists and other measures to ensure accountability for completion of sanitation tasks. The County and FCSO will provide the Monitor and the United States a draft of this housekeeping plan for review and comment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As set forth above, the FCSO has submitted draft versions of a Housekeeping Plan, but it is not yet comprehensive, as Provision 154 requires, nor is it being consistently applied and complied with. The Housekeeping Plan includes a list of approved cleaning supplies but does not adequately describe the cleaning procedures and instructions on which chemicals and cleaning supplies to use and lacks checklists and other measures to ensure accountability for completion of sanitation tasks. Technical assistance was provided by the Monitoring Team on May 26-29, 2026, focusing, in part, on the sanitation policies and procedures. FCSO personnel were open, engaged, and very receptive to the guidance provided, and appropriate follow up should result in compliance improvements under this provision in future monitoring periods.

Provision 155

FCSO will ensure documented cleaning and sanitization on a set schedule, at least weekly, of all Jail areas, including: (a) housing units and individual cells, including

floors, walls, sinks, toilets, bunks, and showers; (b) medical areas, including exam and procedure rooms, sinks, toilets, and exam tables; (c) laundry areas, and ensuring that soiled clothes are laundered separately from unsoiled clothes; and (d) food preparation and distribution areas. Ceilings, air vents, air returns will be cleaned monthly.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO is currently making necessary revisions to the Housekeeping Plan, which is a positive development. But Provision 155 requires more than just a policy; it requires actual cleaning of the areas enumerated in the provision, which is not sufficiently regular, frequent, or comprehensive at this time. Nor have adequate accountability mechanisms been developed by the FCSO to ensure compliance with this provision. The most recent monitoring visit in April 2026 reflected a worsening of sanitation, particularly in the resident housing areas, reflecting that the FCSO has much more work to do under Provision 155.

Provision 156

The County and FCSO will ensure that sanitation inspections are conducted at least weekly by designated staff, that the inspections and their findings, including deficiencies, are documented, and that all deficiencies identified are promptly addressed through documented corrective action and follow-up.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO provided “Fulton County Jail, Facility Monthly Sanitation Inspection” forms for various areas, including the laundry and the loading dock. Although forms that are completed electronically are acceptable, these checkbox forms lack

any substantive findings and the forms submitted for January through April 2026 are all marked as “Compliant” which do not correlate with the Monitoring Team’s observations related to cleanliness. It appears as though these monthly reports are generated to fulfil a paperwork requirement rather than to perform meaningful inspections that identify deficiencies to be promptly addressed through documented corrective action and follow up. Therefore, both the inspection reports themselves and the ways in which they are utilized must be substantially altered to achieve substantial compliance with this provision.

Provision 157

The County will repair or replace all broken or damaged equipment in the medical areas, laundry, and kitchens immediately after it discovers or is notified that they are inoperable; will inspect all equipment in these areas at least weekly to ensure that it is in good working condition; and will provide prompt servicing and preventative maintenance of all such equipment. For any obligation of the County requiring physical access to the Jail—including but not limited to housekeeping, maintenance, or rehabilitation—FCSO will provide prompt notification of issues, communication, coordination, and access to secured areas of the Jail to facilitate the County’s ability to perform its obligations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Between the October 2025 and April 2026 site visits, Fulton County and the FCSO made repairs to the Main Jail kitchen cooler that was not maintaining adequate temperatures during the October 2025 site visit. However, the South Annex kitchen that is used to prepare meal trays with food that is delivered from the Main Jail kitchen was filthy and in a state of neglect; the cooler did not maintain safe

food storage temperatures, the dishwasher was inoperable, and the handwashing sink did not work. Moreover, Provision 157 requires weekly inspections and timely preventive maintenance; however, the kitchen Ansul fire suppression hoods were tagged with red non-compliance tags in October 2025, a critical life-safety violation that can lead to an immediate shut down by the Fire Marshal, and the fire riser (the piping that connects the building's sprinkler system to the main water supply) was tagged with a yellow noncompliance tag. The laundry equipment was operational and there were no reports of nonoperational medical equipment, which contribute to the partial compliance rating.

Physical Plant

Many environmental health standards are facility-related because design, construction, and maintenance are the foundation of a safe, sanitary jail. The ongoing physical plant deficiencies and lack of adequate maintenance in the Main Jail contribute to a hazardous environment for residents, officers, support staff, contractors, and visitors. In order to achieve substantial compliance, these issues must be addressed as soon as possible. The Sanitation and Nutrition Monitor made a technical assistance visit to FCSO in May 2026, which was very productive, and resulted in progress on some of the physical plant provisions.

Damaged locks and doors remain a significant problem in the Main Jail that has far-reaching consequences for the safety of residents and staff. Fulton County reports that although compromised locks are still a significant problem, the structural damage, especially related to the swing doors that are on most resident floors, is a bigger issue. In summary, because of the FCSO's well-documented staffing deficits, residents are spending significant amounts of time in the housing units without adequate supervision. This unsupervised time creates opportunities

for some to pack the door frames with books, paper, or other materials, and repeatedly slam the doors, until the door frames are damaged. Notwithstanding repeated fixes, this kind of damage has become pervasive in the housing units, and repair crews have been unable to keep pace. For example, the County reports that recently 80 doors were repaired and within two weeks, 45% of them were damaged again. It will thus be difficult for the FCSO and the County to comply with the provisions related to doors and locks until its staffing deficits have been remedied.

Plumbing fixtures should conform to plumbing codes, have adequate water pressure, and be kept clean and in good repair to facilitate personal hygiene and good health. Plumbing related problems continue at the Main Jail, including a mixing valve problem, resulting in extremely hot water in the metal toilet bowls on 6 South; cell sinks with no running water or extremely low water pressure in the MOU; and numerous dayroom toilets and showers that were out of order during the most recent monitoring visit.

The exposed live electrical wires that were found throughout many of the housing units during the October 2025 visit remain major safety and fire concerns.

Residents are using the wires to light wicks made of tissue or paper and, in some cases, starting significant fires, which is extremely hazardous for both residents and staff. The Monitoring Team again observed burning wicks and burned paper debris, as well as the odor of smoke, during the inspections at the Main Jail and the South Annex.

For this monitoring period, the fire detection, alarm, communication, and extinguishment systems remain noncompliant per the Georgia Office of Insurance and Safety Fire Commissioner's Safety Fire Inspection Reports. The State Fire Marshal is conducting monthly inspections at the Main Jail to monitor repair progress. The FCSO's fire protection and safety systems are not adequate, in their

present state, to protect life and prevent injury. The fire alarm, suppression, and smoke removal systems in the Main Jail are still not fully operational and, although a repair project is ongoing, completion is not expected until the fall of 2026.

In the interim, although the FCSO is under a fire watch, it is not ensuring that the necessary responsibilities to ensure safety are completed without fail. The fire watch requires the assignment of dedicated, trained staff to continually patrol the Jail to spot fires, identify hazards, and notify the fire department in the event of a fire. However, the fire watch is not continuous as the logs have a line drawn through various shifts, which appears to indicate that a fire watch was not conducted for numerous shifts from January through April 2026, likely due to staff shortages. Additionally, although a qualified vendor performed annual testing of the fire extinguishers in August 2025, the fire extinguishers are not being inspected and signed off on monthly, a necessary step to ensure that they are accessible, fully charged, and mechanically functional.

The FCSO has hired one new fire safety officer, and at the time of drafting of this report, was in the process of hiring a second. It is hoped that these new staff will help to address these fire safety lapses. To obtain substantial compliance, all facilities must have fully functional fire alert and suppression systems, as well as a smoke evacuation system, that is inspected and tested at regular intervals to ensure that it is compliant with fire safety codes.

The FCSO provided air temperature reports for the housing zones denoting that their acceptable range for air temperatures is 68-78°F. The majority of the temperatures recorded on the reports, and those measured during the onsite inspections, fell within this range, which is encouraging. Fulton County reported that the air handler servicing all of the 300 zones in the North Main Jail tower needs a new coil, which is impacting the daily temperatures, with the highest

temperatures being observed on the 4th and 5th floors. Fulton County and the FCSO should continue to monitor these temperatures, especially during the hot summer months, and remediate any deficiencies as soon as possible.

Provision 158

The County will ensure that all doors and locks in the housing areas of the Jail are kept in good working order, and that the housing areas are free of dangerous features including holes in walls and windows, and accessible metal.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During inspections, the Monitoring Team observed that most of the pipe chase doors were secured, and while it may be premature to label the pipe chase lock project a success, the preliminary results appear promising.

Door and lock repairs are costly and Fulton County reports that these repairs are straining its budget, and that funds that were allocated for other essential projects are having to be reallocated to door and lock repairs. In October 2025, DREAM requested an emergency purchase order for \$561,600 to repair damaged door frames, hinges, and locks on 108 cell doors. All 108 of the doors were previously repaired as part of the blitz project but re-broken. EMSI's inspection reports indicate that its staff identified 171 damaged doors in February 2026 and 219 damaged doors in March 2026 on floors 1 North, 2 North, and 2 South, and Fulton County reported that as of the prior week, over 600 doors were so severely damaged that they could not be secured. The FCSO and Fulton County are actively working to identify and test alternative door locks and hinges and several of them show promise.

However, the role of staffing and resident supervision should not be overlooked as a contributing factor. In order to remain in partial compliance, the County will need to prioritize repairing doors and locks as the staffing increases and reduce the dangerous features in the units.

Provision 159

The County will ensure that all plumbing fixtures, including sinks, toilets, and showers, operate with adequate running water at appropriate temperatures.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As noted above, inoperable plumbing fixtures were observed during the April site visit and are consistently noted in the facility's inspection reports. Regarding water temperature, the Consumer Product Safety Commission reports that 5-minute exposure to 120-degree water could result in a third-degree burn.²² During the April monitoring visit, the water in the FOU shower was measured at 120-123°F and the water temperature cannot be adjusted by the residents, some of those who complained that the shower water "burns" them.

Numerous residents reported that the water pressure in their cell sinks was either too low, causing it to dribble out of the faucet, or so high that it shoots water across their cell, making it difficult to use for hygiene tasks such as handwashing. Lack of adequate running water was a notable problem in the MOU. During inspection of the MOU, residents reported, and it was confirmed, that many of the cell sinks had either low or no water pressure. A 10-gallon Igloo-type cooler that was

²² <https://www.cpsc.gov/s3fs-public/5098-Tap-Water-Scalds.pdf>.

approximately half full of ice water was observed in the dayroom. However, the residents reported that it is not always filled and even if it is filled, they cannot access it when they are locked down in their cells. Residents reported various problems created by the lack of adequate running water in their cells, such as having to take drinking water from a “sitz bath” fixture, which is unsanitary, and being required to hoard water in their cells to mix with protein or broth powders to adhere to their medical diet.

Previously observed plumbing problems continue at the Marietta Annex. Of the three sinks located in Zone #1, one sink had both hot and cold running water, one sink only had only hot water, and one sink did not work at all, which is a repeat finding from the October 2025 inspection. One toilet had been removed that was out of order and covered with a plastic bag during the October 2025 inspection. The toilet/sink/bathroom area in Zone #2 was under renovations, which is a positive finding because the October 2025 inspection findings for the area included severely peeling paint, broken and missing floor tiles, missing grout, and water leaking from under the Zone 200 shower room wall into the dayroom. Plumbing problems remain pervasive, leading to a non-compliance finding.

Provision 160

The County will ensure that lights and light fixtures provide adequate lighting (with light intensity measuring at least 20-foot candles) in all housing units, cells, dayrooms, and personal hygiene areas, and that all lighting and electrical fixtures are free of exposed wiring.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Lighting levels of at least 20-foot candles were observed in most of the areas at the Main Jail during the April 2026 inspections, with the notable exception of floors 6 North and 6 South where the cell lighting has been removed, leading to almost pitch-black conditions inside the individual cells. Sufficient lighting is necessary to perform cleaning and disinfection tasks that ameliorate the conditions that support the growth of microorganisms that spread disease, and dark cells pose serious safety concerns by increasing the likelihood of accidents, violence, or decompensation of mental status.

Although the lighting conditions at the South Annex had shown improvement that was highlighted in the Second Monitoring Report, the Monitoring Team was advised that the individual lights that were given to residents worked only for a short while but quickly burned out or were broken, and therefore were not a viable long-term solution. The Monitoring observed that in one of the zones that housed 17-year-olds, the lights worked in only 3 of the 10 cells. Additionally, the Monitoring Team observed that cell windows remain covered with metal plates in an effort to prevent the introduction of contraband into those cells. While the Monitoring Team understands the FCSO's motivations for this, as interruption of the flow of contraband is absolutely necessary, significant concerns remain about the deprivation of natural light in the cells, which is not consistent with correctional best practices, and only makes the core goals of Provision 160, ensuring adequate lighting and light fixtures, all the more essential. The near-total darkness in some of the cells in the South Annex, including those occupied by 17-year olds, is an understandable but unacceptable adaptation to contraband problems, and is an urgent life/safety issue that must be remedied forthwith.

Numerous exposed electrical wires in the Main Jail that were confirmed to be “hot or live” by testing them with a non-contact voltage tester. They pose significant fire and safety hazards and therefore remain a significant hurdle to achieving substantial compliance.

Provision 161

The County will ensure that mold on ceilings and walls is promptly remediated.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

Mold in the Main Jail remains an ongoing problem. The facility provided a “MOLD” report that covered March 5, 2024, through March 10, 2026, listing over 700 instances where mold or mildew was found, and also indicating that most of them were repeat findings, indicating that mold problems are not being adequately remediated once discovered. During the April 2026 inspections, mold was observed on the ceilings, walls, and floor pans of numerous showers dispersed throughout the Main Jail. To attain substantial compliance, the County must enhance its remediation efforts for identified mold, including cleaning using appropriate chemicals to kill spores, personal protective equipment (PPE), and proper ventilation of the area for the safety of the workers and residents. Additionally, remediation requires addressing the underlying causes of moisture including plumbing leaks and poor ventilation.

Provision 162

The County will ensure that there is adequate air quality and ventilation throughout the facilities, including by: (a) changing all air filters throughout the Jail on a regular schedule; (b) cleaning all air vents and air returns throughout the Jail on a regular schedule; (c) cleaning or replacing all dirty ceiling tiles throughout the Jail;

(d) cleaning dust and dirt from overhead pipes throughout the Jail; and (e) ensuring that all air conditioning and heating facilities are in good repair.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

Ceiling tiles, overhead pipes, and other heating, ventilation, and air conditioning (HVAC) ductwork that were dirty were observed at all three FCSO facilities. The Monitoring Team was informed that the air handler that services all of the North 300 zones in the Main Jail needs a new coil, which is impacting daily temperatures. Fulton County also reported that it has a plan in place to refurbish all the air handlers that service the resident housing areas. However, the project was delayed until next year because the funding was reallocated to door repairs. Fulton County reports that they are still finding numerous vent grilles covered with tissue and this was also observed during the Monitoring visit. A schedule must be developed and adhered to for the inspections and routine preventative maintenance called for by Provision 162.

Provision 163

The County will ensure that pipe chases are in good working condition free from leaks, flooding, and other damage, and that incarcerated people do not have access to pipe chases at any time.

Compliance Status: Partial Compliance

Additional Comments/Recommendations:

As discussed above, the new pipe chase door locks appear to be reducing access to the pipe chases by the residents, which is very encouraging. However, the locks alone are not sufficient to resolve the problem because, given enough time and access to the pipe chase doors, the residents are still able to breach them by

damaging the door frames and digging out the drywall. Fulton County reports that it is finding newly damaged equipment in the pipe chases, including those with the new style locks. Therefore, adequate FCSO supervision is also necessary to ensure that the residents do not have the unsupervised time to damage the pipe chases and the equipment therein. The Monitoring Team spot checked random pipe chases during the April 2026 site visit and found several that were littered with trash and debris, had water leaks, and cockroach activity.

Provision 164

The County will ensure that there are adequate fire suppression and alert systems throughout the Jail and that they are tested at regular intervals to ensure they are kept in working condition.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The fire suppression and alert systems are essential to the safety of the thousands of people who work or are detained in the Main Jail each day. As reported in prior Monitoring Reports, these systems are not fully operational, which creates an unacceptable level of risk to the jail's residents and staff. While a contractor has been engaged in a repair project for those systems, the timeline is elongated, with an estimated completion date, including replacing all field devices in the resident housing units, of September 2026.

The urgency of timely completing these repairs is reinforced by the fire that occurred on December 12, 2025, on 7 North in the Main Jail. Residents and officers were seriously injured and months later, parts of the floor are still closed for repairs and renovations, which is negatively impacting jail operations. Fulton County must make all necessary efforts to get these critical systems fully back

online as soon as possible, and thereafter to engage in timely preventative maintenance of the systems to ensure that they do not ever become inoperable again.

Provision 165

For any obligation of the County requiring physical access to the Jail—including but not limited to housekeeping, maintenance, or rehabilitation—FCSO will provide prompt notification of issues, communication, coordination, and access to secured areas of the Jail to facilitate the County’s ability to perform its obligations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Insufficient security staffing remains a barrier to compliance with Provision 165, as contractors are reliant on having security staff escort them throughout the jail facilities. While problems with contractors being denied access due to security staffing deficits was not a focus of recent meetings with the FCSO and Fulton County, security staffing must improve for substantial compliance to be achieved.

Provision 166

The County will develop and promptly implement a comprehensive plan to inspect and fix all existing physical plant deficiencies in the Jail in accordance with paragraphs 158–164 above, and to maintain such plant elements in good condition going forward. The County will provide the United States and Monitor a draft of this plan, and it will consider comments from the United States and Monitor in revising and finalizing the plan.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

In response to a document request related to this Provision, a copy of the Fulton County Replacement Jail Bridging Plan (update) Aug 2023 was provided. The Bridging Plan predates the Consent Decree and is not a detailed, comprehensive plan that specifically addresses doors and locks, dangerous features, plumbing fixtures, lights, lighting, exposed wiring, mold, adequate air quality and ventilation, cleaning dust and dirt from overhead pipes, air conditioning and heating facilities, pipe chases, and fire suppression and alert systems. The Monitoring Team also reviewed the Fulton County Jail Project Action Plan (from: June 1, 2025 to Sept. 30, 2025) and Objective G states, “Develop a Long-Term Jail Maintenance Plan.” These documents are a positive start, and the County is working to inspect and fix the existing physical plant deficiencies in the Jail. But substantial compliance will require the development and implementation of a more comprehensive and updated plan, as set forth in the provision.

Provision 167

The County and FCSO will conduct documented inspections at least weekly to ensure that the items described in paragraphs 158–164 are in good working condition going forward. For all deficiencies identified in these inspections, the County will ensure that corrective actions are promptly taken, including by inspecting, cleaning, maintaining, and if necessary, repairing or replacing the defective items.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Various documented inspections are conducted; however, most of them are not performed at least weekly, as required by this Provision, nor do they appear to

reliably note problems and propose corrective actions. The FCSOs “Fulton County Jail, Facility Monthly Sanitation Inspection” forms include cleanliness, electrical sockets, vents, lights, and laundry equipment. However, the completed inspection forms for January through April 2026 indicate that all of the inspection findings were in compliance. Moreover, they do not include a mechanism to document corrective actions. The “Sergeant Food Service Weekly Kitchen Inspection Checklist” forms include numerous “Items Checked in Kitchen” and all of the forms for the period of January through March 2026 for the 3:00pm-11:00pm and 11:00pm-7:00am shifts indicate that everything was compliant. The 7:00am-3:00pm shift forms did note that sanitation issues were observed with documented corrective actions.

It is concerning and quite frankly unrealistic, to believe that every item checked in the kitchen met sanitary expectations, especially when one shift documented a problem several weeks in a row and the other shifts check marked it as compliant. Inspections should be meaningful and provide a mechanism to identify problems and document corrective actions. Simply going through the motions of completing checklists will not result in substantial compliance. The “MOLD Report” includes a status of “Completed” for entries dated March 5, 2024, through January 28, 2025. However, there are over 500 entries for the period of February 10, 2025, through March 10, 2026, and all of the “Status” sections are blank. In order to obtain substantial compliance, the FCSO and Fulton County will need to ensure that inspections are conducted to identify deficiencies and that corrective actions are taken, including cleaning, maintaining, and if necessary, repairing or replacing items.

Provision 168

Pursuant to the terms of the Staffing Plan, FCSO will provide supervision that is reasonably designed to avoid damage beyond normal wear and tear.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As set forth elsewhere in this report, insufficient security staffing is a critical barrier that is obstructing many of the FCSO's compliance efforts. The physical plant provisions are no exception. The lack of available custody officers permits rampant vandalism in the Main Jail, which maintenance crews, as currently constituted, cannot keep up with. The staffing deficits will need to be remedied to comply with this provision.

Pest Control

Common pests, including rodents, roaches, and mosquitos, can transmit disease, and therefore effective pest control measures are important to reduce the spread of pathogens and prevent outbreaks. During the April 2026 inspections, the Monitoring Team observed pest activity of various kinds. This included roach activity behind an ice machine, drain flies in the bakery at the Main Jail, in some of the shower and toilet areas at both the Main Jail and the South Annex, and cockroaches in several of the randomly inspected pipe chases. No signs of rodent infestation were observed. Other than reports of drain flies, the residents did not report seeing pest activity during interviews.

The Monitoring Team received and reviewed pest control service reports for the Main Jail and the South Annex. The reports indicate that the pest control contractor is making regular service calls, investigating reports of pest activity, and performing chemical treatments, when needed, including periodically inspecting

and rebaiting the rodent bait stations, which was cited as a concern in the Second Monitoring Report.

Clean clothing and linens are essential to minimize the spread of communicable disease and ectoparasites, such as lice. Resident laundry was observed to be in generally good condition, without obvious rips, tears, and stains. During the site visit, the FCSO was changing from two-piece to one-piece uniforms, and from sheets and blankets to a one-piece mattress cover with an integrated blanket with the hope that these changes will result in operational efficiencies. However, the newly implemented mattress covers are significantly larger than the sheets, resulting in concerns about the ability of the laundry department to launder them on the regularly scheduled frequency. The Monitoring Team will continue to observe and assess compliance related to the laundry.

Provision 169

The County and FCSO will develop and implement a comprehensive Integrated Pest Management system for all parts of the Jail that uses prevention measures to keep pests from entering the Jail and control measures to reduce and eliminate pests.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

In response to the Monitoring Team's document request, an unsigned, undated Integrated Pest Management Plan from the contracted pest control vendor was provided. The contractor is a large national company, experienced in commercial pest control services including Integrated Pest Management strategies. However, achieving substantial compliance requires more than a written plan, it requires implementing these strategies into relevant SOPs and daily routines. For example,

cockroaches were observed in pipe chases that had water leaks and clutter, which provide conditions that cockroaches thrive in. Integrated Pest Management strategies emphasize that pesticides alone are not effective, rather employing the site management practices of repairing water leaks and keeping areas clean should be the first line of defense.

Provision 170

The County and FCSO will ensure that its pest control system is adequately responsive to reports of pest activity by incarcerated people, including by implementing adequate contact tracing, promptly evaluating all reports of pest activity, and promptly taking appropriate corrective actions where reports are confirmed.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

A Pest Sighting Log book is located in the lobby of the Main Jail. Inspection of this book on April 29, 2026, revealed entries for April 2026, including observations of drain flies, ants, and cockroaches in various locations and the corrective actions taken by the pest control technician. This log supports detection of pest activity, tracking of pest trends, and accountability. The Monitoring Team recommends that a documented process is established to ensure that reports of pest activity by incarcerated people are promptly communicated through an established process that documents that any pest related concerns are promptly evaluated and actively addressed, such as entering them in the pest control activity logbook that is maintained in the Jail lobby.

Provision 171

The County and FCSO will ensure that pest control measures employed in the kitchen, such as use of chemical sprays, do not contaminate food or food preparation areas.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

Fulton County contracts with an established pest control company that employs licensed technicians, and the services provided at the Main Jail kitchen appear compliant with food safety practices. However, at the South Annex, an empty half-gallon container of “Spectracide Bug Stop Home Barrier Indoor Plus Outside Insect Control” was discarded on the floor outside of the cluttered kitchen storeroom, indicating that it was used, as well as the likely presence of pest activity. Chemicals for residential use should never be used in the jails and only licensed pest control technicians should apply pest control chemicals. Provision 171 will remain in substantial compliance at this time because the Monitoring Team cannot confirm the application of residential pest control chemicals; however, the FCSO should take action to ensure that it does not occur and future instances will likely result in a compliance status reduction.

Provision 172

For any obligation of the County requiring physical access to the Jail—including but not limited to housekeeping, maintenance, or rehabilitation—FCSO will provide prompt notification of issues, communication, coordination, and access to secured areas of the Jail to facilitate the County’s ability to perform its obligations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

See Provision 165 for additional information.

Provision 173

FCSO will take adequate steps to reduce the introduction and spread of ectoparasites and lice throughout the Jail, including by:

- a. Ensuring that every incarcerated person receives a physical skin check conducted by qualified medical staff within a reasonable time after entering the Jail and before transfer to any housing area;
- b. Taking prompt action to control any known infestation or infection;
- c. Ensuring that incarcerated people receive adequate opportunities to shower and that their clothes are adequately laundered and replaced as needed; and
- d. Ensuring that haircutting equipment is adequately cleaned and disinfected between uses to prevent the spread of skin infections or parasites, and that scalps are examined for parasites or infections before haircuts commence.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Regarding subparts a and b of Provision 173, NaphCare Receiving Screening Policy (E-02), appropriately requires nurses doing the receiving screening to check the patient's skin for "infestations indicating lice/scabies/mites." However, scabies is not mentioned on the Receiving Screening Form in TechCare.

Ectoparasite infections are reported as part of the Infection Control Report reviewed monthly at the Continuous Quality Improvement (CQI) meeting. From January through May, the FCSO averaged 17 patients a month diagnosed with an ectoparasite infection (not broken down by lice versus scabies). TechCare offers a "Lice & Scabies" report that ostensibly lists all patients currently being treated for

lice and scabies. However, it reported no current cases despite the fact that 23 active cases were reported at the CQI meeting. This report also does not offer the ability to search for past cases. Thus, more work is necessary to ensure that accurate aggregate data about current ectoparasite infections is collected to enable better infection control measures to be implemented.

Regarding subparts c and d, the FCSO is compliant with the section of Provision 173(c) requiring that clothes are replaced as needed. Regarding laundry, the residents can place their clothes in a mesh laundry bag which is sent to the laundry department for processing. However, during interviews, some residents continue to report that they choose to not send their items to the laundry and prefer to do their own wash. The common complaint is that the laundry is returned still dirty or damp, which is likely due to them overstuffing or tying off the mesh bags too tightly which inhibits the laundry chemicals and wash water from penetrating the fabric and the drying process. Technical assistance related to the laundry was provided by the Monitoring Team on May 26, 2026, and it is anticipated that the FCSO will implement changes that will help facilitate substantial compliance with the section of the provision requiring that clothes are adequately laundered.

The South Annex barbershop was inspected and found to be reasonably clean and stocked with adequate supplies to facilitate proper disinfection between services. In progress barber operations were observed in the MOU and the resident that was performing the barbering services appropriately responded to the Monitoring Team's questions regarding cleaning and disinfecting the equipment. However, the Monitoring Team was unable to determine if an effectual process is in place to examine scalps for parasites or infections before haircuts commence.

Chemical Control

Chemical control in FCSO facilities is essential for protecting the safety and health of both the residents and staff. The proper use of cleaning chemicals and disinfectants prevents the spread of infectious diseases. Using appropriate chemicals to maintain a clean environment helps to reduce the risk of pest infestations, which is a key component of an Integrated Pest Management program. The proper storage, labeling, and distribution of chemicals contributes to a safe and orderly environment.

The FCSO is in the process of updating its policies and procedures related to chemical control and a Housekeeping Plan as required by Provision 154. The Monitoring Team looks forward to reviewing those revised policies once drafts are shared.

The storage and labelling of chemicals at the Marietta Annex remains in the same unorganized condition that was observed during the baseline and October 2025 site visits. The “Chemical Inventory Log” was blank despite the presence of chemicals, including a partial 55-gallon drum of bleach that was covered with dried bleach residue, which is a potent irritant. A case of “DermaGel Sanitizing Alcohol Gel” that was past its expiration date of 07/2025 was observed in the storage room. The Safety Data Sheets (SDS) book is still not up to date for the chemicals stored in the facility. SDS are documents developed by chemical manufacturers that provide detailed information about hazardous chemicals, including their composition and properties, safe handling and emergency procedures, and recommendations for personal protective equipment. The SDS for the Zep DZ-7 disinfectant cleaner (there is a 55-gallon drum of DZ-7 in the storage room) had an issue date of 08/13/08 and is the same outdated version observed

during the 2025 inspections, despite this problem being highlighted in a prior Monitoring Report.

Unlabeled chemical containers pose a safety hazard, and approximately eight spray bottles that contained an unknown liquid were not labeled, and two more were improperly labeled with “Smell Good” and “Buff Bottle.” This need to address the unlabeled spray bottles was also highlighted in the last Monitoring Report.

Chemicals for residential pest control use should not be used or stored in the Jail, however an empty container of residential pesticide was found discarded on the kitchen floor at the South Annex indicating that it was used in the facility, a violation of both pest control and chemical safety standards.

The distribution of cleaning supplies and chemicals in the resident housing areas remains deficient to achieve and maintain general sanitation in the facilities. The FCSO had recently moved the storage of cleaning chemicals and supplies to a centrally located cleaning closet near the elevators on each floor of the Main Jail and to a central location at the South Annex. They have also installed new chemical dispensing stations and posted the relevant SDSs in them. The inspections of the closets revealed that they were organized and clean. However, the residents continued to report that cleaning supplies are not distributed or available on a regular basis which was borne out by the overall lack of cleanliness observed by the Monitoring Team.

Provision 174

FCSO will ensure that all chemicals are stored, labelled, distributed, and used following OSHA Standards.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

See discussion above.

Provision 175

FCSO will ensure that all chemical containers, including spray bottles, are secured and kept inaccessible to anyone other than authorized staff except under appropriate conditions and with appropriate supervision.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

Random unlabeled spray bottles were observed in various housing units and cells. It is unknown why they were there and likely the result of the unsupervised distribution of cleaning supplies or the failure to retrieve and account for all cleaning supplies after distribution.

Provision 176

FCSO will develop and implement a perpetual chemical inventory system to track receiving, issuing, and current quantity of chemicals on hand in all areas where chemicals are stored. FCSO will ensure that all receiving and issuing out of chemicals is recorded in this inventory system, and that it is updated daily to always reflect the amount of chemicals on hand in each storage area.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

An inventory system that complies with the provision is not in use by the FCSO and must be developed.

Provision 177

FCSO will ensure that all janitorial closets and storage areas are kept clean and organized, and that those cleanings are documented and performed on a regular schedule.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While the newly established and stocked janitorial closets at the Main Jail and South Annex were generally clean and organized during the inspection, they had just been implemented and therefore, it is too early to determine their functionality and if they will remain clean and organized over time.

Provision 178

FCSO will ensure that all staff and incarcerated people who utilize chemicals receive adequate, documented training in the proper use and storage of chemicals.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Records were provided and reviewed by the Monitoring Team indicating that training has been provided to kitchen workers and staff who accompany sanitation personnel. However, resident workers also need to be given proper training, including on the proper use of chemicals and bloodborne pathogens, given that they are sometimes at risk of exposure. This training is not yet being consistently conducted.

Food and Nutrition

Nutritionally adequate meals, prepared in accordance with federal, state, and local health and sanitation standards are necessary to promote health as well as

influencing the climate and morale of the facility. A revised menu with an approval date of April 10, 2026, was implemented on April 18, 2026. The contracted food service manager reported that the menu modifications included changes based on the Monitoring Team's observations during both the May and October 2025 site visits (in particular, the frequent resident complaint that the facility serves the same sliced bologna lunchmeat at breakfast, lunch, and dinner). Changes included removing some servings of the luncheon meat type entree and replacing it with different items, such as a breakfast sausage patty. The revised menu had only been in effect for about a week, which is not an adequate length of time to influence the resident's subjective opinions; however, the Monitoring Team is hopeful that the menu changes will result in fewer complaints about the menu.

The regular menu analysis indicates that it provides a daily average of 2,800 calories, which meets the general recommendation of 2,800 calories for moderately active males aged 19 to 25 and exceeds the calorie recommendations for moderately active males that are 26 and older and those for adult women. The residents in the jails have limited access to recreation and physical exercise and therefore, most are sedentary rather than active or even moderately active. The analysis indicates that the regular diet contains approximately 4 grams of sodium. The 2025-2030 Dietary Guidelines for Americans recommends that individuals ages 14 and older should consume less than 2.3 grams of Sodium per day. The FCSO's previous regular diet menu contained almost 5 grams of Sodium per day, so the apparent reduction is an improvement. The diets served in most jails and correctional facilities include processed foods, which are significant sources of Sodium. It is recommended that the FCSO work with the food service contractor to reduce dietary Sodium. The analysis also indicates that Iron, Vitamin A,

Vitamin C, Vitamin D, and Calcium meet the Recommended Dietary Allowances (RDA) for adult men and women.

However, menu changes or variations from the dietitian-approved menu were observed during the Monitoring visit that could negatively impact the nutrition of the meals. It was observed that two slices of bread were served at dinner, despite the menu primarily listing biscuit or cornbread. Packaged sandwich cookies, the same type served daily for lunch, were served for dinner, however, sandwich cookies are not listed on the 4-week cycle dinner menu. Based on the 2025 detailed menu analysis, a serving of the sandwich cookies provides 165 calories whereas a serving of the frosted cake provides approximately 300 calories. Similarly, 2 slices of bread provide 140 calories whereas a serving of cornbread or biscuit provides almost 300 calories.

During the kitchen inspection, it was stated that the bakery had been closed for an extended period of time for repairs. This closure would have resulted in numerous menu changes for the breakfast and dinner meals as in-house baked items appear daily on the menu, such as coffee cake, biscuits, and pancake bake (with breakfast) and cornbread, biscuit, cake, and dessert bar daily (with dinner). But the contracted food service vendor provided substitution logs in response to the document request, which indicate that there were only eight substitutions made for the period of January through March 2026, primarily due to delivery shortages. This number seems quite low in light of the substitutions observed and the closure of the bakery. The FCSO and the food service vendor should ensure that all substitutions, including baked items, are appropriately documented going forward. Although several residents stated they like the cookies, serving the exact same item meal after meal contributes to menu fatigue and increases the likelihood of meal-related complaints. In order to obtain substantial compliance, the FCSO and the

vendor need to ensure that the meals served align with the dietitian's approved menu and that all menu changes are documented.

Medical diets continue to be a concern. A resident with a wired jaw showed the Monitoring Team the carton of apple juice and plastic baggies of dry broth powder that he is served for his meals. However, as stated above, the sink in his cell lacked running water, which is necessary to make broth with the powdered granules. The menu plan that was provided states that the clear liquid diet is supposed to include apple juice, broth, gelatin, and fortified drink. However, it did not appear that the resident received gelatin or the fortified drink. Moreover, for health and safety, a clear liquid diet is generally recommended to not exceed three days because it lacks adequate calories, protein, and essential nutrients and therefore it is a concern that this resident patient is receiving those foods for his ongoing diet needs rather than a wired jaw diet which is often food that is "blenderized" as can be tolerated by the patient.

To obtain substantial compliance, all menus should be reviewed to ensure that the diets promote good health and meet the nutritional needs of all incarcerated persons, and the process for medically therapeutic diets is reviewed and improved to ensure that meals that comply with the medical diet order. It is also recommended that the FCSO create a multidisciplinary team that meets on a regular basis and includes representation from the FCSO, the food service contractor, and medical to discuss dietary issues and concerns including medical diets and resident patient specific concerns.

Provision 179

FCSO will ensure all food items are stored, prepared, and delivered to incarcerated people at the appropriate temperatures for food safety.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The “Thermometer Calibration Log By Day” provided for the months of January through March 2026 raises concerns. The logs indicate a daily “Temp prior to calibration” in the range of 70 to 75°F, which is likely a room temperature reading. Rather this should be the reading obtained when the thermometer is immersed in ice water, as outlined in the directions on the form. Each form lists a “Calibrated Temp must be 32°F with 32°F entered in the column. However, this should only be entered if the temperature upon testing was not 32°F and the thermometer had to be calibrated or reset. The “Monthly Review” on the forms is blank, indicating no supervisory review.

The kitchen walk-in cooler at the South Annex was not adequately maintaining cold temperatures, as apple juice stored in the cooler was measured at 62°F degrees Fahrenheit and should be 41°F or below, as required by food safety standards. A full pan of pinto beans was sitting out at 73 degrees Fahrenheit at 1:13 p.m. on April 29, 2026, an unsafe temperature in the safety danger zone. It is unknown why the beans were sitting out and the menu indicates that cooked beans were listed for the previous day’s dinner. Leaving them out is a dangerous practice that could lead to foodborne illness if they were to be consumed.

Provision 180

FCSO will ensure that meals for incarcerated people meet requisite nutritional and caloric requirements, including the specific requirements for special and medically necessary diets, such as diabetic diets.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

See the discussion above.

Medical and Mental Health Care

Policies, Procedures, and Training

The FCSO's current policies and training infrastructure for medical and mental health services continue to not be structured sufficiently to support compliance with the Consent Decree. As noted in the last report, although NaphCare's corporate policies generally address many of the required subject areas, they do not provide the site-specific operational guidance necessary to ensure consistent practice.

The Monitoring Team had previously suggested that the development of standard operating procedures (SOPs) would assist in clarifying and codifying workflows within NaphCare and between NaphCare and the FSCO. While some of this content was previously covered in SOPs, they appeared fragmented, inconsistent and not organized as a single reference document. NaphCare has since developed several site-specific SOPs they have collated as a manual that addresses critical areas of the Consent Decree. This includes a comprehensive clinical operational guide for NaphCare mental health providers that covers screening, referral and evaluation for new intakes and post-intake referrals; treatment guidelines for patients enrolled in the mental health service which includes detailed expectations for those in specialized mental health housing; procedures for identifying serious mental illness (SMI); discharge planning; hospital referrals; and suicide screening, assessment and prevention.

This is a significant step in providing clear guidance for mental health clinicians on expectations regarding treatment and can be used as the basis for quality assurance processes. Local NaphCare leadership has indicated that they have educated staff

utilizing this document and the Monitoring Team is looking forward to seeing how this translates into improvements in care consistency and quality.

At the time of this report, the NaphCare mental health leadership was also in the process of finalizing a mental health-specific operational document for custody staff. The reference guide provides an operational overview of key mental health and medical processes, including clinic functions, mental health personnel roles, referral pathways, mental health housing admission and discharge procedures. It clarifies the responsibilities of custody, security specialists, medical staff, and mental health staff in managing residents in mental health housing, and also provides education on mental health emergencies and referral criteria. This is also a significant step in creating clear expectations for custody staff as it relates to their role in clinical care.

Since the last monitoring visit, the FCSO has also created a tool that lists all medical and mental health policies related to the Consent Decree, as well as their revision status. This is positive movement in organizing NaphCare and the FCSO around areas of policy focus, and the content of the newly developed mental health SOPs can be leveraged into these policies. At the time of writing this report, none of the listed policies had completed revision but the Monitoring Team is aware of several of them being in active revision status, including the FCSO Suicide Prevention and Response to Resident Suicide Attempt or Death Policy (400-16).

The County and FCSO have made some progress by adding compliance personnel, assigning a Health Program Manager, and providing training materials related to medical care, mental health, suicide prevention, and crisis response. However, the Monitoring Team continues to identify gaps in oversight, coordination with NaphCare, compliance tracking, and corrective action. Training materials remain fragmented and do not yet demonstrate a unified, facility-specific curriculum with

clear objectives, attendance tracking, competency assessment, or specialized training for custody staff working in mental health units.

Provision 181

By dates set in the Implementation Plan, Section XII, FCSO will draft new or revised policies and procedures to comply with the provisions related to Medical and Mental Health Care, and will submit those policies and procedures to the United States and the Monitor pursuant to the process described in Section III above.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Based on discussions with leadership, several policies are reportedly undergoing revision in collaboration between the FCSO and NaphCare. Per correspondence with the FSCO prior to the April site visit, multiple policies regarding medical and mental health care were either “in progress” or “under review.” The policies that were under review were given a tentative finalization date of June 1, 2025 but at the time of writing this report none of them have been finalized. As noted earlier, at the time of writing this report, as part of its technical assistance efforts, the Monitoring Team has received and provided feedback on a revised version of FCSO Policy 400-16 and several other mental health-related SOPs.

Provision 182

Within three months of the date that any policy or procedure related to Medical or Mental Health Care is finalized or revised (following the period of review for the Monitor and United States), FCSO will ensure all relevant staff are trained on that policy, through in-service training.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As noted above, the FSCO has not finalized the medical and mental health policies relevant to the Consent Decree, and thus, training has not yet been provided to staff on those policies. Per correspondence from the FSCO prior to the April site visit, upon final approval of the policies, the FSCO will immediately begin formal policy-based staff training.

Provision 183

The County and FCSO currently contract with a vendor to provide medical and mental health staffing for the Jail and expect to continue to do so. The County and/or FCSO will ensure that the vendor's policies and conduct conform to the requirements of this Consent Decree. Where the Consent Decree places an obligation on the County and/or FCSO to provide certain services or undertake certain actions, the Parties recognize that the vendor's satisfaction of the requirements of the provision suffices.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Through the hiring of additional compliance personnel, the FSCO has started to develop a structure to improve coordination with NaphCare as it relates to the Consent Decree. The FCSO also has a dedicated Health Program Manager on staff to help manage the contract with NaphCare. However, as identified in other sections of this report, there continue to be identified gaps between the County, FCSO, and vendor related to care monitoring, policy development, and implementation. The Monitoring Team has not yet observed a reliable, formalized

system for tracking compliance, identifying deficiencies, or ensuring timely corrective action.

Provision 184

All Custody Staff will receive training that emphasizes the importance of providing medical and mental health services in the Jail, and the role that Custody Staff have in ensuring these services are provided, with the understanding that Custody Staff is not medically trained and is not responsible for making medical decisions and does not get to override medical decisions.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team reviewed the policy and procedure training materials provided by the County for 2025 and 2026. While these materials identify numerous policies and topics that are reportedly reviewed during annual training, the information provided remains insufficient to evaluate the content, scope, and implementation of the training program. Moreover, they do not specifically address all of the requirements of Provision 184 (e.g. “the role that Custody Staff have in ensuring (Medical and Mental Health) services are provided”). The NaphCare and FCSO policies are, in many cases, redundant and should be merged.

Specifically, the materials largely consist of training agendas and topic listings. Although the County has provided various PowerPoint presentations and policy references in response to Monitoring Team requests for clarification about the training, it remains unclear which materials are delivered to staff, how they are incorporated into the training curriculum, the amount of instructional time devoted to each topic, who provides the instruction, whether attendance is required, and how competency is assessed.

The Monitoring Team continues to be unable to determine whether custody staff receive consistent and comprehensive instruction regarding their role in facilitating access to medical and mental health care, recognizing mental health concerns, and understanding the limits of their authority with respect to clinical decision-making. While the FCSO has identified policies and presentations touching on these subjects, it has not provided a complete curriculum linking specific learning objectives to corresponding lesson plans, training materials, instructional methods, attendance requirements, and competency assessments.

To assess compliance with this provision, the FCSO should provide a comprehensive training curriculum that identifies all required training modules, the associated lesson plans and instructional materials, training frequency, attendance requirements, mechanisms for documenting completion, and methods for evaluating staff understanding of the material. This information is necessary to determine whether custody staff are receiving the training required by this provision and whether the training has been implemented consistently across the facility.

Provision 185

All Custody Staff who work in mental health units will be trained in de-escalation and crisis response techniques, and will be trained to recognize signs of decompensation (e.g., significant worsening of symptoms, or significant decline in self-care and/or communication).

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

See response for Provision 184. The FCSO Training Requirements and Specialized Training Policy (700-05) includes suicide intervention, de-escalation,

and Crisis Intervention Team concepts in initial training. However, it does not explicitly require training on recognition of psychiatric decompensation or establish unit-specific standards for custody staff working in mental health housing. Although the 2026 Policy and Procedure Training Agenda includes a module labeled “Mental Illness” it is unclear which training materials that have been received are included in that module, and if there is specific training for staff who work on mental health units.

Intake and Records

Intake is a particularly important health care process in jails, as two essential healthcare obligations are met at intake: identifying patients with urgent and emergent medical or mental health needs and ensuring continuity of care for patients receiving medical or mental health care prior to coming to jail. These patients need to be identified at intake, and their medications and treatments need to be continued uninterrupted. At present, while NaphCare has policy frameworks in place related to patient intake, the lack of privacy in the intake setting is a significant impediment that must be remedied for the FCSO to achieve substantial compliance. There also continues to be significant issues with communication between the custody electronic tracking system and NaphCare’s electronic record system.

Provision 186

FCSO will conduct medical and mental health intake screenings upon admission to the Jail in a confidential setting that encourages the sharing of accurate and complete information.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

At the time of the April site visit, intake screening and assessment continued to occur in a shared area staffed by multiple nursing personnel, with providers utilizing adjacent space. There is little privacy in this setting. When fully functioning, the room can contain five (or more) medical staff, and five patients, all trying to talk at the same time. Previously installed partitions intended to separate patients during screening had been removed. There remains no private space for mental health staff to use in the intake area.

Two NaphCare policies lay the foundation for compliance with Provision 186, but are not site-specific. The Receiving and Screening Policy (E-02) does not mention the requirement for privacy and the Privacy of Care Policy (A-07) states that “[a]ll health services, including history taking, will be conducted in an area private enough to ensure the patient will feel free to discuss problems.”

NaphCare site leadership reported that they are actively exploring options to increase privacy, including repurposing nearby space within the intake area to create additional private rooms for nursing, medical, and mental health encounters. Leadership also reported requesting additional chronic care nursing positions, which may reduce space constraints and increase the availability of private clinical space. While the Monitoring Team is encouraged by these efforts, the proposed modifications had not yet been implemented at the time of the site visit. The Monitoring Team encourages facility and healthcare leadership to develop and implement a reconfiguration plan that ensures adequate privacy for nursing, medical and mental health screening and evaluation before the next site visit.

The Monitoring Team has the following recommendations:

- The FCSO should develop a policy specific to the jails that includes the necessity of privacy in the intake process.
- The Intake Medical and Mental Health Assessment room will have to be significantly remodeled to achieve compliance with Provision 186. Utilizing the rarely used classifications area adjacent to the current booking suite could allow the FCSO to conform to Provision 186.

Provision 187

FCSO will ensure that the Jail's data management system accurately and timely communicates information to the electronic medical records system, including changes in custody status, location, and medical conditions.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO continues to not have a policy and procedure that addresses this provision. Although the jail data system does feed into TechCare's electronic medical record, such as regarding "custody status, location, and medical conditions," there was still evidence of lagging updating and integration. Moreover, TechCare does not communicate directly with the food services data management system, leading to delays in medical diet implementation. TechCare does track medical diet orders in the "Diets" Report, which displays all current diet orders and when they were ordered. However, the Diets Report does not track the time from when a diet is first ordered to when the diet is first delivered. The FCSO also does not audit instances when patients mistakenly did not receive the appropriate diet. Several patients interviewed by the Monitoring Team reported not consistently receiving their prescribed medical diets. A medical diet is just as

important for many patients as their medications. The FCSO tracks when patients do not receive their prescribed medications; the FCSO should also audit medical diet deliveries.

Emergencies

FCSO staff demonstrated responsiveness and appeared to take emergent presentations seriously during the site visit. The goal of an emergency response system is to deliver life-saving emergency care to patients as soon as possible. Life-saving emergency medical interventions include Automated External Defibrillators (AEDs), Cardiopulmonary Resuscitation (CPR), Naloxone, and cut down kits. An effective emergency response system includes relevant policies and procedures, training, properly located equipment, communication, practice drills, documentation, and oversight, including CQI.

The FCSO and NaphCare have made meaningful progress toward developing a more structured process for identifying and responding to mental health emergencies, including newly developed referral guidance for custody and healthcare staff that defines referral categories, identifies suicide risk indicators, and outlines communication and observation expectations. These materials represent positive steps toward clarifying when residents require mental health referral, urgent clinical intervention, or heightened monitoring. However, the emergency response framework remains incomplete. The revised guidance has not yet been fully incorporated into FCSO policy, training, and cross-departmental procedures, and additional clarification is needed to ensure that emergent mental health concerns are addressed consistently in both intake and post-intake settings. Moreover, the most challenging and significant work will be in implementing this

new guidance in the jails, and ensuring that emergency mental health responses are closely reviewed to identify and fix any gaps that they reveal.

Provision 188

FCSO will develop and implement protocols identifying potentially life-threatening medical emergencies that require immediate consultation with a physician or immediate transfer to a hospital emergency room. FCSO will ensure that incarcerated people deemed to fall within these protocols are immediately assessed by a medical professional who will document the risk presented and the level of supervision required or immediately transferred to a hospital emergency room. In the event of any delays in assessment or transfer, FCSO will ensure that incarcerated people are under constant unobstructed visual observation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 188 requires the development of a policy and protocols that require immediate evaluation of emergency response patients by a practitioner, either on site or at the emergency department. The Monitoring Team received a document labelled “Fulton County Emergency Services and Response Plan.” This document is not dated and not noted as approved by the Fulton County health authority and facility administrator, as required by the Emergency Services and Response Plan Policy (D-06). Also, the Fulton County Emergency Services and Response Plan does not address the requirements of Provision 188 (e.g., how “potentially life-threatening medical emergencies” will be identified or that patients must be “under constant unobstructed visual observation” prior to transfer). Finally, the Fulton County Emergency Services and Response Plan is not found online in NaphCare Online Resources: Fulton County Protocols.

The Monitoring Team has the following recommendations:

- The FCSO must write a Fulton County specific policy for emergency responses that incorporates all of the requirements of Provision 188.
- The Fulton County Emergency Services and Response Plan must be approved by the health authority and facility administrator as required by Policy D-06.

Provision 189

FCSO will develop protocols identifying potentially life-threatening mental health emergencies (e.g., imminent danger to self or others) that require immediate consultation with a QMHP or immediate transfer to a hospital emergency room or psychiatric hospital. FCSO will ensure that incarcerated people deemed to fall within these protocols are immediately assessed by a QMHP who will document the risk presented and the level of supervision required, or, if transfer is warranted, FCSO will take all reasonable steps to immediately transfer to a hospital emergency room or psychiatric hospital. In the event of any delays in assessment, FCSO will ensure that incarcerated people are under constant unobstructed visual observation while awaiting assessment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As part of its technical assistance efforts, the Monitoring Team reviewed, and provided feedback on, mental health referral guidance intended for both custody and healthcare staff, which includes criteria for emergency referrals and associated protocols. During and since the April visit, NaphCare leadership reported that this guidance had been finalized and distributed throughout the facility, including being posted at nursing stations in intake. They further reported that a newly hired

psychiatric nurse practitioner reviews receiving screenings to ensure that referral, intake, and placement workflows are followed appropriately. Mental health leadership is in the process of finalizing the custody guidance on this subject, and plans to provide education to custody staff during roll call regarding the mental health referral process and associated workflows for emergency referrals.

The Monitoring Team notes that the newly developed referral guides incorporate many of the substantive elements contemplated by this provision, including referral categories, suicide risk indicators, observation requirements, and expectations regarding communication between custody and mental health staff. The guide establishes emergent, priority, and routine referral categories and provides staff with examples of circumstances warranting referral and mental health intervention. The Monitoring Team did, however, provide feedback regarding several opportunities for further clarification which NaphCare leadership is in the process of incorporating. This includes clarifying operational expectations applicable to both intake and post-intake settings and ensuring that staff understand the appropriate response to emergent mental health concerns regardless of where they are identified. The Monitoring Team views the referral guide and associated training efforts as positive steps toward improving the identification, referral, and monitoring of individuals with mental health needs.

Because the referral guide was developed by NaphCare as an operational resource, the Monitoring Team recommended that key elements of the workflow, including referral criteria, monitoring expectations, communication requirements, and response protocols for emergent mental health concerns, be incorporated into applicable FSCO policies, procedures, and training materials. In addition, to achieve substantial compliance, the FCSO and NaphCare must demonstrate that these procedures are consistently applied across the jail system, that staff

understand and follow the required workflows, and that emergency mental health referrals are completed.

Provision 190

FCSO will ensure that life-saving medical aid is promptly delivered during medical emergencies.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 190 has three core components: 1) lifesaving medical aid must be delivered during medical emergencies; 2) it must be delivered “promptly;” and 3) the FCSO must “ensure” that this happens. Life-saving medical aid includes CPR, AEDs, Narcan, cut-down kits, and first aid, such as control of bleeding. During the site visit, the Monitoring Team reviewed the placement and availability of all AEDs and emergency response carts in the Main Jail and South Annex and found them to be in order. The Monitoring Team queried several deputies and found all to be carrying cut-down kits and Narcan

In order to verify that emergency medical care is delivered “promptly,” the FCSO must routinely collect data on response times to medical emergencies throughout the jail and report this data to the Medical Advisory Committee (MAC) to identify problems and create corrective action plans. The appropriate data is being collected on Medical Emergency Code Reports, which are filled out by the medical personnel who respond to each medical emergency.

The Monitoring Team was given a CQI analysis of 17 Emergency Code reports done in March, which showed an 88% success rate in responding within 4 minutes. However, the Monitoring Team believes that this data should be routinely collated

(not just periodically in a CQI study) and presented monthly or quarterly to the MAC committee for analysis.

The FCSO monitors emergency responses and critiques several of these in each MAC meeting and NaphCare staff meeting.

The Monitoring Team recommends the following:

- The FCSO must routinely collect and analyze data on emergency response times for custody first responders, medical responders, EMTs and first use of potentially life-saving procedures.
- These statistics should be presented at MAC meetings, which should analyze this data and address deficiencies in emergency response

Provision 191

FCSO will ensure that all medical, and mental health staff receive adequate pre-service and annual in-service training on first-responder medical care, mental health care, de-escalation and suicide prevention. FCSO will ensure that all Custody Staff receive adequate pre-service and annual in-service training on first-responder medical care, and the appropriate level of mental health care, de-escalation and suicide prevention training. FCSO will conduct joint man-down drills with medical and custodial staff and address problems identified.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 191 contains several requirements, broken down by which employees are receiving training:

1) All medical and mental health staff must receive medical and mental health emergency response training when hired and then annually thereafter. This

training is specifically required by the Naphcare Emergency Services and Response Plan Policy (D-04), and the Monitoring Team understands that emergency response training is provided to NaphCare employees when hired and then in refresher training through “NaphCare University.” However, the Monitoring Team has not been provided with access to NaphCare University nor documentation of employees who have completed this training.

2) All custody staff must receive medical and mental health emergency response training when hired and then annually thereafter. As discussed in Provision 184, the Monitoring Team was provided with the “Basic Jail Officer Certification Course – Inmate Medical” training slides. This course was last revised in 2020 and is not specific to the FCSO. This training should be updated and revised to be Fulton County specific. No rosters have been submitted to document that initial Detention Deputy Medical and Mental Health Training has been given to all new hires before they begin duty. Custody officers did receive four hours of medical training from NaphCare during the 2025 FCSO “Agenda, Policy and Procedure Training.” A roster was provided of 39 deputies who attended this course on September 8-12, 2025. However, the agenda of the 2026 FCSO “Agenda, Policy and Procedure Training” omits these four hours of medical emergency response training. There is no FCSO policy that enumerates the emergency training requirements of custody staff, and one should be created.

3) The FCSO will conduct and critique man-down drills conducted jointly with medical and custodial staff. The NaphCare Policy D-04 requires that “a man-down drill should be practiced annually per shift where health staff are regularly assigned, including any satellite facility.” However, the FCSO only reviews and critiques responses to actual emergency responses at the monthly MAC meeting. A man-down drill is a training session designed to teach and reinforce proper

emergency response techniques. The FCSO does not conduct man-down drills at this time.

See the Policies, Procedure and Training section, as well as Suicide Prevention section for details on mental health-related aspects of this provision.

Provision 192

FCSO will regularly review medical emergency responses to identify opportunities for improvement and implement any needed changes.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has provided the Monitoring Team with seven critiques of man-down events that occurred between October 2025 and February, 2026. Man-down events are also reviewed regularly at the monthly MAC meetings, CQI meetings, and NaphCare staff meetings. Although deficiencies in the emergency response and documentation were identified in these reviews, no formal Corrective Action Plans (CAPs) were implemented and reassessed. The FCSO does not compile or report statistical evaluations of emergency responses.

The Monitoring Team recommends the following:

- The FCSO should collect data on medical emergency responses and present this data monthly to the MAC committee.
- The MAC should identify opportunities for improvement of emergency responses, implement Corrective Action Plans, and ensure the CAP is implemented.

Medical and Mental Health Assessments, Sick Calls, and Referrals

This section of the Consent Decree requires all patients to be appropriately assessed for medical and/or mental health problems and to have unimpeded access to health care while incarcerated. The Monitoring Team's discussions with and observations of medical and mental health staff reflect that they are committed to providing quality patient care, which is encouraging. Yet, as set forth below, significant obstacles must be overcome to achieve compliance with these provisions.

Health care assessments consist of the receiving screening and the health assessment (called the "Physical Assessment" in TechCare). If these assessments are not done within accepted time frames, patients with serious health problems can be missed and suffer harm. Likewise, if patients do not have access to sick call clinics in a timely manner, all will have increased risk, and some will suffer medical harm. Little has changed in the medical aspects of health assessments since the Monitoring Team's last visit.

The Monitoring Team observed meaningful progress in the FCSO and NaphCare's systems for mental health assessments, referrals, SMI identification, and sick call oversight, including newly consolidated site-specific referral guidance, a three-tiered referral structure based on clinical urgency, training for nursing staff, review of intake screenings by a psychiatric nurse practitioner, and implementation of a standardized SMI determination process in TechCare. These changes represent important steps toward earlier identification of mental health needs, clearer referral pathways, and improved tracking of individuals with serious mental illness. However, additional work remains necessary to demonstrate consistent implementation and sustained compliance. Aggregate tracking is not yet in place to monitor timely completion of evaluations by referral type. Similarly, while sick

call CQI materials demonstrate some auditing of face-to-face encounters, the mental health sick call sample was limited and raised questions about data reliability, making it difficult to assess access, timeliness, and completion for mental health-related requests.

Provision 193

All incarcerated people will receive a comprehensive health assessment following their intake screening, including people who had a comprehensive health assessment in a prior incarceration within the past year. The timing of the assessment will be based on whether the screening identifies factors necessitating an urgent follow-up due to active, uncontrolled, or otherwise unstable physical health symptoms. These factors, and the associated timelines, will be described in a policy that FCSO will implement after approval from the United States and the Monitor. The purpose of the medical assessment is to create a full and comprehensive record of the individual's medical history, diagnoses, symptoms, and current needs. The information gathered during the medical assessment will be used to create treatment plans and will guide follow-up care. Diagnoses will be listed clearly and will be updated as needed.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 193 contains three requirements:

1) The FCSO will develop a policy for the provision of health assessments to incarcerated patients that conforms to the requirements of Provision 193. The Initial Health Assessment Policy (E-04) does not meet all of the requirements of Provision 193. It is not site-specific (it does mention a "site specific addendum," but this has not been provided to the Monitoring Team) and does not delineate

variable timing for the initial health assessment based on factors delineated by Provision 193. Policy E-04 also does not define the overall goals of the health assessment, as defined by Provision 193.

2) All incarcerated people will receive a health assessment within appropriate time frames. Documents produced to the Monitoring Team suggest that more work is necessary to standardize timeframes for the health assessment and ensure that those timeframes are reliably adhered to. The Monitoring Team was provided with a spreadsheet listing the timing of health assessments for 449 patients who arrived at the Jail in March of 2026. NaphCare used 14 days as the standard of timeliness regardless of the severity of the patient's presentation. In this sample, 57 health assessments were not completed at all (3 of these were nevertheless judged "compliant"), 27 were not completed within 14 days, and 368 were judged compliant with the 14-day deadline. However, many "compliant" health assessments were done after 14 days. This audit does not note if any patients refused the health assessment, or whether a refusal was judged to be compliant. The audit also only includes patients who were incarcerated for at least 14 days, so also does not include patients who should have had an urgent health assessment even though they left the FCSO jails before 14 days. Finally, the audit does not include patient numbers, so that its accuracy cannot be verified by the Monitoring Team. In summary, this audit is not adequate to satisfy Provision 193.

Health assessments can be tracked over any time period on TechCare by generating a report of "H&P Assessment Compliance." This report does not list the time interval between booking and the performance of the health appraisal. However, after reviewing this report, it is clear that the majority of health assessments are done as part of the booking process. It also does not list who did the health assessment, whether a registered nurse or practitioner.

Accurate statistics of the percentage of patients receiving their urgent and 14-day health assessments in a timely manner should be generated and reported monthly to the MAC.

3) Urgent health assessments will be done on patients with “active, uncontrolled, or otherwise unstable physical health symptoms.” The FCSO is well positioned to provide these urgent health assessments, since a medical practitioner staffs the Intake area 24/7. The Monitoring Team interviewed one of the practitioners in intake, who reported that in general, the intake practitioners are able to keep up with all of the urgent health assessments assigned to them.

The Monitoring Team recommends the following:

- The FCSO/NaphCare will develop or revise a policy that satisfies the requirements of Provision 193 and submit this to the Monitoring Team for review.
- The percentage of patients receiving their urgent and 14-day health assessments should be tracked and reported to MAC monthly.

Provision 194

Individuals whose mental health screening instrument indicates a need for a full mental health assessment will receive one on a timely basis. The timing of the assessment will be based on whether the screening identifies factors necessitating an urgent follow-up due to active, uncontrolled or otherwise unstable mental health symptoms. These factors, and the associated timelines, will be described in a policy that FCSO will develop and implement after approval from the United States and the Monitor. The purpose of the mental health assessment is to create a full and comprehensive record of the individual’s medical history, diagnoses, symptoms, and current needs. The information gathered during the mental health

assessment will be used to create treatment plans and will guide follow-up care. Diagnoses will be listed clearly and will be updated as needed.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, NaphCare has recently consolidated and updated site-specific workflow documents related to mental health referrals geared towards health care and custody staff. This includes a three-tiered approach to referrals based on clinical risk and urgency. During the April site visit, the Monitoring Team was informed that nursing staff had been trained on this to improve screening and referral on intake, and there was a nurse practitioner reviewing medical intakes to ensure patients were properly identified and referred for mental health treatment in a timely manner. By the time of the visit this referral guide had been reviewed with FSCO leadership, with the plan to educate front-line custody staff at roll call in the coming weeks. These are important gains with regards to ensuring early identification of mental health needs. After completion of necessary trainings, including custody staff, the FSCO and NaphCare should create a process to track, in aggregate, compliance with mental health evaluation completion based on type of referral, as no such process seems to exist.

Provision 195

A QMHP will indicate if an incarcerated person has SMI by adding this to the problem code and flags sections of the person's medical record. They will also add an SMI designation whenever it becomes apparent, at any point in the course of their incarceration, that such a designation is appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

NaphCare has implemented a formal process for identifying, documenting, and tracking individuals with SMI. Under the new workflow, psychiatric providers complete a comprehensive psychiatric evaluation, assign a provisional or definitive diagnosis, and determine whether the patient meets SMI criteria using a standardized SMI Determination Form within TechCare. The process includes documentation requirements, use of an SMI flag within the electronic health record, procedures for obtaining collateral records when diagnostic uncertainty exists, and a mechanism for deferring final SMI determination in cases involving new-onset symptoms or insufficient historical information. During the April 2026 site visit, leadership reported that the SMI policy and workflow had been formally implemented on April 13, 2026, with training provided to psychiatric providers. Staff interviewed during the visit were generally familiar with the new process and were able to describe the criteria and procedures for identifying and documenting SMI status.

The implementation of a standardized SMI determination process represents a significant step toward compliance with this provision. The procedure establishes clearer expectations regarding identification and documentation of patients with serious mental illness and provides a mechanism for tracking these individuals within the electronic health record. At the time of the visit, leadership reported that efforts were ongoing to ensure existing patients in mental health housing were appropriately reviewed and designated, and the monitoring team was not yet able to assess the reliability, consistency, or completeness of SMI determinations across the broader population. Continued monitoring will be necessary to evaluate whether the policy is being implemented consistently, whether SMI patients are being accurately identified through the course of their incarceration, and whether

the resulting designation is being effectively incorporated into housing, treatment, and care-planning decisions.

Provision 196

FCSO will indicate in the medical record if any incarcerated person has a Substance Use Disorder (SUD). FCSO will ensure that any incarcerated person who reports at intake or otherwise the use of medications or substances that may trigger withdrawal receive immediate initiation of withdrawal monitoring and obtain treatment consistent with the BJA Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals (June 2023), including, where appropriate, medication for opioid use disorder. In the event that BJA publishes new guidelines or updates the guidelines, FCSO will provide treatment consistent with the new guidelines or updates, or will meet and confer with the United States and the Monitor about the appropriate treatment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

There have been no significant changes in compliance with Provision 196 since the last report. The current Services for Substance Use Disorder and Withdrawal Management Policy (F-03). Policy F-03 does not fully comply with the requirements of Provision 196, for example, in not referencing the BJA Guidelines for Managing Substance Withdrawal in Jails. Provision 196 has the following components:

- 1) The TechCare medical record must document those patients identified as having a SUD. Patients being treated for withdrawal can easily be accessed in TechCare

under Flags for CIWA, CIWA-B and COWS and the “Detox Patient List.”²³

Patients being treated for SUD can be accessed in TechCare via the “Active inmates with an active order of methadone, buprenorphine, Vivitrol or Naltrexone.” The FCSO does not track patients with opioid use disorder who were treated for withdrawal but then not continued on OUD treatment.

2) Withdrawal monitoring must begin immediately when withdrawal is reported or suspected. Review of several patient charts indicate compliance with this component of Provision 196.

3) Patients experiencing substance withdrawal must be monitored and treated consistent with the BJA Guidelines. A CQI study reviewed at the June 2026 MAC meeting was done to evaluate the treatment of patients being treated for withdrawal. In this random review of 25 charts, 53.5 % of charts were compliant with all assessments and referrals. A Corrective Action Plan included in-service training and repeat of detox training in NaphCare University.

4) The FCSO must provide treatment for OUD consistent with the BJA Guidelines. The FCSO is not compliant with this component of Provision 196. In practice, the FCSO treats patients for OUD only if that patient had already been receiving treatment for OUD prior to incarceration. The FCSO does not initiate long term buprenorphine or morphine as treatment for OUD as recommended by the BJA Guidelines. To be compliant with Provision 196, the FCSO must establish a program to initiate OUD treatment for patients not already being treated.

²³ CIWA, CIWA-b, and COWS are standardized clinical assessment tools used to evaluate withdrawal symptoms from alcohol, benzodiazepines, and opiates, respectively, in order to guide treatment decisions.

The Monitoring Team recommends the following:

- The FCSO/NaphCare must develop or revise a Policy and Procedure that satisfies the requirements of Provision 196.
- The FCSO should “meet and confer with the United States and the Monitor about the appropriate treatment” to discuss initiating long term treatment for patients with SUD. The Monitoring Team recognizes that due to the FCSO’s ongoing security staffing problems, implementation of this program will be delayed.

Provision 197

FCSO will ensure that the sick call process provides incarcerated people with adequate access to medical and mental health care. FCSO will implement a system for sick calls that includes: (a) ready availability of sick call requests and daily collection in a confidential manner; (b) sick call requests will be triaged appropriately and in a timely manner; (c) sick calls will be logged and tracked through a tracking system that notes the date of the sick call and the date of the examination and any treatment; and (d) FCSO will implement a sick call oversight system that will allow audits to assess timeliness and appropriateness of responses.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The current policy dealing with sick call requests is Nonemergency Health Care Requests and Services Policy (E-07). Policy E-07 is not site specific and must be updated to reflect Fulton County practices. Policy E-07 also does not adequately address the issue of patients unable to make their own sick call requests due to language barriers, cognitive disabilities, or housing barriers.

Provision 197 has the following requirements:

1) Ready availability and daily collection of sick call forms in a confidential manner. Incarcerated patients in regular housing units must request Health Request Forms (HSRs) from the licensed practical nurses (LPNs) passing medications in the housing units twice a day. When completed, patients return the sick call forms to the LPN, again during med pass. Since this process requires a personal interaction with the LPN collecting the sick call form, NaphCare counts this as a “face-to-face” nursing evaluation. Since this face-to-face evaluation is done at the med cart with other patients nearby, this encounter is usually *not* confidential.

The FCSO provided the Monitoring Team with a CQI study of “Sick Call 24 Hour Face-To-Face Encounter Study.” Almost all of the face-to-face encounters in the study were documented as simultaneous with receiving the sick call request, verifying the practice of using LPN collection of sick call forms as the face-to-face encounter. If the LPN assesses the sick call request as urgent, the LPN will try to find available security to escort the patient for a medical evaluation. With the shortage of security staffing, this may take a significant amount of time.

This system does not work well in segregation. Patients in segregation report that they require help from custody both to obtain sick call forms and to turn them back in. Because of the staffing shortage, segregated patients sometimes have difficulty with this system.

2) Sick calls must be triaged appropriately and in a timely manner. When the LPN gets back to medical after passing meds, the LPN reviews and triages the forms that they received and schedules each patient for either the registered nurse clinic or a practitioner clinic. Since the face-to-face assessment occurred with the LPN

during med pass, and the LPN also triages the HSRs, the Monitoring Team is concerned that the sick call triage and scheduling system is run by LPNs without adequate supervision.

3) The sick call submission process must be logged and tracked. TechCare does not track the process of sick call submission, face-to-face evaluation and triage. This is only tracked through CQI studies. The Monitoring Team was provided with a CQI study of face-to-face evaluations of patients submitting sick call requests from January through March, 2026. Twenty patients were audited each month. The compliance with a face-to-face evaluation within 24 hours averaged 95%. In almost all cases, the face-to-face evaluation was documented at the same time as the HSR was received. This is inadequate documentation of the sick call submission process.

Regarding mental health sick call requests, the sick call CQI document demonstrates a process for auditing whether sampled non-emergent sick call requests received a face-to-face encounter within 24 hours. However, only two entries (2/9/26 and 3/20/26) across January through March 2026 appear mental health related. While the sampled mental health-related entries were marked as completed within 24 hours, the date and times of the request and time of completion were identical in both cases, which raises questions about how this data was pulled and if it represents a patient-generated request. The limited sample size limits the Monitoring Team's ability to fully assess compliance for mental health sick call access or completion. A larger sample size or CQI sample focused on mental health sick calls would assist with this.

4) There must be oversight of the sick call submission process. The FCSO is not currently conducting adequate oversight of the sick call submission process. MAC

should routinely monitor all phases of the sick call submission process to identify and correct problems.

The Monitoring Team recommends the following:

- The FCSO must develop or revise a Policy that satisfies the requirements of Provision 197. It must include provisions for patients who are unable to submit a written sick call request.
- Registered nurses, rather than LPNs, should properly conduct face-to-face evaluations and triage of patients who submit medical requests.
- The FCSO will develop or revise a sick call tracking system that satisfies the requirements of Provision 197. The FCSO will also develop a sick call oversight system to track timeliness and appropriateness of responses to sick calls.

Provision 198

Individuals whose sick call request reveals an emergency will be treated on an emergency basis. Individuals whose sick call request reveals factors necessitating an urgent follow-up due to uncontrolled or otherwise unstable symptoms will receive a medical assessment or mental health assessment, as appropriate, within an urgent timeframe. These factors and timelines will be described in a policy that FCSO will develop and implement after approval from the United States and the Monitor. All other individuals whose sick call requests require a medical assessment or behavioral health assessment will receive that assessment within 72 hours.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 198 requires the following:

- 1) A policy containing the requirements of Provision 198. The current Nonemergency Health Care Requests and Services Policy (E-07) does not satisfy the requirements of Provision 198. A policy specific to the Fulton County Jail must be written to satisfy Provisions 197 and 198. Moreover, NaphCare has an existing definition of what constitutes an emergency mental health referral by custody or health care staff which applies to both intake and post-intake encounters, as well as for urgent referrals, which must be seen within 24 hours. There currently is not a policy that routine mental health sick calls need to be seen within 72 hours. Existing policy and SOPs should be updated accordingly.
- 2) Routine sick call requests must be assessed in the medical clinic by an registered nurse or a practitioner (depending on the request) within 72 hours. The Monitoring Team has interviewed multiple practitioners and patients who report that this time frame is often not met. The percentage of routine sick call requests that are completed within 72 hours is available in TechCare in “Completed Sick Calls” but the time between “Scheduled” and “Completed is not automatically calculated by the program. The number of pending, uncompleted sick calls is not available in TechCare. The percentage of sick calls that are not completed within 72 hours is not reported at MAC meetings.
- 3) Multiple medical staff members told the Monitoring Team that the most important reason for delays in evaluating sick call requests is the lack of available security escorts.

The Monitoring Team has the following recommendations:

- The FCSO must write a policy specific to Fulton County that meets the requirements of Provision 198.
- The FCSO should routinely track the average time between the submission of a sick call request and when the patient is seen by an registered nurse or a practitioner. This data should be reported monthly at the MAC meeting.

Medical Care

The overall goal for the provision of health care to patients incarcerated at the FCSO jails is that all necessary medical tasks, including intake screening, tuberculosis screening, health assessments, chronic care clinics and sick call, will be completed in a clinically appropriate fashion every day without carry-over to the next day. Thereafter, the emphasis will be on ensuring the quality of health care administered, which is CQI.

Currently, not all medical and mental health tasks are completed every day. Medical practitioners interviewed by the Monitoring Team universally state that they are routinely not able to complete all of their scheduled tasks every day. Some days, they may only be able to complete 4-5 tasks. This indicates an unacceptable degree of systemic health care dysfunction at the jail. Moreover, as set forth below, a high percentage of specialist appointments at Grady Hospital are not completed due to insufficient security staffing. While the County has engaged in efforts to expand its contract with a third-party security vendor to enable guarding of residents at Grady, that alone will not be sufficient to remedy the impacts of deficient security on the quality and availability of medical care to residents. Significantly, records within the medical records database indicate a persistent backlog of hundreds of appointments for patients with chronic medical

conditions. Recent reports from NaphCare suggest that this problem is beginning to improve, which is very positive.

Provision 199

FCSO will provide appropriate security to ensure that healthcare services are available to the incarcerated population. In the event that healthcare services are significantly delayed or denied due to a lack of staffing, FCSO will document the disruption, escalate the issue to supervisory staff at the Jail, and implement corrective actions.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Disruptions of medical care due to lack of available security have significantly worsened since the last Monitoring Report. In particular, the disruption of offsite appointments scheduled at Grady Memorial Hospital due to shortages of security escorts has become dire. As an example, on 3/31/2026, eight patients were scheduled for consultations or procedures at Grady. Two of these patients were labelled “must go” and one was “having surgery today.” However, all of these appointments were cancelled. The reason cited for each cancellation was “security challenges.” The overall numbers reported at the 4/23/2026 MAC meeting for Grady consultations, treatments, and procedures during the period of January-March, 2026 showed that only 199 out of 595, or 33%, were completed. This represents a serious disruption of necessary medical care that significantly increases the risk of harm to Jail patients.

The Monitoring Team understands that the County has engaged in efforts to expand its contract with Allied Universal to provide security at Grady to ameliorate the impacts of these staffing challenges on Grady appointments. The Monitoring

Team looks forward to seeing these efforts implemented. However, the impacts of insufficient security staffing on the quality and availability of jail medical care are not limited to Grady appointments alone.

Medical personnel at all levels continue to identify unavailability of security as the single biggest problem with the delivery of health care at the Main Jail (assigned security at the South Annex is reported as sufficient). This is partially ameliorated by off-duty custody officers hired by NaphCare (“NaphCare Officers”). However, there are too few NaphCare Officers on duty to provide security for all medical operations at once. This leads to medical operations being suspended at various locations until an officer becomes available. The nonproductive time results in the inability of medical personnel to complete all scheduled tasks in a given day.

The current FCSO policy states that whenever medical operations have to be suspended due to a lack of Security, medical personnel should fill out a Disruption Report. However, medical personnel perceive the reports to be futile and so routinely do not submit them. NaphCare has been encouraging their staff in monthly staff meetings to submit Disruption Reports if they wait longer than 30 minutes for security. Of course, disruptions of less than 30 minutes can significantly impede the flow of medical services, especially if they occur frequently. However, interviews with both medical and security personnel indicate that even with the 30-minute window, the Disruption reporting system simply does not work.

The Monitoring Team recommends that the FCSO increase the number of security escorts at Grady and at the Main Jail, whether using on-duty personnel assigned to medical service or increasing the number of off duty personnel hired for this task.

Provision 200

FCSO will hire sufficient staff with appropriate credentials to offer all necessary medical care.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 200 has two components: sufficient staffing and appropriate credentials. Review of the staffing matrix, interviews with NaphCare leadership, and interviews with medical personnel show overall satisfaction with the number of health care staff. However, it is not possible to know for certain that medical staffing is adequate given the large impediment to the delivery of medical services caused by the shortage of security staff. The Monitoring Team will be able to more accurately evaluate medical staffing once the security staffing issue is resolved, and additional policies and procedures are developed, as set forth above.

NaphCare maintains a centralized process to track credentials for full-time and as-needed health care staff, including verification at hire and ongoing monitoring of licensure and certifications to meet contractual requirements. The Monitoring Team was provided with a staff list reflecting compliance with select credentialing elements; however, the list reportedly did not include verification of all required credentials.

In addition, NaphCare recently contracted with Zenova Healthcare to provide virtual medical services for patients at the Fulton County Jail. Any Zenova practitioner who provides medical services for patients at the FCSO must also be appropriately credentialed in the State of Georgia and this must be tracked in the same way that on-site medical personnel credentials are tracked.

Provision 201

FCSO will ensure that incarcerated people can adequately communicate with medical and mental health staff, and will use available interpretation services to ensure language access.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO uses on-call language line interpreters as needed for patients who do not speak English. Virtual sign language interpreters are also available on the language line. The Monitoring Team has communicated with hearing-impaired patients who generally report no significant problems communicating with staff. Language line services are available at intake and at every medical and mental health clinic location.

The FCSO has no policy delineating the appropriate use of staff interpreters, language line and sign language interpreters. Informal instruction distributed to NaphCare staff during staff meetings states that using custody staff or patients to interpret is not acceptable. This is an appropriate practice and should be included in a formal FCSO policy. Staff are also encouraged to use the language line for patients who speak limited English. The FCSO does not track the use of the language line or sign language interpreters.

The Monitoring Team recommends the following:

- The FCSO must develop or revise a policy that satisfies the requirements of Provision 201.
- The FCSO should track all uses of the language line and report this data quarterly to the MAC committee

Provision 202

FCSO will ensure that incarcerated people with chronic conditions, including, but not limited to, HIV, other autoimmune diseases or conditions, hypertension, diabetes, congestive heart failure, asthma, and elevated blood lipids, hepatitis C, or cancer, receive ongoing care for their conditions as needed. FCSO will ensure that a Medical Provider develops and implements a chronic care plan for each individual with a chronic condition.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 202 has two main components:

- 1) All patients with a chronic medical condition will receive an appropriate chronic care plan. Based on reviews of a sample of medical charts, it appears that chronic care plans are being consistently created though, as explained below, the care set forth in the plans is not always consistent with up-to-date disease management guidelines.
- 2) Patients with chronic medical conditions will receive medical care for their condition consistent with the medical standard of care. This requires consistent scheduled check-ups in the chronic care clinic. However, review of “Overdue Chronic Care Appointments” in TechCare has shown a persistent backlog of hundreds of appointments. This represents an unacceptable level of dysfunction of the chronic care program that must be corrected to achieve substantial compliance with Provision 202. Further, the FCSO has published disease management guidelines for the following chronic conditions: asthma, diabetes, dyslipidemia, Hepatitis C, HIV, hypertension and tuberculosis. Two of these, diabetes and Hepatitis C, are out-of-date and incongruent with the current medical standard of

care. This means that many jail patients with these diseases are not receiving the medical standard of care. The Monitoring Team is available to provide technical assistance to NaphCare and the FCSO regarding updating the disease management guidelines and the chronic care backlog.

Provision 203

FCSO will maintain a chronic care registry that identifies all incarcerated people receiving chronic care, the diagnosis, the date of their last visit with a Medical Provider, and the date of their next visit.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

Provision 203 requires a chronic care registry that contains, at a minimum: 1) all incarcerated people receiving chronic care; 2) the diagnosis; 3) the date of their last visit with a medical provider; and 4) the date of their next scheduled visit.

The FCSO maintains several chronic care registries. These can be accessed on the TechCare Dashboard under “Chronic Disease Management” and in the TechCare reports “Active Chronic Care Counts,” “Chronic Care Visits Performed,” and “Overdue Chronic Care Appointments.” However, none of these list “all incarcerated people receiving chronic care.” For example, the TechCare report “Chronic Care Visits Performed” does not include the chronic care visits that are scheduled but not yet performed. Also, none of the TechCare chronic care registries list “the date of [the patient’s] next scheduled visit.”

The FCSO remains in substantial compliance for this report. To continue in substantial compliance, the FCSO must develop a single Chronic Care Registry that includes all of the requirements of Provision 203. The Monitoring Team also recommends that the MAC should review this comprehensive registry monthly.

Provision 204

FCSO will take all reasonable steps to ensure that incarcerated people are able to receive timely medical specialist appointments, including those scheduled outside of the Jail.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has no policy that delineates the requirements of Provision 204. Grady Memorial Hospital provides all specialty medical care and services for patients at the FCSO and employs a team of physicians and schedulers who work with Fulton County to schedule and provide specialty care. The process for obtaining a specialty referral is straightforward. After a practitioner makes a referral, this referral is reviewed by NaphCare Utilization Management (UM) and usually approved. When not approved, an Alternative Treatment Plan (ATP) is sent to the provider by NaphCare UM. Practitioners interviewed by the Monitoring Team reported few problems working with NaphCare UM or receiving inappropriate ATPs. ATPs can be found on “Offsites” on the TechCare dashboard and entering “Alternate Plan” in the status section and in reports under “Alternate Plan Offsites.” There is no record of any appeals of ATPs in TechCare for 2026 to date.

As soon as the off-site request is approved, it is sent directly to the NaphCare offsite scheduler, who communicates with the Grady scheduler to make the appointment. The NaphCare scheduler reported that she is usually able to obtain an appointment within 30 days. The NaphCare scheduler sends a list of patients with appointments at Grady each day to the FCSO. The FCSO then schedules transportation and security escorts within the Grady facility. This process can be followed in TechCare Dashboard under “Offsites.”

This system breaks down due to the insufficient security escorts at the Grady facility. The security staffing at Grady has become a critical problem. Statistics reviewed at the April MAC meeting showed that two-thirds of Grady appointments in the last three months were cancelled due to “Security Challenges.” These cancellations included scheduled surgeries and patients flagged as “Must Go.” The missed appointments must then be rescheduled up to weeks later, and there is a two-thirds chance that the rescheduled appointment will again be cancelled. The FCSO does not track instances where rescheduled Grady appointments have been sequentially cancelled. Nor does the FCSO track the average wait time for a new appointment after a cancellation.

The situation at Grady is a critical problem with the delivery of health care to patients at the FCSO. When Fulton County patients are missing scheduled surgeries and “Must Go” appointments, the risk of harm rises greatly.

The Monitoring Team recommends the following:

- The FCSO/NaphCare will develop or revise a policy that establishes the process for making, tracking and auditing medical specialty/offsite appointments.
- The FCSO must develop a Corrective Action Plan to solve the serious problem of missed Grady specialty appointments due to security short staffing.

Provision 205

FCSO will maintain a specialty appointment registry that identifies all incarcerated people recommended for a specialist, the specialty to which they are being referred, the date of referral, whether the referral was approved or denied by the

medical contractor, the date the appointment is scheduled to occur, and the date the appointment was completed.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

The FCSO maintains a specialty appointment registry in TechCare that satisfies all of the requirements of Provision 205. This registry is found on the TechCare Dashboard under “Offsites,” and also in “Queues-Offsites,” and in reports under “Completed Offsites.” However, the only information from the registry presented at the monthly MAC meeting is total offsite appointments scheduled and total offsite appointments completed. None of the other essential information required by Provision 205 is addressed by the MAC. Without this information, the MAC cannot identify problems and find solutions. The Monitoring Team recommends that all of the information mentioned in Provision 205 be presented monthly to the MAC and that the MAC should use this data to identify and solve problems.

Provision 206

FCSO will ensure that incarcerated people who receive specialty, emergency room, or hospital care are examined and evaluated by a Registered Nurse upon their return to the Jail, and that the Registered Nurse reviews all accompanying documentation available from the visit before the incarcerated person is returned to his/her housing unit. This review and the outside provider’s documentation will be recorded in the medical record, and appropriate follow-up, including referrals to a Medical Provider, will be scheduled. FCSO will ensure compliance with hospital discharge plans as appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has no policy that delineates the requirements of Provision 206. All patients returning from offsite medical care are seen by a medical practitioner in the medical unit before returning to their housing unit. This clinic is staffed by a medical practitioner 24/7. Reviews of several patient charts showed appropriate documentation, orders, and follow-up appointments. The Monitoring Team interviewed a practitioner and nurse staffing this clinic, who reported being able to keep up with the patients returning from offsite medical visits as well as their other duties.

The Monitoring Team reviewed a CQI audit done on June 28, 2026 that evaluated patients returning from Grady appointments for continuity of care. However, discharge plans routinely include instructions for follow-up appointments, and most of these Grady return appointments are missed due to the unavailability of security escorts at Grady, as discussed in Provision 204.

The Monitoring Team recommends the following:

- The FCSO/NaphCare should create a Policy that satisfies the requirements of Provision 206.
- The MAC should continue to audit the charts of patients returning from offsite specialty appointments to ensure that off-site discharge plans are followed. These audits should be reviewed by the MAC.

Provision 207

FCSO will ensure that incarcerated people receive adequate testing and treatment that addresses their serious medical needs in a timely and appropriate manner.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Much of the testing (such as MRIs, Echocardiograms, etc.) and treatments (such as infusion therapy and surgery) are done offsite at Grady. As discussed in Provision 199, access to Grady services has been severely curtailed by the shortage of security staff needed to facilitate these services.

In addition, review of the “Radiology Compliance” report in TechCare for the last 30 days showed 52 overdue radiology procedures. Review of the “Lab Compliance” report for the last 30 days showed 208 labs that were drawn more than a week after ordered and 918 labs that had been completed but not yet marked as entered and available for review. The reports do not indicate how many of these delays, if any, were due to refusals.

The MAC does not routinely audit these statistics. The Monitoring Team was provided with a “Radiology Wait Time” audit of 57 patients, mostly from March and April 2026. This audit was pulled directly from the “Radiology Order Management” section of TechCare and has no associated analysis. In addition, “Overdue Chronic Care Appointments” in TechCare has shown a persistent backlog of hundreds of chronic care appointments. When chronic care appointments are delayed, access to adequate testing and treatment that would have been ordered at these appointments are delayed. The FCSO has no policy that addresses the requirements of Provision 207.

The Monitoring Team has the following recommendations:

- The FCSO should write a policy that addresses the requirements of Provision 207.
- The MAC should follow radiology and lab backlogs, both at Grady and in-house, to identify problems and create corrective action plans.

Provision 208

FCSO will ensure that individuals needing rehabilitative therapy services receive them in a timely manner. FCSO will examine the feasibility of having physical and occupational therapists provide services in the Jail to facilitate these services.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 208 contains two components:

- 1) Explore the feasibility of having physical therapy and occupational therapy (PT/OT) services done at the jail. The FCSO leadership has informed the Monitoring Team that bringing PT/OT to the jail may not be feasible because Fulton County has an exclusive contract with Grady to provide PT/OT for patients at the jail and Grady is (reportedly) unwilling to send its physical therapists to the jail, preferring instead for the Jail to send patients needing PT/OT to the hospital as is currently done. For its part, the FCSO is unwilling to pay for a service already provided by Grady and may not legally be able to contract with a separate PT/OT provider to come to the Jail anyway, due to the County's contract with Grady.
- 2) The FCSO will ensure that patients needing PT/OT receive these services in a timely manner. Currently, all patients needing PT/OT therapy must go offsite to Grady for these services. As discussed in Provisions 199 and 204, off site specialty consultations have been severely hampered by a lack of security escorts. Two-thirds of all Grady appointments since the first of the year, including many PT/OT appointments, have been cancelled because of "Security Challenges."

The Monitoring Team has the following recommendations:

- Data on offsite PT/OT appointments will be reported monthly to the MAC Committee.
- CQI will include studies examining ways to improve offsite PT/OT care.

Provision 209

FCSO will develop and implement a policy or protocol to provide supports and accommodations to meet the physical health needs of individuals in their housing units. The policy will include a minimum timeframe within which FCSO must deliver accommodations for disability, mobility, and physical impairment needs. FCSO will ensure that individuals needing equipment, assistive care devices or support items receive them in a timely manner.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has no policy that would satisfy Provision 209. One can locate patients identified as having disability, mobility and physical impairment needs in TechCare in the Report “Special Needs.” The Monitoring Team audited several of these charts and identified no problems. However, the Monitoring Team has seen no data in which the FCSO has systematically audited the time to delivery of disability aids, once disability aids have been ordered.

Interviews with patients and review of records show that most patients needing accommodations for impairment, receive them. Some patients interviewed, especially in the MOU/FOU, did complain about time delays in receiving impairment devices.

The Monitoring Team recommends the following:

- The FCSO will develop or revise a policy to provide supports and accommodations to meet the physical health needs of individuals in their housing units written and submitted to the Monitoring Team.
- Data on the delivery of necessary equipment, assistive care devices and support items should be audited and reported monthly to the MAC committee.

Supportive Environments for People with Medical and Mental Health Needs

Incarcerated patients have a wide range of medical needs. Some only need their medications. Others, with more serious medical disabilities, need help ambulating, communicating, or even need assistance with their activities of daily living (ADLs), such as bathing, dressing and eating. Such patients must be housed in an environment where needed assistance is available.

A key obstacle to the FCSO's compliance with the Consent Decree requirements for supportive environments is the Main Jail facility itself. The MOU/FOU is too small for a facility the size of the FCSO. There are problems related to the age of the physical plant. The County is attempting to upgrade the physical spaces devoted to patients with special needs by, for example, installing Americans with Disabilities Act (ADA) compliant grab bars. However, much work still needs to be done.

Although some units benefit from dedicated staff and structured workflows, physical plant limitations, inconsistent access to equipped clinical spaces, and gaps in staffing and supervision undermine the facility's ability to reliably provide supportive environments for individuals with significant medical and mental health

needs. Many of these deficits require coordinated action between the County, which maintains the buildings, the FCSO, and NaphCare, highlighting the need for clearer shared processes and sustained collaboration across agencies.

The Monitoring Team continued to identify significant deficiencies in the physical environments used to house individuals with acute mental health needs, including insufficient suicide-resistant cell capacity, non-functional or damaged padded cells, overflow suicide-watch locations with ligature hazards and visibility concerns, and broader environmental risks in areas used for suicide precautions, psychiatric observation, mental health housing, intake, and restrictive housing. The County, FCSO, and NaphCare have begun developing a more structured approach to suicide-prevention housing and environmental risk mitigation, including discussions regarding renovation of non-padded cells, identification of alternative cell space that is not contraindicated for high-risk patients, replacement of proprietary padding materials, multidisciplinary review of cell functionality, and incorporation of these expectations into revised suicide prevention policies. The Monitoring Team has not yet observed sufficient remediation or a sustainable system for identifying, tracking, prioritizing, and correcting environmental suicide and self-harm risks across the jail system.

Provision 210

The County and FCSO will maintain a Medical Observation Unit (MOU) and Female Observation Unit (FOU) that is safe for incarcerated people with medical conditions, disabilities, or other serious medical injuries to reside. FCSO will provide adequate supportive staffing to the MOU and FOU to assist patients with mobility needs and who need assistance with activities of daily living.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 210 has two components:

1) The MOU/FOU must be safe. Encouragingly, the FCSO has completed installation of ADA complaint grab bars in all the cells in the MOU/FOU. Yet, during the April site visit, the Monitoring Team observed several safety issues and concerns, some of which were noted in the last report. These include:

- The shower in the FOU leaks continuously and so presents a slip-and-fall hazard.
- The water coming out of the shower is dangerously hot at over 120 degrees. The water temperature cannot be adjusted.
- Many of the cells in both the MOU and the FOU lacked running water in the sinks. Patients had to ask security for water. At night, when they are locked in their cells, these patients have difficulty obtaining water.
- A sallyport or vestibule is being used as a cell even though it has no toilet or sink. At night, the patient housed therein has no access to a toilet or running water.
- There is no functional call bell system in the MOU/FOU. Several patients told the Monitors of their inability to get staff's attention in the event of a medical emergency at night when they are locked in their cells. Deputies are supposed to do wellness rounds every 15 minutes but multiple patients told us that these are done infrequently at night when these rounds may be the only time a resident can communicate an urgent medical need.

2) Provision 210 also requires that patients in the MOU/FOU must have adequate support and assistance with their mobility needs and activities of daily living.

Multiple MOU/FOU patients told the Monitoring Team that they were not given adequate assistance with their daily living.

The Monitoring Team has the following recommendations:

- The County and FCSO must install call bells in each MOU/FOU cell to allow patients to notify staff of urgent/emergent situations.
- The County and FCSO must fix the plumbing issues in the MOU/FOU.
- The FCSO must ensure sufficient security and monitoring to protect patients from harm.
- The requirements of Provision 210 should be audited at least quarterly and reported to the MAC.

Provision 211

The County and FCSO will make every effort to have an adequate number of hospital beds for people in the MOU. FCSO will make every effort ensure that no person residing in the MOU due to a medical condition, disability, or other serious medical injury is provided with a temporary bed or floor bed.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO currently has no Policy addressing the components of Provision 211. Provision 211 has two key components:

1) The FCSO will “make every effort” to have adequate hospital beds in the MOU/FOU. The small size of most of the cells in the MOU/FOU do not allow for a hospital bed and another bed, meaning that every additional hospital bed decreases the total capacity of the MOU/FOU by one. The MOU/FOU Medical Director has to weigh the medical benefit to one patient of having a hospital bed

against the need of another patient to be housed in the MOU/FOU. The Jail Medical Director informed the Monitoring Team of a plan to modify two of the jail's hospital beds by cutting off the metal frame on the wall side of the bed. This will significantly decrease the width of the bed frame and allow two more hospital beds to be used in the MOU/FOU without decreasing capacity.

2) The FCSO will not use temporary/floor beds for patients with "medical condition, disability, or other serious medical injury." Most cells in the MOU/FOU have only one built in bed. Additional beds added to allow these cells to increase MOU/FOU capacity are almost all floor beds/temporary beds.

The Monitoring Team recommends the following:

- The FCSO should develop a policy that defines clinical criteria necessitating use of a hospital bed in the MOU/FOU.
- Admission orders for MOU patients will include the type of bed (i.e.hospital bed, regular bed) required for their medical condition.
- The use of a temporary or floor bed must be authorized by the Medical Director including the reason this type of bed is being used and for how long.
- The type of beds assigned to each MOU/FOU patient should be reported to the MAC monthly.

Provision 212

The County and the FCSO will maintain a working call bell system in the MOU and FOU that rings to a staffed area across all shifts.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

Although the FCSO plans to eventually install a working call bell system in the MOU/FOU, at the time of the site visit, work on this project had not yet begun. The FCSO must complete this project to achieve substantial compliance with Provision 212.

Provision 213

The County and FCSO will add grab bars to cells and bathrooms in the MOU and FOU. All such features will be suicide resistant.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

Suicide resistant grab bars have been added to all of the cells and bathrooms in the MOU/FOU.

Provision 214

The County and the FCSO will rehabilitate and maintain adequate suicide-resistant cells in all buildings where incarcerated people are held and ensure that they are always usable.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During the April site visit, the Monitoring Team continued to observe deficiencies in the availability and functionality of suicide-resistant housing. In the Main Jail, demand for suicide watch housing continued to exceed the number of available suicide-resistant cells, resulting in individuals on suicide precautions being housed in alternative locations that contain environmental suicide risks. The Monitoring Team observed one padded suicide-watch cell that remained out of service due to

structural issues, as well as overflow suicide-watch locations that were regularly, if not always, used with potential ligature hazards and visibility concerns. At the South Annex, one of the suicide-resistant cells appeared to be in disrepair, with portions of the protective padding removed. These findings indicate that the County and FCSO have not yet established sufficient suicide-resistant housing capacity to safely manage the number of individuals requiring suicide precautions.

The County, FCSO, and NaphCare have begun developing a more structured approach to addressing these deficiencies. During a dedicated suicide prevention planning meeting held on April 28, 2026, leadership discussed the need to renovate a sufficient number of non-padded cells to remove significant suicide hazards, including ligature risks and sightline obstructions, and to prioritize environmental interventions in intake, mental health housing, observation units, and all locations used to house individuals on suicide watch. Leadership further recognized that suicide-watch capacity planning should be based on periods of historically elevated demand rather than current census levels alone. The County also discussed establishing a more formal process for identifying, tracking, and remediating suicide-cell deficiencies through regular multidisciplinary review involving facilities, custody, and healthcare leadership. Leadership reported that the current proprietary padding system has created delays in repairs and described plans to replace the existing material with alternatives that can be serviced by multiple contractors. Additional discussions focused on improving visibility into padded cells, establishing regular review processes regarding cell functionality, and developing long-term strategies to ensure sufficient suicide-watch capacity. These expectations are also being incorporated into revisions of FCSO Policy 400-16, which is being updated as part of a broader effort to codify suicide prevention practices, including housing, monitoring, referral, and environmental safety

procedures. While these efforts represent meaningful progress toward compliance, they remain largely in the planning and implementation stages, and the Monitoring Team has not yet observed sufficient remediation to demonstrate substantial compliance with this provision.

Provision 215

The County and FCSO will repair and rehabilitate housing units to remove physical risks for suicide and self-harm, to include but not be limited to removing objects and fixtures that could be used for self-harm or as a tie-off point for a ligature.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The Monitoring Team continues to identify environmental conditions that create opportunities for suicide and self-harm throughout the jail. During the April 2026 site visit, individuals on suicide precautions and acute mental health observation continued to be housed in areas containing potential ligature hazards, obstructed sightlines, and other environmental risks. Examples included overflow suicide-watch locations, observation units, and housing areas where physical features could be used for self-harm. The Monitoring Team also continued to observe environmental deficiencies in high-risk housing locations, including areas used to manage individuals with acute psychiatric symptoms and those at elevated risk for self-harm such as restrictive housing. While some suicide-watch housing has been removed from higher-risk areas such as the POU, environmental suicide hazards remain present in several locations used to house vulnerable individuals. These findings indicate that the County and FCSO have not yet established a comprehensive and sustainable process to ensure that housing environments are

systematically evaluated, rehabilitated, and maintained to minimize opportunities for suicide and self-harm.

During the April 28, 2026 suicide prevention planning meeting, leadership discussed the need to identify and remediate ligature hazards and sightline obstructions in non-padded housing areas, prioritize environmental interventions in intake, mental health housing units, observation units, and all locations used to house individuals on suicide watch, and establish a regular multidisciplinary process to review environmental suicide risks and track remediation efforts. While these discussions reflect meaningful progress toward compliance, the Monitoring Team has not yet observed sufficient implementation or remediation to demonstrate compliance with this provision.

Provision 216

For any obligation of the County requiring physical access to the Jail—including but not limited to housekeeping, maintenance, or rehabilitation—FCSO will provide prompt notification of issues, communication, coordination, and access to secured areas of the Jail to facilitate the County’s ability to perform its obligations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Insufficient security staffing remains a barrier to compliance with Provision 216, as contractors are reliant on having security staff escort them throughout the jail facilities to make the necessary physical plant changes, and security staffing is often insufficient.

Mental Health Care

During the April visit, the Monitoring Team continued to observe that NaphCare mental health staff and leadership were thoughtful, engaged, and committed to improving care. Mental health services at the FCSO continue to operate across multiple housing settings and acuity levels, including general population, mental health housing, the POU, restrictive housing, and other specialized areas. Since the prior monitoring visit, the mental health units have moved from 5-North back to 3-South, which has since been renovated, and NaphCare has provided an updated Mental Health Service Guide that reframes the 3-South mental health housing units as Mental Health Stabilization Units (MHSU). The new framework represents a meaningful effort to create a more structured continuum of care for individuals with SMI, mental health decompensation, elevated clinical risk, or need for observation and stabilization. As drafted, the MHSU model includes admission criteria, updated assessment requirements, individualized behavioral health treatment planning, minimum clinical contact expectations, objective clinical measures, structured programming, multidisciplinary review, and three levels of care intended to support progression from acute stabilization toward lower levels of supervision or general population placement. The proposed model also establishes at least 10 hours of weekly mental health programming, weekly individual mental health contacts, medication adherence and symptom-stability targets, and development of an incentive-based behavior management component.

These developments, together with the recently implemented SMI workflow, increased discharge-planning resources, and more clearly articulated expectations for clinical follow-up, reflect enhanced expectations for mental health treatment since the prior reporting period. Although these new expectations remain in the early stages of implementation, the Monitors are hopeful that they will translate

into meaningful improvements in patient care once the framework is consistently operationalized in practice.

Despite these gains, the Monitoring Team has identified ongoing areas for improvement related to mental health treatment. This includes inadequate confidential clinical space, need for increased mental health staffing, limited patient production, insufficient structured programming in higher-acuity mental health units, limited out-of-cell activity, and incomplete treatment-planning practices. These limitations continue to affect the facility's ability to provide a fully developed, individualized, and therapeutic continuum of mental health care, particularly for individuals with SMI, individuals awaiting psychiatric hospitalization, and those housed in higher-acuity or more restrictive settings. Accordingly, the Monitoring Team recommends that the FCSO and NaphCare finalize and fully implement the Mental Health Service Guide and related SOPs, ensure that staffing and custody resources are sufficient to support the model, establish reliable quality assurance processes, and track key measures including treatment-plan completion, clinical contact frequency, programming participation, out-of-cell time, housing progression, discharge-planning outcomes, and access to inpatient psychiatric care.

Provision 217

FCSO will hire sufficient staff with appropriate credentials to offer all necessary mental health care.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, NaphCare has made significant progress in developing a more defined mental health service structure, including enhanced minimum visit

frequencies based on clinical risk, increased use of mental health professionals in designated areas, and additional discharge planning resources. NaphCare leadership also described efforts to improve retention, staff engagement, training, and recruitment. These are important early steps toward improving mental health care delivery.

Despite these improvements, it is the Monitoring Team's understanding that the base mental health staffing matrix has not changed in response to these enhancements in clinical care. The newer SOPs and service expectations are likely to significantly increase the required frequency and intensity of clinical contacts. For example, MHSU coverage is now primarily provided by two MHPs, which is an improvement from the prior model in which only one MHP covered the area; however, both MHPs also have responsibilities outside the MHSU. In addition, the sole NaphCare psychiatrist continues to cover multiple high-acuity areas, including the POU, MOU, FOU, and MHSU, while also supervising 6.2 FTE psychiatric nurse practitioners.

Staffing limitations continue to affect other core aspects of mental health care delivery. Group programming is not currently operating in the MHSU zones, and patients in these areas continue to spend much of the day in their cells. Mental health staff also remain heavily dependent on custody staffing to access patients and deliver care. The lack of confidential clinical space and limited access to appropriate work areas further reduce the effective capacity of existing staff and likely underestimate staffing demand, particularly if access to confidential space and programming improves.

The Monitoring Team recommends that the FCSO and NaphCare develop and submit for review a comprehensive mental health staffing analysis and staffing plan based on the new service structure, including increased psychiatrist FTE. The

plan should identify the number, type, credentials, and deployment of staff required to meet the clinical obligations of the Consent Decree, including intake screening, emergency and priority referrals, SMI treatment, MHSU and POU services, restrictive housing reviews, suicide prevention activities, discharge planning, therapeutic programming, psychiatric hospitalization coordination, supervisory review, quality assurance, and after-hours crisis response. The staffing plan should be tied to defined minimum service expectations and should include budgeted positions, filled positions, vacancies, recruitment efforts, coverage schedules, and a plan for ensuring continuity of care.

Based on a document received from NaphCare leadership, as of June 16, 2026, the vacancy rate was 11% for mental health professionals and 35% for psychiatric nurse practitioners. These vacancies suggest an ongoing need for aggressive recruitment of frontline mental health staff and further highlight the potential value of adding a dedicated psychiatrist line to support higher-acuity clinical care and implementation of the expanded mental health service expectations.

Provision 218

FCSO will ensure that appropriate, detailed, individualized treatment plans are developed and implemented for incarcerated people with mental health needs. If Custody Staff deny any recommendations by medical or mental health staff regarding housing, privileges, transfers to outside specialists, emergency room visits or hospitalizations, FCSO will document consultation between custody and mental health leadership discussing the decision and the reasons behind it.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO and NaphCare have not yet demonstrated that appropriate, detailed, individualized treatment plans are being consistently developed, implemented, reviewed, and updated for individuals with mental health needs. NaphCare reported that, as of March 1, 2026, individualized treatment plans were not being completed and no data collection or reporting mechanism had been established for this measure. The new MHSU materials include treatment-planning expectations for individuals housed in the stabilization units, but the Monitoring Team has not yet received evidence that these requirements are implemented consistently within MHSU or across the broader mental health caseload, including general population. The FCSO and NaphCare should implement a standardized treatment-planning process in the electronic medical record that includes individualized problems, goals, objectives, interventions, responsible disciplines, target dates, review intervals, and documentation of progress. The FCSO should also establish a clear process for documenting and escalating any custody denial or modification of clinical recommendations.

Provision 219

FCSO will develop and implement a policy regarding mental health and SUD treatment planning. Individualized mental health and SUD treatment plans will be developed for each incarcerated person on the mental health caseload in a timely manner. Each plan will include treatment goals and objectives. FCSO is responsible for implementing each mental health and SUD treatment plan.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

Although the components of Provision 219 are addressed in the NaphCare Mental Health Services—Treatment Plans Policy (F-03), including sections 11, 12, and 13 on SUD Treatment Plans, these expectations are not consistently reflected in documentation or operational practice for mental health (see Provision 218) and the FCSO does not initiate SUD treatment (see Provisions 196, 221) for its incarcerated patients, including patients on the mental health caseload.

Provision 220

FCSO will ensure that incarcerated people with SMI receive treatment that adequately addresses their mental health needs in a timely and appropriate manner, in a clinically appropriate setting, with clinically appropriate personnel and with clinically appropriate medications, therapy, and programming. FCSO will ensure that all incarcerated people with SMI receive regular, consistent therapy, counseling, skill-building, and rehabilitation services, including group therapy, as clinically appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, NaphCare has developed a site-specific SMI workflow and MHSU SOP that describes expectations for frequency of clinical contact expectations and therapeutic programming. Minimum visit frequencies have been identified for SMI patients in general population (MHP visits at least bi-weekly and provider visits at least every 30 days). During the April 2026 visit, the SMI workflow had only been recently implemented and was still being incorporated into intake and follow-up workflows. SMI labeling was also still being updated in MHSU, POU, and restrictive housing.

However, individuals who appeared to have SMI diagnoses and were significantly symptomatic, were observed in general population and restrictive housing. In the higher-acuity mental health units, the 500 and 600 zones of 3 South and POU, SMI patients continued to spend much of the day in their cells, with limited out-of-cell activity and no group programming operating at the time of the visit.

The FCSO and NaphCare should fully implement the SMI SOP, ensure structured therapeutic programming, and monitor SMI designation, housing appropriateness, medication management, treatment planning, psychiatric follow-up, and programming participation through quality assurance processes.

Provision 221

FCSO will provide adequate SUD treatment, including monitoring and appropriate medications, to all individuals who need it. This includes, where appropriate, medication for opioid use disorder.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 221 has two components:

- 1) The FCSO will provide adequate SUD treatment. *See also* Provisions 75 and 196. Treatment of SUD includes treatment of patients suffering from substance withdrawal. The treatment of withdrawal by the FCSO is generally is compliant with Provision 221.
- 2) The FCSO will provide treatment for OUD. Currently, the FCSO *continues* OUD treatment for patients who were already receiving treatment for OUD prior to incarceration in a community methadone clinic or buprenorphine clinic. However, the FCSO does not initiate long-term OUD treatment in patients who were not

already receiving it in the community. Such patients are only treated for withdrawal. This is not compliant with Provision 221.

The FCSO and NaphCare leadership have discussed with the Monitoring Team the need for the FCSO to develop an OUD program that would initiate OUD treatment for appropriate patients. Such a program would require a significant increase in medical and security staffing as well as developing a housing area for OUD patients. While such a program is not immediately feasible, planning for such a program can begin now (see Provision 75).

Provision 222

FCSO will ensure an inpatient level of care is available to all incarcerated people who need it, including regular, consistent therapy and counseling, as clinically appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Per data provided by NaphCare, from December 2025 through February 2026, 14 people were hospitalized for acute psychiatric care. Monthly acute care hospitalizations fluctuated from 5 in December to 3 in January and 6 in February. During the same period, the number of individuals accepted for 1013 placement but awaiting transport increased from 1 in December to 5 in January and 7 in February.²⁴ This may reflect improved identification and referral of acutely

²⁴ 1013 placement is an involuntary emergency psychiatric evaluation performed when, because of mental illness, a person poses a substantial risk of imminent harm to themselves or others or is unable to care for their own basic health and safety to the extent that a life-threatening crisis is likely.

mentally ill individuals but also suggests ongoing pressure on hospital transfer and transport processes.

During the April 2026 site visit, NaphCare mental health leadership reported that hospital transfer wait times, which had recently been as long as one month, had decreased to closer to two weeks. Leadership also described a new statewide mandate requiring private hospitals to consider incarcerated patients entered into the state central hospitalization registry for transfer and reported that at least one referred incarcerated patient had been accepted by a private hospital through this process. These developments represent meaningful progress, particularly given the limited availability of inpatient psychiatric beds at Georgia Regional Hospital.

However, individuals who meet criteria for inpatient psychiatric hospitalization continue to wait in the jail for clinically significant periods, and the operational challenges associated with acceptance and transfer likely serves to discourage clinicians from referring. Because of this, the available data on psychiatric hospitalization likely underrepresents actual clinical need. While the FCSO and NaphCare do not control the availability of state or community inpatient psychiatric beds, the FCSO remains responsible for ensuring that individuals awaiting transfer receive the highest available level of clinically appropriate care within the jail. During the April 2026 visit, individuals awaiting hospitalization were reportedly housed in the POU or on 3-South Zone 600, and the new mental health SOPs indicate that individuals awaiting hospitalization must be housed in the mental health units offering the highest level of care.

Given the acute clinical needs of this population, the Monitoring Team recommends revising the applicable SOPs to establish higher minimum frequencies for mental health and psychiatric provider contacts for individuals awaiting inpatient psychiatric transfer, including daily rounding. The FCSO and

NaphCare should also continue efforts to reduce time to hospital transfer and should track and report, on a quarterly basis, the number of individuals referred for hospitalization, the number awaiting transfer, patient-days spent awaiting transfer, average and median wait times, reasons for delay, and the level of observation and treatment provided while transfer is pending.

Provision 223

FCSO will ensure that clinical conversations between QMHPs and incarcerated people are conducted in a confidential setting to allow for effective information sharing and treatment.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

During the April 2026 site visit, the Monitoring Team continued to observe that confidential interview space is not reliably available for mental health encounters across the facility. There remains no dedicated mental health interview space in intake, the third-floor clinic, the POU, mental health housing units, or clinic spaces on 3-South and other floors of the Main Jail. Mental health staff also do not appear to have reliable access to medical provider rooms in clinic areas, even when those rooms are not in use. The South Annex clinic continues to be the only area in the jail system with dedicated space for mental health encounters.

As a result, mental health services continue to be almost exclusively delivered in non-confidential settings, including cell-side, through closed or partially open cell doors, in open housing areas, and at open clinic desks. While there may be limited circumstances in which cell-side encounters are clinically or operationally necessary, they should be the exception rather than the routine method of providing mental health care. The continued lack of confidential space may discourage

patients from disclosing sensitive symptoms, safety concerns, trauma histories, suicidal ideation, medication concerns, or other clinically relevant information, and limits clinicians' ability to conduct effective assessments, counseling, treatment planning, and risk evaluation.

The FCSO and NaphCare should develop and implement a facility-wide plan to identify, create, maintain, and operationalize confidential interview spaces in intake, general population housing, mental health housing units, the POU, restrictive housing, and other areas where mental health services are delivered. As noted above, additional private interview space is reportedly being identified in intake. Similar efforts should be made to establish reliable private interview space directly on the mental health housing units and in general population housing areas, including the 700 zones of the Main Jail. The FCSO should also evaluate whether existing underused spaces, including converted storage or janitorial spaces in the 700 zones where appropriate and safe, can be repurposed to support confidential clinical encounters.

Provision 224

FCSO will ensure that incarcerated people who are a danger to themselves or others due to symptoms of mental illness receive timely and adequate treatment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

See Provisions 189 and 222.

Provision 225

FCSO will develop and implement an incentive-based behavior management program or mental health achievement award program.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO has not yet implemented an incentive-based behavior management program or mental health achievement award program in any housing area subject to the Consent Decree. The FCSO reported in response to the March 2026 records request that no housing units currently utilize either type of program. Although the FCSO provided descriptions of existing programs, including New Beginnings, an associated pre-stabilization program, and the Emory Competency Restoration Program, these do not appear to constitute the incentive-based behavior management or mental health achievement program required by this provision. The new MHSU framework does reference development of an incentive-based program and includes several components that could support such a model, including structured programming, levels of care, clinical targets, treatment team review, certificates of completion, and progression toward less restrictive settings. The FCSO and NaphCare should build on this framework by developing and implementing a formal incentive-based behavior management or mental health achievement program for MHSU, POU, and restrictive housing settings, with defined eligibility criteria, behavioral and clinical targets, incentives, documentation requirements, staff roles, and linkage to treatment goals, out-of-cell opportunities, and level-of-care progression.

Provision 226

FCSO will provide documented release planning and related services for incarcerated people with a mental illness diagnosis or who receive and continue to require psychotropic medications, including the following:

- a. Arranging an appointment with community mental health providers for all incarcerated people with mental health needs and ensuring, to the extent possible, that incarcerated people meet with that community mental health provider prior to or at the time of discharge to facilitate a warm hand off;
- b. Providing referrals for incarcerated people with mental health needs that require ongoing treatment post-release;
- c. Providing sufficient supply of critical medications on discharge to carry over until the medication can be obtained in the community;
- d. Arranging with local pharmacies to have incarcerated people's prescriptions renewed to ensure that they have an adequate supply to last through their next scheduled appointment;
- e. Assisting people with serious mental health needs with transportation from the Jail; and
- f. Ensuring that, where appropriate, family members are aware of an
- g. impending release so that they can assist with transportation and safety.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team recognizes progress with this provision, including filled discharge planning positions, a dedicated mental health discharge planner for MHSU/POU, and evidence that discharge planning activities are occurring for some individuals. During the April 2026 visit, the discharge planner described working with patients, the public defender's office, and community programs; developing resource packets; arranging medications in some cases; and attempting more detailed planning for individuals with known releases or program placements.

The newly developed Mental Health SOP also attempts to further structure discharge planning services. It describes informing patients at intake that they may have access to discharge prescriptions, providing resource information, allowing discharge prescriptions for up to 30 days, assigning MHSU patients to a mental health discharge planner for initial screening, documenting discharge planning in TechCare, addressing transportation needs, obtaining releases of information for family or support contacts when appropriate, and using a discharge planning dashboard to track follow-up needs. These are important steps toward creating a more standardized process.

However, the SOP appears primarily focused on individuals housed in the MHSU, and the FCSO/NaphCare have not yet demonstrated that comparable discharge planning processes are consistently applied to all eligible individuals with mental illness or psychotropic medication needs across the jail, including those in general population, restrictive housing, intake, or those released unexpectedly. In response to the Monitoring Team's record request, the FCSO/NaphCare also reported that there were no finalized policy or procedure changes related to mental health discharge planning and that key metrics were not currently tracked, including the number of individuals discharged while enrolled in mental health services, the percentage discharged with scheduled mental health appointments, the number discharged on psychotropic medications, and the percentage discharged with a medication supply.

Significant operational gaps therefore remain. Referral criteria for discharge planning are not yet clearly defined, notification of discharge planners appears inconsistent, and unplanned or after-hours releases remain a major barrier. Medication continuity also appears variable, with some individuals receiving limited medication supplies unless the discharge planner advocates for more.

Transportation assistance and family notification are addressed in the SOP, but the Monitoring Team has not yet seen evidence that these supports are implemented through a consistent, documented, systemwide process.

The FCSO and NaphCare should finalize and implement a comprehensive mental health discharge planning SOP that applies to all eligible individuals with mental health needs or psychotropic medication requirements, not only those in MHSU. The SOP should define eligibility criteria, staff responsibilities, documentation requirements, appointment and warm handoff expectations, medication supply and prescription standards, transportation assistance, family notification with consent, and procedures for unplanned and after-hours releases. The FCSO should also begin tracking discharge planning outcomes so implementation can be meaningfully monitored.

Provision 227

FCSO will ensure that incarcerated people with mental illness are placed in housing that is the most integrated setting possible based on their required level of care and will not unnecessarily segregate incarcerated people based on their mental health needs.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The new Mental Health Service Guide and MHSU framework represent meaningful progress toward establishing a more integrated and clinically structured housing model. The materials describe admission criteria, three levels of mental health housing, and a step-down process intended to move individuals from higher-acuity settings toward less restrictive housing or general population when clinically appropriate. However, the FCSO and NaphCare have not yet demonstrated that

this framework is consistently implemented or that individuals with mental illness are reliably housed in the most integrated setting appropriate to their clinical needs. During the April 2026 visit, MHSU 400–600 and the POU were reportedly consistently full; individuals with significant psychiatric symptoms were observed in general population and restrictive housing; and individuals in higher-acuity mental health units continued to have limited out-of-cell activity and no active group programming. The FCSO and NaphCare should implement quality assurance measures to monitor admission decisions, discharge decisions, level-of-care progression, out-of-cell time, programming participation, and placement of individuals with SMI or acute psychiatric symptoms in restrictive housing or general population.

Provision 228

FCSO will develop and implement policies that will establish the criteria for admission into the mental health unit (3 North or any successor unit) and the POU and the levels of care provided to incarcerated people in those units. The policies and procedures will require that FCSO house incarcerated people with mental illness in the most integrated and least restrictive setting possible, provide individuals with the most out-of-cell time appropriate to their needs, and will not assign them a classification that requires segregating them from the rest of the Jail population unless a QMHP has determined this is appropriate. The policies will further create a system whereby individuals will be released gradually from more restrictive levels of supervision to less restrictive levels over an appropriate period of time. The policies will specify the minimum amount of out-of-cell time per week for each level of care. FCSO will submit policies developed pursuant to this paragraph to the United States and the Monitor for review, comment, and approval, consistent with the procedures in Section III, and will implement these policies in

phases taking into consideration physical space constraints according to a timeline that will be determined as part of the Parties' Implementation Plan, Section XII.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted under Provision 225 and 227, the newly developed Mental Health SOP represents meaningful progress. However, the FCSO has not yet demonstrated that this framework has been finalized, approved, or consistently implemented across the MHSU and POU. The SOP appears substantially more developed for the MHSU than for the POU, and the Monitoring Team has not yet seen evidence that admission, discharge, level-of-care progression, step-down decisions, treatment planning, or programming participation are consistently documented and reviewed. The SOP also does not clearly establish minimum out-of-cell time for each level of care, and it appears to leave some programming and activity participation to daily custody/security discretion rather than a clearly defined clinical process.

During the April 2026 site visit, individuals in higher-acuity mental health units continued to spend much of the day in their cells, with limited out-of-cell activity and no clear incentive-based progression system. By contrast, the Competency Restoration Program, located on the same floor as the MHSUs, reportedly provides structured clinical and supportive programming from approximately 8:30 a.m. to 3:30 p.m. and is staffed with dedicated mental health professionals and two full-time officers. At the time of the April monitoring visit, no groups were occurring on the MHSUs due to staffing limitations, and only one officer was assigned to cover all MHSU units. The FCSO should evaluate whether comparable staffing and programmatic supports can be extended to the MHSUs.

Provision 229

Individuals housed on 3 North (or any successor unit) and the POU will have adequate access to large-muscle exercise, programming, therapeutic services, educational services, and recreation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As discussed above, the new Mental Health SOP establishes programming expectations for MHSU patients, including weekly mental health programming and daily therapeutic treatment. It is unclear how regularly these patients were provided access to the yard. However, these expectations were not being met during the April 2026 visit.

Suicide Prevention

Since the prior reporting period, the FCSO and NaphCare have made meaningful progress in developing a more comprehensive suicide prevention framework. The revised draft FCSO Policy 400-16 establishes a facility-wide suicide prevention program addressing identification, supervision, treatment, emergency response, documentation, review, corrective action, and training related to residents at risk of self-harm or suicide. The draft policy appropriately clarifies that custody staff may not make or override clinical decisions, that residents who attempt suicide, engage in self-harm, express suicidal ideation, or otherwise present a risk of self-injury must be protected immediately, and that such individuals must remain under continuous observation until assessed by a qualified health care professional or qualified mental health professional (QMHP). It also distinguishes acute suicide risk from non-acute suicide risk, defines constant observation as continuous, uninterrupted direct visual observation by an assigned staff member with no

conflicting duties, and clarifies that Q15 checks (or visual checks to verify a resident's safety every 15 minutes) are not constant observation and may not be used for actively suicidal residents. The policy further describes requirements for the two watch levels (Suicide Observation Status (SOS) Level 1 and Level 2), emergency and priority referral pathways, suicide-resistant housing requirements, padded-cell maintenance expectations, post-watch follow-up, out-of-cell counseling, release planning, transport procedures, documentation requirements, training, drills, mortality/serious-attempt review, quality assurance, and corrective action.

These revisions represent important progress and address many of the Monitoring Team's prior concerns at the policy level. In particular, the draft policy now states that residents expressing suicidality should be housed in suicide-resistant settings with adequate sight lines; that if no suicide-resistant cell is available, the resident must remain on constant observation until appropriate housing is available; and that suicidality should not be used as the basis for placement in restrictive housing. The policy also requires a real-time inventory of suicide-resistant and padded-cell capacity, including operational status, maintenance concerns, repair tickets, expected return-to-service dates, and sight-line limitations, and requires the FCSO, health services, and DREAM/Facilities to meet at least weekly until capacity, repair workflows, ligature mitigation, and sight-line improvements are completed.

However, the policy has not been finalized or fully implemented. During the April 2026 site visit, the Monitoring Team continued to identify inconsistent implementation of suicide-watch procedures, including the use of Q15 monitoring for individuals at the highest level of suicide risk, rather than constant direct observation; ongoing reliance on cells or areas that are not suicide-resistant when suicide-resistant housing is unavailable; environmental risks such as ligature

hazards and obstructed sight lines; damaged or unavailable padded cells; and continued use of non-confidential or cell-side encounters for suicide risk assessments and follow-up. NaphCare has begun quality improvement review of suicide-risk assessment practices, and the FCSO has moved toward QR-code-based documentation of Q15 checks, but available CQI data and site observations continue to show gaps in observation compliance, confidential assessment, housing safety, documentation accuracy, and operational coordination. Accordingly, the FCSO and NaphCare should finalize and implement the revised policy, train custody and health care staff on the new requirements, ensure sufficient staffing for constant observation and Q15 monitoring, complete environmental remediation and padded-cell repair workflows, and use routine quality assurance review to evaluate timeliness, supervision, assessment quality, housing placement, documentation, treatment, follow-up, and corrective action.

Provision 230

FCSO will ensure that it identifies suicidal incarcerated people and intervenes appropriately. Jail staff will immediately interrupt, and provide appropriate aid to, any incarcerated person who threatens or exhibits suicidal or self-injurious behavior.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO and NaphCare have made meaningful progress in developing written policy and operational guidance related to identification of suicide risk and immediate intervention. The revised draft Policy 400-16 generally addresses the core requirements of this provision, including immediate protective action, notification of medical and mental health staff, continuous observation pending

clinical assessment, emergency aid, and referral for QMHP evaluation. The Monitoring Team also observed that custody staff appear motivated to identify and interrupt suicidal and self-injurious behavior, which is encouraging. To move toward substantial compliance, the FCSO and NaphCare should finalize and implement the revised policy, train custody and health care staff on required response procedures, and develop routine audit processes for suicide-related incidents and emergent referrals. These audits should assess whether staff immediately interrupted unsafe behavior, provided appropriate aid, maintained required observation, notified medical or mental health staff through the required pathway, and ensured timely clinical assessment and disposition.

Provision 231

Custody staff will immediately notify medical/ mental health staff of all suicide attempts, gestures, and threats. Upon request from medical/ mental health staff, FCSO will transport people from annex facilities to the Main Jail for suicide observation.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

See Provisions 189 and 230. The revised draft Policy 400-16 addresses the requirement that custody staff immediately notify medical or mental health staff of suicide attempts, gestures, threats, and related self-harm concerns. It also establishes emergent referral expectations requiring direct verbal communication rather than reliance on paper forms, voicemail, email, or routine sick-call mechanisms. The FCSO and NaphCare should ensure that these notification requirements are incorporated into training, post orders, and quality assurance review. The Monitoring Team will assess implementation by reviewing whether

suicide-related notifications are timely, documented, communicated through the required pathway, and followed by appropriate assessment, observation, and transport when needed.

Provision 232

FCSO will provide thorough, quality suicide risk assessments by a QMHP of incarcerated people who are at risk of suicide. Absent documented clinical contraindications or documented individualized assessment of security needs, these suicide risk assessments will be conducted in a confidential setting. In addition, FCSO will ensure that incarcerated people identified as being at risk of suicide are immediately searched and monitored with constant direct supervision until a QMHP conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

QMHPs are required to conduct suicide risk assessments when referrals are made for suicidality, and the FCSO/NaphCare have made progress in developing written guidance that addresses the requirements of this provision. Draft Policy 400-16 also appropriately requires that suicide risk assessments be face-to-face, documented in the health record, and conducted in a confidential and out-of-cell setting unless there is a documented safety or clinical contraindication.

As noted above, the policy and implementation remain incomplete. During the April site visit, the Monitoring Team observed clinical interactions with individuals on suicide watch being conducted cell-side. However, the FSCO and NaphCare have begun reviewing suicide risk assessment practices through a quality improvement process. This involves a monthly random chart review of 20 patients

on suicide watch and includes a whether an initial suicide risk assessment was completed at the time of the suicide watch encounter, and if the encounter was completed within a confidential setting. In March 2026, 75% of initial risk assessments were completed, and 55% of these encounters occurred in confidential settings; in April 2026 this was 90% and 55%, respectively. By May 2026, 70% of these initial assessments were completed in a confidential setting. In the most recent quality improvement meeting, it was discussed that the majority of the non-confidential visits were either in intake or the 700 zone of general population housing in the Main Jail, reinforcing that these may be areas of particular focus for initial suicide watch visits. At the time of writing this report, the Monitoring Team were not aware of a formalized process to collect data on or review the rate of confidential suicide watch assessments beyond the initial encounter.

Review of NaphCare's suicide risk assessment practices also identified opportunities to further standardize and strengthen the evaluation process. This includes a recommendation that a structured suicide risk assessment be incorporated into initial mental health and provider evaluations, and not just for individuals referred to, or on, suicide watch. This has been discussed with local NaphCare leadership.

Provision 233

FCSO will provide direct staff supervision of actively suicidal incarcerated people when necessary and close supervision of incarcerated people with lower levels of risk. Officers will document their checks. Actively suicidal people will be monitored at all times, and individuals under close supervision will be monitored no less frequently than every 15 minutes.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

Although the revised draft of FCSO Policy 400-16 requires that individuals assessed as actively suicidal or at acute risk of self-harm receive constant direct supervision, this requirement has not been reliably operationalized. During the Monitoring Team's visit, individuals at the highest level of suicide risk, SOS Level 1, were assigned to Q15-minute monitoring rather than continuous observation. This reflects a continued gap between policy and practice and creates serious risk for individuals who require uninterrupted direct observation.

The available CQI data confirms these concerns across both levels of suicide watch. NaphCare's suicide watch CQI studies reported compliance with staggered checks not exceeding 15 minutes at 78% in December 2025, 79% in January 2026, 80% in February 2026, and 80% in March 2026. At the time of the April visit, the FSCO had moved to a QR code-based process for electronically documenting Q15 visits, permitting future systematic review of all watch data. However, during the visit there appeared to be operational challenges to this process, including accurately identifying individuals on suicide watch for Q15 rounding when they had been cohorted in one room. At one point, there were 8 individuals on SOS-1 in room 3LB23.

As noted in the previous report, if the FCSO is unable to meet observation requirements with existing staff, it should consider expanding existing agreements with Allied, NaphCare, or another appropriate staffing resource to provide dedicated constant-observation and 15-minute observation coverage. Corrective actions should be tracked through the quality assurance process until the FCSO can demonstrate sustained compliance with both constant-observation requirements for actively suicidal individuals and no-greater-than-15-minute staggered checks for

individuals at lower levels of risk. The Monitoring Team remains available to provide technical assistance in developing and evaluating these protocols.

Provision 234

FCSO will ensure that incarcerated people expressing suicidality are placed in suicide resistant housing with sight lines that permit the appropriate level of staff supervision. If no suicide resistant cell is available, a suicidal incarcerated person will be placed on constant observation until such housing is available. Incarcerated people expressing suicidality will not be placed in other forms of Restrictive Housing.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The revised draft of FCSO Policy 400-16 appropriately requires that residents expressing suicidality be placed in suicide-resistant housing with adequate sight lines, remain on constant observation if no suicide-resistant cell is available, and not be placed in restrictive housing because of suicidality. The revised policy also requires a real-time inventory of suicide-resistant and padded-cell capacity, tracking of maintenance concerns and sight-line limitations, weekly coordination with DREAM/Facilities until capacity and repair issues are resolved, and enforcement of cell-specific restrictions for unsafe or poorly visible cells.

The Monitoring Team's site observations and the records produced to the Team show that the FCSO continues to rely on cells and areas that are not designed for suicide safety when suicide-resistant cells are unavailable. In the Main Jail, per observation and according to data provided by NaphCare, the number of residents on suicide watch has continued to exceed the number of available suicide-resistant cells on an ongoing basis. NaphCare's response to the Monitoring Team identified

several non-suicide-resistant Main Jail cells that have been used, as needed, to house individuals on suicide precautions when suicide-resistant cells are unavailable, including front holding cells and multiple POU cells. During site visits, suicidal residents were observed across third-floor units, including the POU and FOU, in cells that were not ligature-resistant and had obstructed sight lines. The Monitoring Team observed that individuals placed in these alternative cells were not consistently monitored on constant observation while awaiting appropriate suicide-resistant housing.

The FCSO, NaphCare, and DREAM/Facilities should coordinate suicide-safety meetings to address suicide-resistant cell capacity, ligature mitigation, sight-line improvements, padded-cell repair, and maintenance tracking, with minutes identifying responsible parties, timelines, barriers, and interim mitigation. The Monitoring Team remains available to provide technical assistance as needed.

Provision 235

The County and FCSO will maintain the padded cells in the Jail in a clean, sanitary, and operational condition, and will use them solely for documented mental health purposes.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The revised draft Policy 400-16 includes appropriate language requiring padded cells to be maintained in clean, sanitary, and operational condition, used only for documented mental health purposes, and tracked through a real-time inventory that includes operational status, maintenance concerns, repair tickets, expected return-to-service dates, and sight-line limitations. These policy revisions are a positive development. However, the Monitoring Team has not yet seen evidence that these

requirements have been reliably implemented. During site visits, some padded cells remained damaged, out of service, or of questionable operational status. In the Main Jail, one padded cell was reported to be damaged and unavailable, which staff described as a recurring issue. At the South Annex, two padded suicide-watch cells were present, but one appeared to have padding removed and to require repair. During the April 2026 suicide prevention planning meeting, the parties discussed that the current contractor responsible for proprietary padded-cell material was unable to provide timely repair, and DREAM was exploring replacement materials that could be serviced by multiple contractors. This is an important corrective step, but the Monitoring Team has not yet received documentation showing that the repair workflow has been fully implemented or that padded cells can be returned to service in a timely manner.

Provision 236

For any obligation of the County requiring physical access to the Jail—including but not limited to housekeeping, maintenance, or rehabilitation—FCSO will provide prompt notification of issues, communication, coordination, and access to secured areas of the Jail to facilitate the County’s ability to perform its obligations.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, the FCSO and County have begun to enhance coordination regarding suicide prevention, including joint efforts to rehabilitate a sufficient number of padded cells and remove ligature risks from other cells used to house residents on suicide watch. This includes the April 2026 suicide prevention meeting, much of which focused on coordinated work to make the needed physical plant changes. This is an important step towards compliance.

Provision 237

FCSO will ensure that suicidal incarcerated people receive adequate mental health treatment and follow-up care, including out-of-cell counseling.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted in Provision 232, a significant number of suicide-watch assessments have occurred cell-side or in non-confidential settings, and NaphCare has begun a QI project focused on improving out-of-cell initial evaluations for individuals on suicide watch. These concerns are relevant to this provision because cell-side contacts may function as safety checks or brief assessments but do not necessarily demonstrate adequate treatment, therapeutic engagement, or meaningful out-of-cell counseling.

Medication Administration

Policy and training materials addressing medication administration are largely in place and reflect many elements of accepted correctional health care standards. However, the Monitoring Team identified variability in how these policies are implemented in practice, particularly with respect to follow-up after missed or refused medications, documentation and tracking of non-adherence, and systematic monitoring of laboratory testing for individuals receiving psychotropic medications.

Moreover, medication is sometimes administered in the middle of the night on certain housing units in the Main Jail, resulting in a substantial number of medication refusals that result from residents simply refusing to wake up. Further, in most housing units, medication rounds were limited to a single general announcement, with no documented or observed effort by custody or health care

staff to personally locate individuals who did not present for pill call. In some instances, follow-up was reportedly performed informally by other residents rather than by staff. These issues must be addressed for the FCSO to work towards compliance with these provisions.

Across the provisions related to psychiatric medications, the FCSO and NaphCare have developed appropriate policy and training frameworks and have identified several 2026 priorities, including additional medication-administration staffing, an essential medication-refusals dashboard, a 90-day psychotropic Medication Administration Record (MAR) audit process, and systematic laboratory-monitoring tracking. However, implementation remains incomplete. Site observations and data responses indicate continued variability in pill-call practices, limited ability to distinguish true refusals from non-presentation, absence of aggregate adherence data for key housing areas, and no completed data demonstrating routine tracking of psychotropic refusals, MAR audits, or laboratory-monitoring compliance. Emergency psychotropic medications were administered to five men during the review period, each preceded by psychiatric review, but all occurred during late-afternoon or early-evening hours when the psychiatrist was onsite. Overall, the FCSO and NaphCare have made meaningful progress in developing the necessary framework, but must still demonstrate reliable, system-level implementation, tracking, and quality assurance.

Provision 238

FCSO will ensure that incarcerated people receive appropriate medications in a timely manner and that incarcerated people have proper diagnoses and/or indications documented for each medication they receive.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Provision 238 has two components. First, medications must be provided in a “timely manner.” The FCSO continues to pass meds at inconvenient times for the patients, such as 1 AM in MOU/FOU and 2 AM on 5N. This results in many “refusals” which are nothing more than patients not waking up or being tired and not wanting to get up. This practice does not meet the requirement of Provision 238 for “timely” medication administration.

Another timeliness metric is the time to bridge medications, i.e., the average time from intake until patients receive the Chronic Care medications they were taking prior to incarceration. Data on bridging medications at Intake is available in TechCare but this data is not reviewed by the MAC. Similarly, the average time between a prescription of a medication and when that medicine is first administered to the patient is not audited or presented at MAC meetings. These data should be regularly evaluated by the MAC.

Second, indications for prescriptions must be documented. All of the patient charts reviewed by the Monitoring Team showed appropriate documentation of diagnoses and indications for prescribed medications. This complies with this requirement of Provision 238.

The Monitoring Team has the following recommendations:

- The FCSO should develop a policy delineating the process and expected timeliness of medication administration under Provision 238.
- Statistics related to the timeliness of medication administration should be routinely collated and evaluated by the MAC.
- The med pass schedule should be changed so that all patients receive their medications between 6:00am to 10:00pm.

Provision 239

FCSO will ensure that prescribed medications are administered in a clinically appropriate manner as to prevent deviation from the medication regimen, including misuse, hoarding, overdose, theft, or violence related to the medication.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has no policy that fully delineates the process by which medications are “administered in a clinically appropriate manner” at the jails. The Medication Administration Policy (D-02) is not site specific and does not address problems with the timeliness of medication administration at the FCSO. The MAC does not audit instances of “misuse, hoarding, overdose, theft or violence” related to medication administration.

The Monitoring Team observed med pass at two housing units during the April site visit. The process went smoothly, although the nurses performed no mouth checks. Patients who did not come to med pass were marked as refusals without fully checking the reason for their non-attendance.

The Monitoring Team recommends the following:

- The FCSO will develop a site specific policy on medication pass that includes timeliness and misuse.
- The Director of Nursing will routinely verify that nurses doing med pass comply with the Policy and Procedures and will report these verifications to the MAC Committee.
- All instances of drug “misuse, hoarding, overdose, theft or violence” will be audited monthly by the MAC

Provision 240

FCSO will ensure that incarcerated people receive psychotropic medications in a timely manner, that incarcerated people have proper diagnoses and/or indications for each psychotropic medication they receive, and that medications are administered to incarcerated people in clinically appropriate dosages and without errors.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted in the Second Monitoring Report, the FCSO Medication Rounds (Pharmaceuticals) Policy (400-05) includes clinically appropriate procedures for timely psychiatric medication administration, including individualized follow-up when a detainee does not respond to medication call. However, practice appears to remain variable.

Workflows differed across settings. In intake, medications were administered because individuals may remain there long enough to become due for scheduled doses before transfer. In POU, medications were described as administered cell-side, door-to-door, likely due to patient acuity and the fact that patients are locked in their cells for most of the day. On 3-South/MHSU, the Monitoring Team observed a nurse calling patient names at the unit door while officers retrieved individuals from their cells, consistent with one patient report that officers assist when patients do not hear their names. This additional support is important given the acuity of the population and the amount of time some patients spend in their cells. However, the Monitoring Team also received differing descriptions of pill-call practices and observed inconsistency across areas of MHSU. The FCSO and NaphCare should standardize and document this workflow, including expectations for follow-up when a patient does not initially respond. Given the acuity of some

patients in the 500 and 600 zones, the FCSO and NaphCare should also consider whether cell-side medication passes would improve access for patients who are voluntarily or involuntarily locked in their cells.

By contrast, during pill pass in a general population unit, a nurse indicated that if a patient does not respond when their name is called, the dose is marked as a refusal. This raises concern because it is unclear whether the patient actually heard the call or was meaningfully offered the medication. It also suggests that refusal documentation may not reliably distinguish true refusals from non-presentation, failure to hear medication call, officer-production issues, or other operational barriers.

Overall, these observations support a finding that pill-call practices are not standardized. In some areas, officers assist with locating or retrieving patients; in others, failure to respond may be treated as a refusal. This concern is consistent with broader staff reports regarding variability in patient production and engagement with clinical services. During the site visit, NaphCare leadership reported that additional licensed practice nurse positions are being added to assist with medication administration, which could support compliance in this area.

As noted in the last report, data previously provided by NaphCare suggested significant off-label antipsychotic use among the incarcerated population at the FCSO, or alternatively incomplete documentation of psychiatric diagnoses and medication indications. Because much of the prescribing is performed by nurse practitioners under psychiatrist supervision, additional psychiatrist staffing may help strengthen prescribing oversight, diagnostic clarification, and medication-management quality assurance.

NaphCare was also unable to provide aggregate psychotropic medication compliance data for general population, POU, or 3S in response to the Monitoring Team's March request. This raises concern about the adequacy of system-level quality assurance. Clinical Quality Improvement agendas from April, May, and June 2026 identified three medication variances over three months, including two involving buprenorphine/naloxone and one involving diazepam, suggesting a low reported variance rate if monitoring and escalation processes are reliable.

The FCSO and NaphCare should implement structured quality tracking for psychotropic medication timeliness, missed doses, refusals, and follow-up after non-presentation for pill call, with findings reviewed through quality assurance. They should also ensure that antipsychotic prescribing is consistently supported by clearly documented, clinically appropriate psychiatric diagnoses or indications.

Provision 241

FCSO will ensure that psychotropic medication administration records are audited by appropriate health care staff every 90 days for completeness and accuracy.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As noted in the previous report, NaphCare's Medication Services Policy (D-02) outlines medication documentation standards and variance reporting requirements, but does not appear to require routine audits of psychotropic medication administration records for completeness and accuracy. In response to the Monitoring Team's March 2026 request for information regarding this provision, NaphCare indicated that it had not yet developed a 90-day audit process specific to psychotropic medication administration records, but that this work was being prioritized for Q2 2026. The Monitoring Team will assess implementation once

the process has been finalized and supporting audit materials are available for review.

Provision 242

FCSO will develop and implement a policy requiring accurate documentation of psychotropic medication refusals and psychiatric follow-up after repeat refusals.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted in the last report, NaphCare Medication Services Policy (D-02) provides an appropriate framework regarding psychotropic refusals that is consistent with the requirements of this provision. This includes instructing providers to continue psychotropic medications in SMI patients, even if they are refusing, as well as increased monitoring and referral guidelines for any patients who are refusing psychotropic medications. Since the prior monitoring period, the FCSO and NaphCare have taken some preliminary steps that are relevant to this provision. NaphCare reported that it has added an “essential medication refusals” dashboard to the provider queue, which is intended to alert providers in real time to medication refusals and allow providers to respond by ordering labs, changing medications, scheduling chart review, or scheduling patient encounters. NaphCare further reported that implementation of this process is ongoing and will be a focus of Q2 calendar year 2026.

However, at the time of writing this report, the FCSO had not provided evidence supporting consistent implementation of these requirements. In response to the Monitoring Team’s March 2026 request for any data or documentation reflecting tracking of psychotropic medication refusals, as required by NaphCare Policy D-02, NaphCare responded, “Not applicable at this time.”

The FCSO and NaphCare should implement a standardized process to ensure that all psychotropic medication refusals are accurately documented in the electronic medical record and that repeated refusals reliably trigger timely psychiatric review and follow-up, consistent with D-02 policy requirements.

Provision 243

FCSO will ensure that a qualified individual is available to administer emergency medications at all times.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted in the previous report, NaphCare Medication Services Policy (D-02), includes provisions addressing emergency and STAT medications that are consistent with this Provision, and interviews with health care staff suggested that appropriately trained staff were available on all shifts to facilitate emergency psychotropic use; this includes a qualified health professional with offsite support by a psychiatrist when needed.

NaphCare provided information for the five men who received emergency psychotropic medication between December 2025 and February 2026. All five administrations occurred between 3:38 PM and 5:40 PM in the Main Jail MOU or POU, with four occurring on weekdays and one occurring on a Saturday. One administration occurred on Presidents' Day. In each instance, there was a psychiatrist note before the medication was administered. This supports that emergency medication administration was preceded by psychiatric review in the examples provided, and that qualified staff were available to administer medication during late-afternoon and early-evening hours, including at least one weekend day and one holiday. Although these data do not establish that emergency psychotropic

medication is unavailable at other times, the FCSO and NaphCare must ensure that there is sufficient coverage such that emergency psychotropic medication can be administered other than when the one psychiatrist who works in the Main Jail is onsite.

Provision 244

FCSO will ensure that laboratory studies are ordered per the standard of care as clinically appropriate for incarcerated people who receive psychotropic medications to screen for potentially adverse side effects or otherwise as needed to monitor the incarcerated person's health status and the effectiveness of the medication and treatment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted in the last report, provider training materials provided by NaphCare outline guidance for psychiatric provider staff regarding the ordering of baseline laboratory studies, with medication-specific guidance for antipsychotics, mood stabilizers, and antidepressants. These materials indicate an expectation for baseline testing, follow-up testing at six months, and annual monitoring thereafter, with earlier reassessment when results are abnormal. A Psychiatric Provider Training Checklist provided by NaphCare also includes laboratory ordering and review, suggesting that laboratory monitoring expectations are incorporated into provider orientation. TechCare also includes tools to support laboratory ordering. However, in response to the Monitoring Team's March 2026 request for data to monitor compliance with laboratory monitoring for individuals prescribed psychotropic medications, NaphCare indicated that it had not yet trained providers on tracking laboratory ordering through a systematic and uniform approach, but

that this was a priority for Q2 2026. The Monitoring Team will assess implementation once this process has been developed and supporting data are available for review.

Oversight and Mortality Reviews

Since the prior reporting period, the FCSO and NaphCare have made some progress in developing policy expectations and care frameworks, but the Monitoring Team has not observed sufficient evidence that these changes have resulted in meaningful improvement in health care delivery between the October 2025 and April 2026 site visits. Coordination between the FCSO and NaphCare continues to appear fragmented, particularly in areas that require shared operational responsibility, such as patient access, security staffing for clinical services, suicide prevention, hospitalization transfers, environmental safety, and implementation of corrective actions. Similarly, while mortality and serious suicide attempt review processes exist at the policy level, the reviews provided to and observed by the Monitoring Team continue to appear limited in clinical depth and insufficiently analytical. They do not consistently identify care gaps, supervision failures, documentation problems, system-level contributing factors, or corrective action plans with responsible parties, timelines, follow-up audits, and measures of effectiveness. As a result, the oversight and mortality review system has not yet demonstrated that it reliably produces accountability, quality improvement, or sustained remediation of identified deficiencies.

Provision 245

FCSO is responsible for overseeing all medical and mental health care provided by vendors or contractors and ensuring that adequate care is provided. When

oversight efforts reveal areas for improvement, FCSO is responsible for working with vendors and contractors to institute improvements.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As noted in the last report, Provision 245 emphasizes the FCSO's responsibility to make the necessary improvements needed to adhere fully to the Consent Decree. Although some progress has been made regarding improving expectations around mental health treatment provision, there is limited evidence that health care has significantly improved between the October 2025 and April 2026 visits. In addition, coordination between the FCSO and NaphCare continues to appear fragmented and areas of health care that require coordination between agencies seem to be the ones with the least progress. In addition, the FCSO must also improve the security staffing picture for health care to achieve compliance with this provision.

Provision 246

Medical and mental health staff will participate in all mortality and serious suicide attempts reviews pursuant to paragraph 105, alongside FCSO, to ensure comprehensive and well-documented evaluation of quality of care related to all deaths and serious suicide attempts. This includes detailed psychological autopsies to assess gaps in mental health treatment that may have been relevant to the death. All reviews should be documented and contain analysis of care, conclusions regarding any gaps or areas for improvement, corrective action plans to make needed improvements, and a plan to assess the effectiveness of any corrective actions after they are implemented.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Although the required review framework exists on paper, the FCSO and NaphCare have not yet demonstrated that mortality and serious suicide attempt reviews are being implemented in a manner that produces meaningful quality improvement or accountability. The reviews provided to and witnessed by the Monitoring Team continue to appear limited in clinical depth and insufficiently analytical. They do not consistently include a meaningful assessment of the quality of medical or mental health care provided, identification of potential gaps in treatment or supervision, analysis of system-level contributing factors, clear conclusions, or corrective action plans with responsible parties, timelines, and mechanisms to assess effectiveness.

To date, the FCSO has had no deaths in 2026. The last patient death occurred on December 31, 2025. A summary of this death was prepared by the Health Services Administrator on January 2, 2026, but it only included the Emergency Response to the terminal event. A full death summary was completed by the Jail Medical Director on January 5, 2026. The death was discussed at the MAC meeting held on January 29, 2026, which was attended by the appropriate mix of medical and mental health staff, but was not specifically labeled as a formal mortality review meeting. The substance of this mortality review consisted of the Medical Director reading his death summary. The Medical Director had properly identified in the death summary a failure to properly bridge medications at intake. However, there was no discussion and no creation of corrective action plan. This mortality review process did not meet the requirements of Provision 246. Also, the Monitoring Team has not received a coroner report or autopsy on this patient.

Provision 247

Medical and mental health staff will work with Custody Staff to implement appropriately detailed and specific corrective action plans in response to any deficiencies in care found through the mortality review process.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Although the existing policy framework aligns with the provision, the FCSO and NaphCare have not yet demonstrated that deficiencies identified through mortality or serious suicide attempt reviews reliably result in specific, accountable, and sustained corrective action.

Restrictive Housing

Policies, Procedures and Training

The FCSO has a solid foundation of policies that address many of the areas covered by the restrictive housing section of the Consent Decree. These policies and related training programs have not yet been updated to incorporate all of the requirements of the Consent Decree. Given the current staffing crisis, the FCSO will have a difficult time revising policies and pulling all staff from their regular duties to be trained on those new policies. Therefore, the Monitoring Team has assessed the provisions related to developing policies, procedures, and training as “Not Rated” in this report.

Recently, members of the Monitoring Team began providing technical assistance to FCSO staff regarding the discipline policies and procedures. The Monitoring Team continues to collaborate with Fulton County, the FCSO, and the United States to identify a timeline for policy revisions and related training that is realistic and achievable.

Provision 248

By dates set in the Implementation Plan, Section XII, FCSO will draft new or revised policies and procedures to comply with the provisions related to Restrictive Housing as set forth in paragraphs 249–282 below and will submit those policies and procedures to the United States and the Monitor for approval pursuant to the process described in Section III above.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

The FCSO has not formally submitted revised policies related to restrictive housing to the United States and Monitoring Team. The deadline included in the recent implementation plans for restrictive housing policies and training is December 31, 2026. The Monitoring Team recommends that the FCSO identify internal deadlines that account for the 30 days necessary for the Monitoring Team and United States to review drafts and provide comments.

Provision 249

Within six months of the date that any policy or procedure related to Restrictive Housing is finalized or revised (following the period of review for the Monitor and the United States), FCSO will train all relevant staff on that policy, through in-service training.

Compliance Status: Not Rated

Additional Discussion/Recommendations:

Since the FCSO has not yet finalized any Restrictive Housing Policy incorporating all of the Consent Decree requirements, there has not been a need to conduct training. The FCSO has not yet developed a comprehensive training strategy for restrictive housing that identifies training priorities, staffing impacts, delivery methods, implementation timelines, or methods for measuring training effectiveness.

Provision 250

FCSO will ensure that all staff working in restrictive housing units are trained about the risks associated with long terms in restrictive housing, the particular risks associated with confining people with serious mental illness and young people in

restrictive housing, and to recognize signs of decompensation in restrictive housing.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

FCSO staff should collaborate with NaphCare regarding the training curriculum for staff who work in restrictive housing units. At the conclusion of the training, staff should be able to recognize signs of decompensation and understand the risk of long term placement in restrictive housing.

Mental Health Contraindication to Restrictive Housing

As noted above, since the prior reporting period, the FCSO and NaphCare have made important progress on several mental health-related procedures that may support future compliance with the provisions in this section. This includes development of a standardized SMI determination process, updated mental health referral guidance for custody staff, and a revised Mental Health Service Guide for NaphCare staff. These materials identify individuals with SMI, mental health decompensation, high-risk clinical presentations, or need for observation as candidates for mental health housing. Together, these developments provide a foundation for identifying individuals who may be contraindicated for restrictive housing and diverting them to more clinically appropriate settings, including MHSU, psychiatric observation, suicide watch, general population with enhanced mental health follow-up, or other less restrictive housing.

However, the FCSO and NaphCare have not yet demonstrated significant concrete progress in developing and implementing a restrictive housing-specific clinical review and diversion process. The Monitoring Team has not been provided evidence of a standardized, facility-wide workflow to ensure that mental health

staff are consistently notified of restrictive housing placements, conduct timely face-to-face screenings, determine whether restrictive housing is contraindicated, communicate findings to custody leadership, and track whether recommended housing changes are implemented. At the time of the March 2026 records request, the FCSO and NaphCare did not have accurate SMI data for individuals in restrictive housing, and NaphCare reported that it was not consistently notified of restrictive housing placements. During the April 2026 site visit, the Monitoring Team observed individuals with significant psychiatric symptoms in restrictive housing, reinforcing concern that there is no reliable practice in place for diverting individuals with SMI from restrictive housing.

The central gap across these provisions is the absence of a placement-level tracking and accountability system. Without this infrastructure, the FCSO and NaphCare cannot reliably demonstrate that individuals with SMI or other mental health contraindications are excluded from restrictive housing, removed when clinically indicated, provided adequate treatment if retained, or reviewed at required intervals.

Before the next Monitoring Team site visit, the FCSO and NaphCare should prioritize finalizing and implementing a restrictive housing mental health review process consistent with the Consent Decree. The process should require prompt notification to mental health of all restrictive housing placements; face-to-face QMHP screening within required timeframes; documented contraindication determinations; clear criteria for diversion or removal; defined alternatives to restrictive housing; required custody leadership approval when individuals with SMI or contraindications remain in restrictive housing; weekly clinical and multidisciplinary review; out-of-cell confidential treatment unless specifically contraindicated; and a placement-level tracker that permits meaningful quality

assurance review. The FCSO should also revise restrictive housing policies, custody training, post orders, and supervisory review processes to ensure that mental health referral guidelines are operationalized in restrictive housing settings and that individuals showing decompensation, self-harm risk, suicidality, or new symptoms of SMI are immediately referred for QMHP assessment and housing review.

Provision 251

Restrictive housing will be contraindicated when it leads to decompensation, mental health deterioration, self-harm, or suicidality. Restrictive housing is also contraindicated if it causes new signs or symptoms of SMI where such signs or symptoms had not previously been identified or if there is a significant medical contraindication to restrictive housing.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

During the April 2026 site visit, the Monitoring Team was informed that the FCSO and NaphCare had begun developing workflows related to restrictive housing and mental health contraindications, including a process for mental health staff to evaluate individuals prior to restrictive housing placement when mental health staff are available. However, the FCSO and NaphCare have not yet demonstrated an operational, consistently implemented system for identifying, documenting, tracking, and acting on restrictive housing contraindications. The Monitoring Team's observation of individuals with significant psychiatric symptoms in restrictive housing during the April 2026 site visit reinforces concern that the developing process is not yet implemented.

Provision 252

Custody Staff will notify and consult mental health staff before placing incarcerated people in restrictive housing to determine whether it is contraindicated based on the incarcerated person's mental health. Both Custody Staff and mental health staff will document this consultation. If it is not feasible to consult with mental health staff before the placement, then the consultation will occur within 24 hours of placement, or within 48 hours if on a weekend or holiday, to determine the appropriateness of the placement.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO and NaphCare have not demonstrated that custody staff consistently notify and consult mental health staff before placing individuals in restrictive housing, or that delayed consultations occur within the required 24- to 48-hour timeframe when pre-placement consultation is not feasible. In response to the Monitoring Team's March 2026 records request, NaphCare reported that it was not consistently notified of restrictive housing placements and therefore could not provide compliance data showing that required consultations occurred. The FCSO and NaphCare should implement a mandatory notification and consultation workflow for every restrictive housing placement, with documentation by both custody and mental health staff and tracking of consultation timeliness.

Provision 253

Mental health staff will make a determination as to whether restrictive housing is contraindicated due to SMI or other acute mental health condition based on a review of pertinent records, and mental health staff will notify Custody Staff of the

determination. If mental health staff determines that restrictive housing is contraindicated, they will recommend alternative, less restrictive housing.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

See Provision 251. During the April 2026 visit, staff described an emerging workflow under which mental health would review individuals before restrictive housing placement when available and recommend MHSU or psychiatric observation when restrictive housing is contraindicated. However, in response to the Monitoring Team's request for individuals deemed contraindicated for restrictive housing, the response was "not applicable," which appears to reflect the absence of a reliable notification, review, and tracking process rather than the absence of clinical need. The FCSO and NaphCare should implement a standardized contraindication review process that requires clinical record review, documented determination, custody notification, recommended alternative housing, and tracking of whether the recommendation was implemented.

Provision 254

In addition, all incarcerated people placed in restrictive housing will be screened by a Qualified Mental Health Professional in a face-to-face clinical encounter within the first week of placement. The purpose of this screening is to determine whether restrictive housing is contraindicated. If mental health staff determines that restrictive housing is contraindicated, they will notify Custody Staff of the determination and recommend alternative, less restrictive housing.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

NaphCare reports that individuals placed in restrictive housing receive face-to-face QMHP screening within the first week of placement, and the April 2026 site visit confirmed that mental health staff are conducting regular rounds in restrictive housing areas. Patients also frequently reported that MHPs see individuals in restrictive housing at least once per week. However, the information provided does not yet demonstrate reliable compliance with the specific requirements of this provision. The aggregate data submitted by NaphCare show the volume of restrictive housing notes and discharge rounds, but do not identify the denominator of individuals placed in restrictive housing, the date of placement, whether each individual received a face-to-face QMHP screening within one week, or whether the screening specifically assessed whether restrictive housing was contraindicated. The FCSO and NaphCare should implement a placement-level tracker that captures each restrictive housing placement, the date of QMHP screening, whether the encounter was face-to-face, the contraindication determination, any custody notification, any recommended alternative housing, and whether the recommendation was implemented.

Provision 255

If an incarcerated person in restrictive housing shows signs of decompensation, suffers a deterioration in his or her mental health, engages in self-harm, or develops a heightened risk of suicide, or if an incarcerated person in restrictive housing develops signs or symptoms of SMI where such signs or symptoms had not previously been identified, Custody Staff will immediately refer the incarcerated person for assessment and treatment by a QMHP. The QMHP will determine if restrictive housing is contraindicated and, if so, recommend less restrictive housing.

Compliance Status: Partial Compliance***Additional Discussion/Recommendations:***

NaphCare's mental health referral guidance for officers identifies clinical signs requiring emergent or priority mental health response, including self-harm, suicidal ideation, acute psychosis, and other signs of psychiatric deterioration. These criteria are directly relevant to restrictive housing and, if consistently applied, could support timely referral of individuals who decompensate, engage in self-harm, develop heightened suicide risk, or show new signs of SMI while in restrictive housing. However, this guidance has not yet been fully operationalized within restrictive housing units or incorporated into a reliable custody workflow for immediate referral, QMHP assessment, contraindication review, and housing action. During the April 2026 site visit, the Monitoring Team observed individuals in restrictive housing who appeared to have significant psychiatric symptoms. In response to the Monitoring Team's records request, NaphCare reported that it did not have accurate data responsive to this provision and could not report how often restrictive housing was contraindicated or confirm whether individuals were moved when clinically indicated. The FCSO should ensure that the mental health referral guidance is explicitly adopted for restrictive housing settings, incorporated into custody training and post orders, and tracked through a referral log that captures referral trigger, time of referral, QMHP assessment, clinical determination, recommended housing change, and disposition.

Provision 256

FCSO will not place or retain a person in restrictive housing if they have SMI, unless:

- a. The incarcerated person presents such an immediate and serious danger that there is no reasonable alternative, or
- b. a QMHP determines (i) that restrictive housing is not contraindicated; (ii) that the incarcerated person is not a suicide risk; (iii) that the incarcerated person does not have active psychotic symptoms; and (iv) in disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO has not yet demonstrated a reliable process to ensure that individuals with SMI are excluded from, or not retained in, restrictive housing except under the narrow circumstances permitted by this provision. The April 2026 site visit reinforced the need for this process, as the Monitoring Team observed individuals in restrictive housing with significant psychiatric symptoms. The FCSO should revise and implement restrictive housing policies to prohibit placement or retention of individuals with SMI in restrictive housing unless the required security or clinical criteria are met and documented, including the SMI determination, immediate and serious danger if relied upon, absence of reasonable alternatives, QMHP findings regarding contraindication, suicide risk and active psychosis, and consideration of mental illness-related mitigation in disciplinary cases.

Provision 257

If a QMHP determines that restrictive housing is contraindicated, FCSO will not place a person in restrictive housing unless the incarcerated person presents such an immediate and serious danger that there is no reasonable alternative.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As discussed above, the absence of reliable notification, contraindication review, and placement-level tracking prevents the FCSO from demonstrating compliance with this provision. The FCSO should revise restrictive housing policies and procedures to expressly require that individuals deemed contraindicated for restrictive housing are not placed or retained there unless the individual presents such an immediate and serious danger that there is no reasonable alternative. Any such exception should be documented, approved by designated custody leadership, reviewed by mental health leadership, and paired with an individualized plan for transition to less restrictive housing as soon as feasible.

Provision 258

Whenever an incarcerated person is placed or kept in restrictive housing despite SMI or contraindication, this decision must be approved with documented reasons by the Chief Jailer or designee, and will be reviewed weekly with the goal of moving the person into less restrictive housing as soon as feasible.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The Monitoring Team has not been provided evidence that placements or continued retention in restrictive housing despite SMI or another contraindication are approved by the Chief Jailer or designee with documented reasons. Nor has the

FCSO demonstrated that such cases are reviewed weekly, in consultation with mental health leadership, with the goal of moving the person to less restrictive housing as soon as feasible. This gap is compounded by the absence of accurate SMI/restrictive housing data and NaphCare's report that it is not consistently notified of restrictive housing placements, making it difficult to identify which cases require Chief Jailer approval and weekly review.

Provision 259

Incarcerated people with SMI in restrictive housing will receive clinically appropriate mental health treatment for the entirety of the placement in restrictive housing. These treatment sessions will occur outside the cell in a confidential clinical setting, unless there are overriding, particularized security concerns.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO has not demonstrated that individuals with SMI who are placed or retained in restrictive housing receive clinically appropriate mental health treatment for the entirety of the placement, or that treatment is routinely provided outside the cell in a confidential clinical setting. During the April 2026 site visit, staff reported that MHPs see individuals in restrictive housing twice per week, but psychiatric follow-up did not appear to have a clearly defined frequency outside of medication changes. The Monitoring Team also observed that many encounters in restrictive housing occurred cell-side or in open areas. In administrative segregation, it was difficult to hear individuals through cell doors, underscoring the clinical limitations of cell-side encounters. The FCSO and NaphCare should require individualized treatment plans for individuals with SMI or other contraindications who remain in restrictive housing, establish minimum MHP and

psychiatric follow-up expectations, provide treatment outside the cell in a confidential setting unless there are documented, particularized security concerns, and track when out-of-cell treatment is not provided.

Provision 260

At least once per week, a QMHP assigned to supervise mental health treatment in the restrictive housing unit will conduct face-to-face clinical contact with all people with SMI in restrictive housing, to monitor their mental health status and identify signs of deterioration.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Without accurate SMI identification, reliable notification of restrictive housing placements, and a placement-level tracking mechanism, the FCSO cannot demonstrate that weekly monitoring is occurring for every covered individual.

Provision 261

After 30 days, incarcerated people with SMI or contraindications to restrictive housing will be removed from restrictive housing, unless the Chief Jailer certifies that transferring them to less restrictive housing is clearly inappropriate.

Incarcerated people with SMI or other contraindication to restrictive housing who are housed in restrictive housing for more than 30 days will have their cases reviewed by the Chief Jailer, the director of mental health services, and a psychiatrist or psychiatric nurse practitioner.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO and NaphCare have begun developing the clinical infrastructure needed to identify individuals with SMI and to consider mental health housing or psychiatric observation as alternatives to restrictive housing. However, the facility has not demonstrated that it has implemented the 30-day removal and senior-level review process required by this provision.

Conditions in Restrictive Housing

The most significant barrier to the FCSO reaching substantial compliance with the restrictive housing provisions is the staffing crisis. The addition of the contract Allied security staff in the towers at the Main Jail and South Annex have bolstered staff safety, resident monitoring and tracking staff's rounds. During the previous monitoring period, the Monitoring Team had highlighted the improved sanitation at South Annex. The sanitation had not been maintained at that higher level and during the April visit, the Monitoring Team found conditions unacceptable. There was a lack of lighting in most of the cells, along with exposed wires, and unkept living areas create unsafe living conditions. At both the South Annex and Main Jail, residents reported they ordinarily were not given the opportunity to get out of their cells on weekends and they were not always afforded the opportunity for outdoor recreation on a weekly basis. They also noted they did not have access to books and reading material. The FCSO needs sufficient staff in the housing units to be able to escort residents to recreation. Finally, the lack of staff presence in the housing areas contributes to damage to lights, televisions, phones, and kiosks.

Provision 262

Incarcerated people in restrictive housing will have daily access to out-of-cell time, absent exceptional circumstances.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During the Monitoring Team’s April visit, both staff and residents reported residents were ordinarily given out-of-cell time during the week and not on weekends. The FCSO does not currently have a process for tracking resident’s out-of-cell time. In addition to revising the Restrictive and Special Management Units Policy (200-04) to include the daily out-of-cell time requirement noted in this provision, the Monitoring Team recommends the FCSO develop a process to track resident’s out-of-cell time. The FCSO may be able to track this information using NoteActive (the system currently being utilized to track rounds). The Monitoring Team has reviewed documentation indicating that FCSO staff working at the Atlanta City Detention Center (ACDC) were using NoteActive to track out-of-cell time.

Provision 263

Incarcerated people in restrictive housing will have opportunities to exercise in areas of the Jail allowing for large muscle movement twice weekly.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Due to the ongoing staffing challenges, the FCSO continued to struggle with escorting and supervising residents at the South Annex to outdoor recreation. During the April 2026 visit, some residents reported they had not been offered the opportunity for outdoor recreation for a “few weeks.” In order to maintain Partial Compliance with this provision, the FCSO will need to demonstrate residents at South Annex are offered the opportunity for outside recreation at least once per week.

Provision 264

Incarcerated people in restrictive housing will retain the ability to submit grievances, contact the PREA hotline and PREA Coordinator, and access the Jail handbook.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The Monitoring Team did not observe any residents in restrictive housing who had access to the Jail Handbook or a tablet they could use to submit grievances.

Residents should have the opportunity to submit a paper grievance. At the South Annex there was only one pod with signage regarding LiveSafe and phone instructions to report sexual assault and/or harassment. There were other pods that did not have any PREA signage. Staff reported they had posted the PREA information, including the LiveSafe phone number but residents had removed the signs. There was one housing unit in the South Annex where there were not any working phones due to damage caused by residents. Finally, the Monitoring Team discussed the need to identify and /or track which housing unit the resident called the LiveSafe hotline from in order to demonstrate compliance with this provision.

Provision 265

Incarcerated people in restrictive housing for non-disciplinary purposes will have generally the same ability to retain personal property, including reading/writing materials, as people in general population, and to make phone and video calls during out-of-cell time.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While some residents in restrictive housing reported they were able to make phone calls during their out-of-cell time, many reported they could not make video calls due to the broken kiosks. Moreover, some residents reported they did not have access to books or reading materials and the Monitoring Team did not observe any books or reading materials in the cells they spot checked. In order to maintain a rating of Partial Compliance with this provision, the FCSO will need to ensure residents in non-disciplinary restrictive housing are given the opportunity to retain reading and writing material.

Provision 266

Incarcerated people in disciplinary restrictive housing will retain at minimum some reading/writing materials and religious articles. These items may not be removed except upon a particularized security concern.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, residents in restrictive housing reported they did not have access to reading materials. The FCSO Disciplinary Segregation Policy (200-15) permits residents to possess a Bible/Religious book, two soft covered books, and religious article(s)/apparel approved by the Chaplin. While policy permits the residents to retain these materials, some residents reported they were not allowed to bring these items with them. Some residents reported they were allowed to bring these items with them to restrictive housing. The Monitoring Team believes there may be some inconsistencies with the implementation of the policy. In order to maintain the rating of partial compliance with this provision, the FCSO will need to ensure

residents in disciplinary restrictive housing can retain reading/writing materials and religious articles, absent a documented security concern.

Discipline

The Monitoring Team has recently begun providing FCSO staff technical assistance with the Resident Discipline Program. A positive development this reporting period is the addition of one staff member to the FCSO's discipline team. There are now 5 full-time staff – a captain, lieutenant, sergeant, deputy, and detention officer – focused on ensuring the FCSO's discipline program is firm, fair and consistent. During the recent technical assistance visit, the Monitoring Team gained a deeper understanding of the FCSO's disciplinary processes and the barriers they face reaching substantial compliance with some of the Consent Decree provisions.

The FCSO's Resident Rules and Discipline Policy (600-01) and Categories of Resident Rules and Discipline Policy (600-10) provide a good foundation for the Resident Discipline Program. Through technical assistance, the Monitoring Team will work with FCSO staff to revise these policies and forms to conform with the Consent Decree. Staff have proactively drafted several forms to meet a number of requirements in the Consent Decree (i.e., notice of disciplinary hearing, notice of disciplinary findings, restrictive housing early release review, Resident's Appeal form, Disciplinary Hearing form and Multidisciplinary Restrictive Housing Review). Once the policies are finalized, the forms can be finalized as well.

One of the fundamental due process rights in a disciplinary program is to provide the resident advance written notice of the charges. During the April Monitoring Visit, some members of the Monitoring Team observed three disciplinary hearings. The lieutenant conducting the hearings asked the residents if they knew what

charges they were facing and if they had received the notice of charges. Two of the residents denied receiving the notice of charges. The document in the disciplinary file indicated the resident had “refused to sign” the notice of charges.

The other important due process rights for resident disciplinary proceedings are: some time to prepare for the hearing (at least 24 hours); the right to call witnesses and present documentary evidence (unless doing so would be hazardous); the right to assistance for illiterate residents or in complex cases; and a written statement of the findings, including evidence relied on and the reason for the action taken. (*See Wolff v. McDonnell*, 418 U.S. 539 (1974)).

During this monitoring period, the discipline team reports they have improved on meeting the 14-day deadline within which to hold a hearing. The improvement is linked to an increase in staffing and reduction in the number of staff conducting each hearing. They conduct hearings at the Main Jail, South Annex, and ACDC. Hearings are conducted on Tuesdays, Wednesdays, and Thursdays. The Monitoring Team reviewed a copy of the discipline team’s spreadsheet. The staff use this document to track hearing dates, outcomes and dates to be released from restrictive housing. Of the 34 incidents noted for February 2026, four were dismissed due to staff’s inability to hold the hearing within 14 days. The outcome is denoted as dismissed due to time allotment. There were a total of 18 cases dismissed for February incidents. In addition to failing to hold the hearing within 14 days, cases were dismissed due to a missing charge sheet and the resident receiving criminal charges for the incident. The Monitoring Team will provide technical assistance to the FCSO on their tracking tool to expand the items tracked to align with the Consent Decree.

The next steps for technical assistance are to meet with NaphCare, the FCSO, and members of the Monitoring Team (including the Mental Health Monitor) to

develop the procedures for consulting with a Qualified Mental Health Professional (QMHP) as outlined in Provision 275. This consultation is to determine whether the resident is unable to appreciate the nature and quality or the wrongfulness of their acts and if the resident is determined culpable for the disciplinary violation, whether the proposed sanction is likely to cause psychological harm or interfere with mental health treatment.

The Monitoring Team will continue to provide technical assistance during the next monitoring period. The goal is to complete the revisions on the disciplinary policies and forms by the end of the year.

Provision 267

All discipline of incarcerated people will be imposed consistent with Jail policies and this Consent Decree.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

As noted above, FCSO's disciplinary policies provide a strong foundation upon which to build a program that aligns with the Consent Decree. The Disciplinary Team is conducting hearings prior to imposing discipline. The Monitoring Team will assist in revising the policies to incorporate the requirements of the Consent Decree.

Provision 268

In consultation with the Monitor, FCSO will review its schedule of disciplinary sanctions and ensure they are proportional to misconduct, progressive in severity, and purposeful in encouraging compliance with Jail rules.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During the technical assistance visit, the Monitoring Team reviewed Categories of Resident Rules and Discipline Policy (600-10), 5/6/25, with the disciplinary team. The Fulton County Jail rules fall into four categories: Minor, Major, Serious and Extreme and there are possible sanctions noted for each category of offense. Disciplinary sanctions are also noted in the Resident Rules and Discipline Policy (600-01). One of the effective sanctions that can be used in lieu of restrictive housing is room restriction. Room restriction is a disciplinary sanction whereby a resident is confined in their assigned cell without access to designated privileges, interaction with other residents and leisure time activities. Unfortunately, the disciplinary team cannot impose this sanction for most of the units at the Main Jail due to the fact the doors do not lock. They can impose this sanction at the South Annex and ACDC.

The Monitoring Team will continue to work with FCSO staff to revise the schedule of sanctions and incorporate those changes in a revised disciplinary policy.

Provision 269

All disciplinary investigations will be completed, and all disciplinary hearings will occur, within 14 days. A supervisor may approve a request for an extension of a disciplinary investigation with documented good cause.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this Monitoring period, the discipline staff have improved on their ability to conduct disciplinary hearings within 14 days. The improvement is linked to an increase in their staffing and reducing the number of staff conducting each hearing. They conduct hearings at the Main Jail, South Annex and ACDC. Hearings are

conducted on Tuesdays, Wednesdays, and Thursdays. The Monitoring Team reviewed a copy of the Disciplinary Team's spreadsheet. The staff use this document to track hearing dates, outcomes and dates to be released from restrictive housing. Of the 34 incidents noted for February 2026, four were dismissed due to staff's inability to hold the hearing within 14 days. The outcome is denoted as dismissed due to time allotment. There were a total of 18 cases dismissed for February incidents. In addition to failing to hold the hearing within 14 days, cases were dismissed due to a missing charge sheet and the resident receiving criminal charges for the incident.

Provision 270

All people accused of any disciplinary offense with a potential restrictive housing sanction will have an opportunity to participate in a live disciplinary hearing. No one will be denied a live hearing except for particularized safety concerns, which will be documented and detailed, and in which case they will be provided an alternative means to make a statement (e.g., in writing) for consideration at the hearing.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO exceeds the minimum requirement of this provision by conducting live disciplinary hearings for residents facing sanctions less than restrictive housing. The Monitoring Team observed three disciplinary hearings. The hearings were conducted in professional manner. The hearing officer explained the process and provided the residents with the opportunity to make statement for consideration at the hearing. The discipline team may want to consider the way in which the room is set up for the hearings. The resident and the hearing officer stood during the

hearing. Consideration should be given to both safety and comfort during the proceedings. While the requirements related to having the resident at the live hearing or documenting the security risks that would result from their presence are set forth in the Resident Rules and Discipline Policy (600-01), the opportunity for the excluded resident to make a statement (e.g., in writing) is not contained in the policy. This requirement will be included in the revised policy.

Provision 271

Any findings of guilt will be explained in writing, will explain the factual basis for the finding and the specific violations found, and will be provided to the incarcerated person being disciplined.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The requirements of this provision are contained in the Resident Rules and Discipline Policy (600-01). While the staff had not previously provided the resident a copy of the written report of the guilty findings, they reported that during this reporting period, they began inquiring whether residents wanted a copy of the report. If they requested a copy, they would deliver a copy to their unit. During observed hearings, residents were asked if they wanted a copy of the findings after the completion of the hearing and each one said they did. Discipline staff have drafted a form entitled Notification of Disciplinary Findings. The form has a place for the resident and Disciplinary Officer to sign. Once the policies and forms are finalized, it will be incumbent upon the discipline staff to track the residents who have received a written copy of the findings. Staff should develop a process by which they are auditing whether residents received a copy of the disciplinary findings.

Provision 272

Disciplinary officers will issue restrictive housing sanctions only as necessary, and only after concluding that other reasonable sanctions (e.g., commissary restriction, loss of phone privileges) are insufficient to serve the purposes of punishment.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The principles contained in this provision will be incorporated into the revised Categories of Resident Rules and Discipline. Discipline staff report that due to limited number of disciplinary segregation space, the restrictive housing sanctions are reserved for the more serious offenses. The Monitoring Team reviewed the outcomes listed on the Disciplinary Team's spreadsheet for incidents that occurred in February 2026. Of the 34 cases listed, 13 were found guilty, 18 were dismissed, 1 was released and 3 had time served. Of the 13 found guilty the restrictive housing sanctions were as follows:

- 8 – received 14 days
- 3 – received 60 days
- 1 – received 28 days
- 1 – received 56 days

The offenses for the cases that received restrictive housing sanctions included possession of a weapon, fighting, assault and battery and escape.

Provision 273

Disciplinary sentences for offenses that arise out of the same episode will be served concurrently.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The revisions to the Categories of Resident Rules and Discipline Policy 600-10 will include the requirement noted in this provision. FCSO will need to identify the scope of cases that fall within this provision to regularly audit the sanctions to ensure the sentences are served concurrently. The Monitoring Team was not able to isolate cases in which multiple offenses arise out of the same episode but will focus on doing so in the next reporting period.

Provision 274

Incarcerated people who demonstrate good behavior during disciplinary restrictive housing should be given consideration for early release from restrictive housing, as appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this monitoring period, FCSO formed a multi-disciplinary review team that is reviewing the population in administrative and restrictive housing. Due to staffing shortages and competing priorities, the meetings and attendance have not been consistent. There is a need for cross-department (discipline, NaphCare, classification) collaboration to assist with compliance efforts.

Discipline staff report that residents have been released early from restrictive housing due to good behavior and the need for bedspace in restrictive housing. In order to demonstrate compliance with this provision, FCSO should seek a way to identify these cases through Odyssey.

Provision 275

Custody Staff will consult with mental health staff to determine whether initiating disciplinary procedures is appropriate for incarcerated people with mental health disabilities, in accordance with the following:

- a. The disciplinary review panel or individual will consult with a QMHP prior to the hearing;
- b. If, following a review of the incarcerated person's medical and mental health record, a QMHP determines the incarcerated person's actions were the result of mental illness (i.e. unable to appreciate the nature and quality or the wrongfulness of their acts), the incarcerated person will not be disciplined because of mental illness;
- c. Even when an incarcerated person with mental illness is determined to be culpable for a disciplinary violation, Custody Staff will consult with a QMHP to determine whether the proposed sanction is likely to cause psychological harm or interfere with mental health treatment. In such cases, custody and mental health staff will confer to consider alternative sanctions that do not pose such harm and document such consultation; and
- d. If Custody Staff decide not to follow those recommendations, Custody Staff will document a reasonable rationale why they decided not to follow the alternative sanction recommendations, how the harm identified by the QMHP will be safely addressed, and what sanctions if any they decided to put in place.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO has not yet established a formal, objective process regarding consultation with a QMHP as required by this provision. The Monitoring Team will provide technical assistance with this provision soon.

17-Year-Olds in Restrictive Housing

The Eighth Amendment of the U.S. Constitution bans cruel and unusual punishment. Jails must ensure residents receive necessities, including proper lighting. During the April visit, Monitoring Team observed that many of the 17-year-olds in restrictive housing were living in perpetual darkness. Specifically, in-cell lights only worked in 3 out of the 10 cells in this unit. Therefore, 70% of the cells in the unit did not have operable lighting. All of the exterior windows in this unit (and in most of the units at the South Annex) are covered with metal plates which do not allow the entry of natural daylight into the cells. The metal plates were placed on the windows to prevent contraband from being introduced to the facility through the windows.

The residents in restrictive housing are confined to their cells 23 hours a day. They are permitted out of their cells for one hour a day, Monday – Friday. They remain in their cells 24 hours a day on the weekends. Some members of the Monitoring Team toured this unit at night. It was very difficult to see into the cells and to determine the number of residents housed in the cell. The deprivation of light negatively impacts physical and mental health, poses significant safety issues for the residents as well as staff.

The National Commission on Correctional Healthcare has noted: “Psychologically, children are different from adults, making their time in isolation even more difficult and the developmental, psychological, and physical damage more

comprehensive and lasting.”²⁵ The lack of lighting poses a particular risk of adverse reactions for residents whose brains are still developing. The residents reported that the lack of lighting was bad, especially over the weekends. They noted it gets depressing and impacts their sleep.

During the Monitoring Team’s October 2025 visit, the Team noted the lighting in a number of cells was not working but the residents had a small dome light. There were no dome lights observed during the April 2026 visit nor were the in-cell lights repaired. When asked what happened to the small dome lights, FCSO staff reported “they went away.” When staff were asked about why the lights were not working, they noted that the residents had destroyed them. Many of the residents reported the lights had been inoperable since they were placed in the cell. Some of those residents had been placed in the cell months ago.

Not having lights in the restrictive housing cells of 17-year-olds is an unacceptable condition that must be remedied immediately. Funding for the South Annex lighting project has been approved and work is scheduled to commence within the next six weeks.

Provision 276

Until completion of the process described in Paragraph 277 below, and subject to the limitations set above in paragraphs 251-275 and below in paragraphs 278-280, FSCO will approach restrictive housing for 17-year-olds as follows: FCSO will not use restrictive housing for 17-year-olds in response to minor offenses or major offenses, as defined in the schedule of disciplinary sanctions described in section D

²⁵ National Commission on Correctional Health Care, Position Statement: Solitary Confinement (Isolation) 2 (April 2016).

above, that do not involve violence, significant property damage, or serious security risks. FCSO may use restrictive housing for 17-year-olds in response to major offenses involving violence, significant property damage, or serious security risks, or in response to serious and extreme offenses, as defined in the schedule of disciplinary sanctions, but will consider youth as a mitigating factor when selecting a reasonable and proportionate sanction. FCSO may also use restrictive housing for 17-year-olds in response to an ongoing safety threat, and FCSO will review the ongoing need for such placement as appropriate.

Compliance Status: Non Compliance

Provision 277

By a date to be set in the Implementation Plan, Section XII, FCSO will have a multi-disciplinary committee, which will include appropriate FCSO leadership and the FCSO Medical Director and will review restrictive housing practices for 17-year-olds in the Jail and make recommendations with the goal of minimizing to the extent possible FCSO's use of restrictive housing for this population. The committee will consult with the Monitor and will review and consider national standards on the use of restrictive housing for this population. The committee will communicate its findings to the Monitor, who, by a date set in the Implementation Plan, Section XII, will produce a written report documenting the work and any recommendations. By a date to be determined, the FCSO will revise its policies and practices to implement these recommendations. The Parties will meet and confer about any recommendations FCSO has not implemented.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

FCSO staff convened the inaugural multi-disciplinary committee on June 2, 2026. The committee included representatives responsible for correctional operations, classification, legal oversight, medical and behavioral healthcare, youth programming and Consent Decree compliance. The committee's discussions centered on understanding the operational, clinical and classification factors that influence restrictive housing decisions. Recognizing the importance of national juvenile correctional expertise, the committee will invite representatives from the Georgia Department of Juvenile Justice to assist the committee. Future committee meetings will include a detailed review of several topics including, but not limited to: restrictive housing practices; classification and housing; behavioral health; youth disciplinary processes; and policy recommendations,

Provision 278

FCSO will provide 17-year-olds placed in restrictive housing with continuing and adequate access to: medical, mental health, and education services; hygiene supplies; opportunity for large muscle exercise and telephone calls to their attorney; writing and reading materials; religious materials; and access to the grievance system.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While the residents reported they had not been to the outdoor recreation area for weeks, they did report that they have the opportunity to see medical or mental health staff. They did not have access to reading or writing materials although without any light in their cell, it would be nearly impossible to read. None of the residents the Monitoring Team spoke with had requested an attorney call. The

Monitoring Team encourages the FCSO to incorporate ways to track the residents access to, and utilization of, the services contained in this provision.

Provision 279

FCSO will provide sight and sound separation of 17-year-olds and adults in restrictive housing, and it will not house 17-year-olds in adult restrictive housing units.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team has not observed any 17-year-olds being housed in adult housing units. The prohibition of housing 17-year-olds in adult restrictive housing units will be incorporated in policy.

Provision 280

All 17-year-olds in the Jail will have adequate access to out-of-cell time, opportunities for large muscle exercise, programming (except that programming may be limited for the time a 17-year-old is serving a disciplinary sanction in restrictive housing or as otherwise needed for safety reasons), medical and mental health treatment, and educational services, as appropriate, and will not be subject to restrictive housing conditions solely because of their age.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The 17-year-old-residents housed in the general population unit reported the following information about their conditions of confinement:

- They get 3 hours of out-of-cell time during the week.

- Sick call process works fine.
- Breakfast is served at 3 a.m. along with their sack lunch.
- Recreation is sometimes offered including basketball, chess, and cards.
- Most cells are dark (one resident reports he has not had lights for one year).
- Can't read books in the dark.
- Aware grievances can be filed on tablet or on paper but don't trust staff to turn in the paper grievances.
- Aware that some residents have educational services. Interested in some type of classes/GED.
- "Coach" brings books and talks with residents on Tuesday and Thursday.

The Monitoring Team encourages the FCSO to track residents access to, and utilization of, services contained in the provision.

Data Tracking and Analysis

The provisions in this section require the FCSO to track and report on information related to the use of restrictive housing. While the FCSO does track some information related to its use of restrictive housing, current efforts do not address all of the tracking, analysis, and reporting required by Provisions 281 and 282.

Provision 281

FCSO will document using an incident report or by some other agreed-upon means the placement, reasoning for placement, and removal of all incarcerated people to and from restrictive housing by the end of the shift in which such placement or removal occurs. FCSO will have a centralized tracker for restrictive housing that records the date and time of placement; reason for placement; status of any disciplinary charges; projected restrictive housing release date; actual restrictive

housing release date; and consultations with mental health staff regarding the use of restrictive housing.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO has shared examples of forms used to track information about individual residents placed into restrictive housing, including those addressing Protective Custody, Classification Weekly Segregation Review, and Classification High Risk Segregation Review Committee decisions. The Monitoring Team has also reviewed a special management log maintained by the FCSO that documents information about residents held in disciplinary confinement, administrative segregation, and protective custody. The various forms and log include some of the items required by Provision 281, such as the date and reason for placement in restrictive housing. They do not include other required items, however, such as information about consultations with mental health staff. The Monitoring Team recommends that the FCSO focus on revisions to these forms and the special management log or updates to the JMS to ensure that they include all information required by Provision 281.

Provision 282

FCSO will collect and report system-wide data on its use of restrictive housing. This data will describe the incidence and prevalence of restrictive housing, including the total number of incarcerated people in each restrictive housing, restrictive housing recidivism rates, and the average length of stay. This data will include demographic information, including race, gender, gender identity, sexual orientation, disability status, and age.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The FCSO has not yet provided the Monitoring Team any reports or other documentation with the type of data and analysis required by Provision 282. The Monitoring Team recommends that the FCSO begin to address this provision by revising its Restrictive and Special Management Housing Units (200-04) and Disciplinary Segregation (200-15) Policies to require staff to produce quarterly reports summarizing the information required by Provision 282, identifying emergent issues, and making recommendations to address them. In future reporting periods, the Monitoring Team will then focus its review on the content of those reports.

Special Education and Related Services

The County and FCSO prioritized implementation of life safety provisions contained in the Consent Decree for 2026 and determined they will focus on the Special Education provisions in 2027. The Monitoring Team will add an Education Monitor in early 2027 who will be able to assist FCSO staff with the following: developing special education and related services policies and procedures consistent with the Consent Decree, creating a comprehensive intake process to include assessments, and ensuring FCSO is complying with the requirements of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C §§ 1400-1482; 34 C.F.R. Part 300.

During the April site visit, the Monitoring Team spoke to approximately 12 17-year-olds. While they were interested in receiving educational programming, they did not think there were any services available. One of the 12 residents indicated he was receiving some educational services that occurred about once per week, which were likely Individualized Education Program (IEP) services. The residents also noted that they were not aware of any educational programming available on the tablets and noted they rarely had access to a tablet.

Provision 283

FCSO will comply with the requirements of the Individuals with Disabilities in Education Act (IDEA), 20 U.S.C. §§ 1400–1482; 34 C.F.R. Part 300.

Compliance Status: Non Compliance

Provision 284

FCSO will employ a dedicated IDEA Coordinator, and any additional support staff as needed to reasonably manage volume, to direct IDEA compliance activities, and

have responsibility to implement provisions of this Consent Decree related to special education and related services.

Compliance Status: Non Compliance

Provision 285

By dates set in the Implementation Plan, Section XII, the County and FCSO will create special education and related services policies and procedures to be consistent with the principles set forth herein and in accordance with the IDEA.

Compliance Status: Not Rated

Provision 286

Within six months of the date that any policy or procedure related to Special Education and Related Services is finalized or revised (following the period of review for the Monitor and United States), FCSO will train all relevant staff on that policy, through in-service training.

Compliance Status: Not Rated

Provision 287

FCSO will create a comprehensive intake process to include assessments, interviews/questionnaires, and records review to help identify students who may currently receive special education services, previously received special education services, or may require special education services and will ensure the Atlanta Public School (APS) and/or the Fulton County Schools (FCS) has access to this information on a timely basis. FCSO will ensure that APS and/or FCS has access to any incarcerated people who are identified so that it can conduct evaluations as appropriate.

Compliance Status: Non Compliance

Provision 288

FCSO will facilitate APS's and/or FCS's provision of specially designed instruction and related services to students with disabilities based on their individualized academic, social, emotional, and behavioral needs.

Compliance Status: Non Compliance

Provision 289

FCSO will, under the leadership of APS and/or FCS, facilitate the development and implementation of Individualized Education Programs ("IEPs"). FCSO will facilitate the meaningful participation in the IEP decision-making process of students and their parents or guardians where appropriate.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO's process for facilitating the development and implementation of IEPs involves FCSO staff sending a referral list of all newly booked residents who are between the ages of 17 and 21 to their contact at APS. The list is sent on a weekly basis. APS staff review the list to identify those who had an IEP when they last attended an APS school. This approach will not identify residents who had IEPs at schools outside of APS or who require special education services but did not previously have an IEP. Implementation of the comprehensive intake process required under Provision 287 should capture all eligible residents.

The Monitoring Team requested the referral lists for February 2026, but did not receive lists from the first or second week of February. The list from the third week included residents booked during the second week, but not the first. The

Team conducted a search for 17-to-21-year-olds booked during the first week of February and found two who were not on any of the referral lists we received. For the next monitoring period, the Monitoring Team recommends FCSO staff conduct regular audits of the referral lists to ensure they are capturing all eligible residents.

The Monitoring Team also reviewed the February 2026 version of the Fulton County Jail/APS Incarcerated Youth Special Education Log. FCSO staff reported the log included all residents who were flagged by APS as having an IEP and were eligible for APS education services at that time. The spreadsheet listed 26 residents. The Monitoring Team could find the birth date of 24 of the residents and only found 3 who were 17 years old. The rest were older and were housed either at the Main Jail or ACDC. The spreadsheet included information about the days residents were offered an IEP meeting and whether they attended. Of the 26 residents listed on the spreadsheet, 9 of them were offered no IEP meetings in February. Of the 17 who were offered at least 1 IEP meeting, all but 1 of them attended 1 meeting or more.

Provision 290

FCSO will ensure that APS and/or FCS has necessary access to Jail Facilities so that it can provide services in an educational setting as appropriate.

Compliance Status: Non Compliance

Provision 291

FCSO will facilitate APS's and/or FCS's tracking and sharing of all removals from the educational setting based on behavior to determine when a manifestation determination review must be held, and will facilitate APS's and/or FCS's conducting of all required manifestation determinations as required by the IDEA.

Compliance Status: Non Compliance

Provision 292

FCSO will coordinate with APS and/or FCS and take all reasonable steps within its control to ensure that there are a sufficient number of education professionals to offer educational services consistent with this Consent Decree.

Compliance Status: Non Compliance

Quality Assurance

As noted in the last report, NaphCare policies establish a comprehensive quality assessment and CQI framework that aligns with the requirements related to corrective action planning and performance oversight. The policy mandates formation of an institutional CQI committee with participation from medical leadership, mental health staff, nursing, custody/security representatives, and administrative leadership. The committee is responsible for identifying quality issues, establishing performance thresholds, conducting monitoring activities, analyzing findings, developing and implementing corrective action plans, and determining follow-up timeframes to assess the effectiveness of interventions. Policies further require routine chart reviews conducted at least quarterly, documentation of CQI meeting minutes, and preparation of monthly CQI reports summarizing identified issues and actions taken or planned. Mortality reviews are explicitly included as a core component of the CQI program, ensuring linkage between death reviews and systematic quality improvement efforts.

The policy also requires that all health staff participate in CQI activities, that the Medical Director remain actively involved, and that quality improvement initiatives be tracked through process and outcome studies, with at least one formal study completed annually. Annual effectiveness reviews are required to assess CQI performance, including focused review of deaths and serious incidents involving individuals with mental illness or substance use disorders.

Despite the presence of this policy framework, the Monitoring Team's observations are that an appropriate quality assurance program has not yet been implemented. The FCSO will need to bolster its compliance team capacity to move towards substantial compliance with the quality assurance provisions. The Medical and

Mental Health Monitors continue to be available to provide technical assistance on how to improve quality improvement processes.

Provision 293

Beginning one year after the effective date, for the metrics required by this Consent Decree, the County and FCSO will, with input from the Monitor, establish an adequate Quality Assurance Program with the expectation that this Program will continue after the termination of this Consent Decree to ensure the durability of these improvements. The County and FCSO will ensure that the Quality Assurance Program is sufficiently maintained and identifies and corrects deficiencies relevant to the areas covered in this Consent Decree in the Jail.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Members of the Monitoring Team have attended multiple NaphCare CQI meetings since the October visit and have also been provided with the agendas and logs of attendees for monthly CQI Committee meetings for the months of February, April, May, and June 2026. Our observation and the materials demonstrate that NaphCare has an active CQI meeting structure that includes representatives from the health care and custody teams and reviews multiple areas relevant to medical and mental health care, including medication variances, infection control, grievances, emergency response reviews, and patient deaths or serious suicide attempts. The minutes also reflect discussion of several CQI studies relevant to Consent Decree, including suicide watch monitoring, confidential suicide risk assessments, nonemergency health care requests and detoxification monitoring.

However, the County and FCSO have not yet established an adequate quality assurance program, especially for the metrics required by the Consent Decree. In

addition, the Monitoring Team's observations are that the CQI review process is somewhat superficial. Findings are generally summarized through compliance percentages and brief corrective action statements, but the discussion do not reflect substantial discussion of trends, operational barriers, root causes, prior corrective actions, or whether interventions were effective.

The suicide-watch CQI process studies provide a useful example of both the strengths and limitations of the current CQI process. NaphCare appropriately identified Q15 suicide-watch monitoring as a high-risk process, established an expected threshold of 90%, and conducted repeated monthly process studies. Based on reports received from December 2025 through March 2026, compliance remained below threshold and showed little meaningful improvement, increasing only from 78% in December to 79% in January and 80% in February and March. The improvement plan was substantially repeated each month and did not demonstrate detailed root-cause analysis, specific accountable action steps, or objective reassessment of whether the corrective actions were effective. This illustrates the broader concern that the current CQI process can identify important deficiencies but does not yet consistently translate those findings into measurable corrective action capable of producing sustained improvement. In addition, the CQI materials reviewed appear to focus primarily on process studies, and the Monitoring Team has not seen evidence that outcome studies are being incorporated into the CQI plan.

Provision 293 also requires quality assurance efforts related to other non-medical and non-mental health subjects covered by the Consent Decree. The FCSO will need to build additional capacity in its Compliance Team to achieve this objective.

Provision 294

On an ongoing basis, the Quality Assurance Program will collect and analyze reliable data for patterns and trends relevant to the Consent Decree, and will develop and implement adequate corrective action plans when data analysis or program reviews indicate the need to address a system deficiency and ensure compliance with the terms of this Consent Decree. The corrective action plans will include the time frame for implementation of corrective action, the person or persons responsible for implementing the action, and how the outcomes will be objectively measured.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

The CQI Committee does not yet discuss the provisions of the Consent Decree in its monthly meetings. The Monitoring Team recognizes that it will take time to develop a comprehensive Quality Assurance Program as described by Provision 294 that will include all aspects of the Consent Decree, but such a program would begin with adding discussions of the provisions of the Consent Decree to the CQI committee agenda.

Implementation and Reporting

Provisions 295 through 298 outline requirements concerning initial and subsequent implementation plans to describe the steps Fulton County and the FCSO will take to fulfill their obligations under the Consent Decree. The initial implementation plan should include a specific schedule and deadlines to address required policy and procedure changes, analyses and plans, such as those related to staffing and housing, and training about the Consent Decree. Subsequent implementation plans, updated every six months, are required to set specific schedules and deadlines for the next year, provide details about implementation activities, and address areas of noncompliance and recommendations from the Monitoring Team.

Fulton County and the FCSO submitted the initial implementation plan within the requisite time frame required by the Consent Decree and received comments from the United States. Once the Monitoring Team began its work, it collaborated with FCSO regarding the implementation plan. In December 2025, the Parties agreed to an initial implementation plan that identified high-level due dates, prioritizing each subsection of the Consent Decree containing substantive provisions. That initial implementation plan was reviewed by the Monitoring Team and United States in February 2026 and finalized. Since then, the County and FCSO have periodically updated information related to specific provisions in the application used to manage implementation plans. They have not, however, formally submitted a subsequent implementation plan setting a specific schedule for the next year or addressing areas of non compliance and recommendations identified by the Monitoring Team, as is required by the provisions in this section.

Provisions 300 through 303 establish requirements related to compliance efforts. In the prior reporting period, Fulton County filled a Compliance Coordinator position, and the FCSO and NaphCare identified staff to coordinate their

compliance efforts. The Monitoring Team recommended expanding the number of compliance staff given the size and scope of the Consent Decree, and in this reporting period, the FCSO hired four additional compliance staff. These personnel will be critical in coordinating and documenting efforts to achieve compliance with the Consent Decree.

Provisions 304 and 305 require the FCSO to, among other things, notify the Monitoring Team and the United States of in-custody deaths within 24 hours and to provide a monthly notification of deaths, overdoses requiring medical intervention, serious injuries, and substantiated findings of certain types of staff misconduct. There were no in-custody deaths requiring notification, and while the Monitoring Team did receive several memos documenting monthly reports about in-custody deaths and staff misconduct investigations, a formal process addressing the monthly notification requirements has not yet been established. The Monitoring Team recently discussed these notification requirements with the compliance team and anticipates the monthly reports being provided in the next monitoring period.

Provision 295

The County and FCSO will create an Implementation Plan, supplemented semi-annually, that describes the actions they will take to fulfill their obligations under this Consent Decree. Implementation of this Consent Decree will be completed in phases as outlined in the Consent Decree and the Implementation Plan.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

Now that the initial implementation plan that set general due dates for each section of the Consent Decree is finalized, the Monitoring Team recommends that Fulton

County and the FCSO prioritize detailed plans for the provisions within sections that have due dates in the second half of 2026. These plans should include specific details about the individual work steps necessary to gain and document compliance with each provision, the staff responsible for completing each work step, and deadlines for each work step that set a reasonable pace for meeting overall due dates. The FCSO and County should make every effort to comply with the deadlines in the Implementation Plan. When these are ready for review, the County and FCSO should notify the Monitoring Team and United States.

Provision 296

Within 30 days of the Effective Date, and every six months thereafter, the County and FCSO will create and implement an Implementation Plan. In each Implementation Plan, the County and FCSO will develop a specific schedule and deadlines for each action step required to implement the Consent Decree over the course of the next year, with a general schedule for successive years.

Compliance Status: Partial Compliance

Provision 297

In the first Implementation Plan (Implementation Plan #1), the County and FCSO will develop a specific schedule and deadlines for the first twelve months, to include when the County and FCSO will: (a) draft or revise policies and procedures; (b) complete a staffing analysis and all plans required by this Consent Decree; and (c) develop and deliver training to Jail custody, medical, and mental health staff and providers concerning the provisions of this Consent Decree and the County's and FCSO's commitment to fulfilling their obligations under the Constitution and federal law.

Compliance Status: Substantial Compliance

Provision 298

Implementation Plans after Implementation Plan #1 will focus on and provide additional detail regarding implementation activities. The County and FCSO will address in their further Implementation Plans any areas of non compliance or other recommendations identified by the Monitor in its reports.

Compliance Status: Partial Compliance

Provision 299

The United States and the Monitor will provide comments regarding all Implementation Plans within 30 days of receipt. The County and FCSO will timely revise their Implementation Plans to address comments from the United States and the Monitor; the Parties and the Monitor will meet and consult as necessary. The United States and Monitor must approve the final Implementation Plans.

Compliance Status: Partial Compliance

Provision 300

FCSO will maintain and submit upon request records or other documents to verify that it has taken actions described in its reporting to the Monitor and United States (e.g., policies, procedures, protocols, training materials, investigations, and incident reports), and will provide all documents reasonably requested by the Monitor or United States.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The FCSO and County have generally shared records requested by the Monitoring Team through a SharePoint site. The Monitoring Team and United States

experienced issues accessing the SharePoint site during the prior reporting period, but most of those issues were resolved. The remaining obstacle to substantial compliance with this provision is areas where the FCSO and County do not yet keep records sufficient to demonstrate compliance with the substantive provisions of the Consent Decree. The Monitoring Team anticipates that this will continue to improve, particularly as the Compliance Team gains experience and compliance measures for each provision are defined.

Provision 301

Within 30 days of the Effective Date, the County and FCSO will develop a job description and initiate recruitment of a full-time Compliance Coordinator. This person will have the requisite skills, knowledge, abilities, and time to perform the job functions that are substantially related to coordinating the successful implementation of every requirement of this Consent Decree. Two years after the Effective Date of this Consent Decree, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

Fulton County, the FCSO, and NaphCare have all identified staff members to coordinate their compliance efforts, and the FCSO has hired four additional staff to work on its compliance team.

Provision 302

The Compliance Coordinator will report to the Attorneys for the County and the FCSO who will serve as a primary point of contact for the Monitor and United

States. The Compliance Coordinator will take primary responsibility for collecting information the Monitor requires to carry out its duties.

Compliance Status: Substantial Compliance

Additional Discussion/Recommendations:

The County Compliance Coordinator position reports to the attorneys for the County and has taken the lead in responding to records requests from the Monitoring Team.

Provision 303

At a minimum, the Compliance Coordinator will: (a) coordinate compliance and implementation activities; (b) facilitate the provision of data, documents, materials, and access to County and FCSO personnel to the Monitor, United States, and the public, as needed; (c) ensure that all documents and records are maintained as provided in this Consent Decree; and (d) assist in assigning compliance tasks to County or FCSO personnel.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

While the compliance coordinators for the County, FCSO, and NaphCare have generally fulfilled the responsibilities addressed in this provision, as indicated elsewhere, the largest obstacle to substantial compliance with this provision is areas where the FCSO and County do not yet keep records sufficient to demonstrate compliance with the substantive provisions of the Consent Decree.

Provision 304

FCSO will notify the United States and the Monitor upon the death of any incarcerated person, within 24 hours. FCSO will forward to the Monitor and

United States incident reports and medical and/or mental health reports related to deaths, autopsies, and/or death summaries of incarcerated people, as well as all final investigative reports that involve deaths and mortality reviews within seven days of completion.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The Monitoring Team recommends that the FCSO formalize its notification procedures by documenting in policy the staff responsible for notifying the Monitoring Team and United States, the deadlines for initial notification and for forwarding relevant reports, and the process by which relevant reports and documentation will be identified and shared.

Provision 305

Monthly, FCSO will notify the Monitor and United States of any of the following occurring at the Jail during the preceding month:

- a. deaths and cause of deaths if known;
- b. overdoses requiring medical intervention;
- c. serious injuries to incarcerated people or staff requiring hospitalization or emergency hospital transfer;
- d. substantiated findings of violence, extortion, or sexual abuse; and
- e. substantiated findings of staff misconduct related to drug trafficking, other contraband, or retaliation against an incarcerated person or staff member for reporting misconduct.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

During this review period, the Monitoring Team received several reports documenting monthly in-custody deaths and staff misconduct related to contraband, trafficking, and retaliation. These reports were not provided every month, however, and we did not receive similar reports for the other items in Provision 305. Nor were these reports provided to the United States. The Monitoring Team recently discussed the requirements of this provision, possible sources of the data, and potential format for the report. The Monitoring Team anticipates that the FCSO will begin sharing a report notifying the Monitoring Team and the United States of all the incidents described in this provision that occurred in the prior month during the next reporting period. We further recommend that the FCSO develop a process to audit these reports to identify missing or inaccurate information, correct inaccuracies, and update policies and procedures to address commonly occurring issues.

Provision 306

Upon request, FCSO will forward to the United States any related incident reports, and medical and/or mental health reports, and investigation reports as they become available, for the events reported monthly.

Compliance Status: Partial Compliance

Additional Discussion/Recommendations:

The County and FCSO have been responsive to requests from the Monitoring Team. The United States has received some incident reports, but has struggled to maintain access through SharePoint.

Accountability and Transparency

Provisions 348 through 352 in this section of the Consent Decree establish requirements related to resident and community access to FCSO policies and procedures adopted under the Consent Decree. The FCSO has not yet made these documents available on its website, included them on the tablets provided to residents, or revised its resident handbook to notify residents that they can review them upon request.

Provision 353 in this section requires that the FCSO provide residents with a way to report information related to the Consent Decree directly to the Monitoring Team at no cost. The Monitoring Team had preliminary discussions with the FCSO regarding possible options to comply with this provision. The FCSO expects to implement this provision during the next reporting period.

Provision 354 of the Consent Decree requires the Monitor to host a public website that makes available the United States' Findings Report, all Monitoring Reports, and all public filings in this case. The Monitor's website can be found at www.fultonjailmonitor.com.

Provision 348

FCSO will make all new policies and procedures adopted under this Consent Decree readily available to the public and the incarcerated population, unless a specific policy or procedure creates a legitimate security risk, as described below.

Compliance Status: Not Rated

Provision 349

FCSO will notify all incarcerated people that they can review available policies and procedures upon request.

Compliance Status: Not Rated

Provision 350

Electronic copies of policies and procedures adopted under this Consent Decree will be available in the multipurpose area of the Main Jail and in the Annex Facilities.

Compliance Status: Not Rated

Provision 351

Policies and procedures will also be posted on the FCSO website and accessible on electronic platforms (e.g., tablets and kiosks) accessible to incarcerated people.

Compliance Status: Not Rated

Provision 352

If FCSO determines that allowing the public to access a policy or procedure creates a legitimate security risk, it will notify the Monitor and United States of this determination. FCSO will provide a written explanation of the security risk upon request.

Compliance Status: Not Rated

Provision 353

FCSO will provide ways for incarcerated people to report information related to the Consent Decree directly to the Monitor at no cost to the incarcerated person, including via the Jail kiosks and in writing.

Compliance Status: Non Compliance

Additional Discussion/Recommendations:

As noted above, the FCSO anticipates implementing this provision during the next reporting period.

Compliance Status of Substantive Provisions

Section	Provision	Compliance Status
Policies, Procedures, and Training	31	Not Rated
	32	Not Rated
	33	Not Rated
	34	Not Rated
	35	Substantial Compliance
	36	Partial Compliance
	37	Partial Compliance
	38	Partial Compliance
	39	Partial Compliance
	40	Not Rated
Notification of Rights and Protections	41	Partial Compliance
	42	Partial Compliance
	43	Partial Compliance
	44	Non Compliance
	45	Partial Compliance
Protection from Harm – Policies, Procedures, and Training	46	Not Rated
	47	Not Rated
	48	Partial Compliance
	49	Partial Compliance
	50	Partial Compliance
Protection from Harm – Classification and Housing	51	Partial Compliance
	52	Partial Compliance
	53	Partial Compliance
	54	Partial Compliance
	55	Partial Compliance
	56	Partial Compliance
	57	Partial Compliance
	58	Partial Compliance
	59	Partial Compliance
	60	Partial Compliance

Protection from Harm – Staffing and Supervision	61	Partial Compliance
	62	Partial Compliance
	63	Partial Compliance
	64	Partial Compliance
	65	Non Compliance
	66	Non Compliance
	67	Non Compliance
	68	Partial Compliance
	69	Partial Compliance
	70	Partial Compliance
	71	Partial Compliance
	72	Substantial Compliance
Protection from Harm – Contraband Prevention	73	Partial Compliance
	74	Partial Compliance
	75	Partial Compliance
Protection from Harm – Gang Violence	76	Partial Compliance
	77	Partial Compliance
Protection from Harm – Grievance, Incident, and Maintenance Reporting	78	Non Compliance
	79	Partial Compliance
	80	Partial Compliance
	81	Partial Compliance
	82	Partial Compliance
	83	Partial Compliance
	84	Partial Compliance
	85	Partial Compliance
	86	Partial Compliance
	87	Partial Compliance
	88	Partial Compliance
	89	Partial Compliance
	90	Partial Compliance
	91	Partial Compliance

Protection from Harm – Investigations and Corrective Action Planning	92	Substantial Compliance
	93	Partial Compliance
	94	Partial Compliance
	95	Partial Compliance
	96	Partial Compliance
	97	Partial Compliance
	98	Partial Compliance
	99	Substantial Compliance
	100	Partial Compliance
	101	Partial Compliance
	102	Partial Compliance
	103	Partial Compliance
	104	Partial Compliance
	105	Partial Compliance
	106	Non Compliance
Protection from Harm – Sexual Abuse Reporting and Investigations	107	Partial Compliance
	108	Partial Compliance
	109	Partial Compliance
	110	Partial Compliance
	111	Partial Compliance
	112	Partial Compliance
	113	Partial Compliance
	114	Partial Compliance
	115	Partial Compliance
	116	Partial Compliance
	117	Partial Compliance
	118	Non Compliance
	119	Partial Compliance
Protection from Harm – Information Management Systems and Resiliency Planning	120	Partial Compliance
	121	Non Compliance
	122	Partial Compliance
Protection from Harm – Data Tracking and Reporting	123	Partial Compliance
	124	Partial Compliance
	125	Partial Compliance
	126	Partial Compliance
	127	Partial Compliance

Use of Force – Policies, Procedures and Training	128	Partial Compliance
	129	Partial Compliance
	130	Partial Compliance
	131	Not Rated
	132	Partial Compliance
	133	Partial Compliance
Use of Force – Tasers	134	Non Compliance
	135	Partial Compliance
	136	Partial Compliance
	137	Partial Compliance
	138	Partial Compliance
	139	Partial Compliance
	140	Partial Compliance
Use of Force – Use-of-Force Reviews	141	Partial Compliance
	142	Partial Compliance
	143	Partial Compliance
	144	Non Compliance
	145	Partial Compliance
	146	Partial Compliance
	147	Partial Compliance
Use of Force – Data Tracking and Reporting	148	Partial Compliance
	149	Non Compliance
	150	Non Compliance
	151	Partial Compliance
Environmental Health and Nutrition – Policies, Procedures and Training	152	Partial Compliance
	153	Not Rated
Environmental Health and Nutrition – Sanitation and Environmental Safety	154	Partial Compliance
	155	Non Compliance
	156	Partial Compliance
	157	Partial Compliance

Environmental Health and Nutrition – Physical Plant	158	Partial Compliance
	159	Non Compliance
	160	Partial Compliance
	161	Non Compliance
	162	Non Compliance
	163	Partial Compliance
	164	Non Compliance
	165	Partial Compliance
	166	Partial Compliance
	167	Partial Compliance
Environmental Health and Nutrition – Pest Control	168	Non Compliance
	169	Partial Compliance
	170	Partial Compliance
	171	Substantial Compliance
	172	Partial Compliance
Environmental Health and Nutrition – Chemical Control	173	Partial Compliance
	174	Non Compliance
	175	Non Compliance
	176	Non Compliance
	177	Partial Compliance
Environmental Health and Nutrition – Food and Nutrition	178	Partial Compliance
	179	Non Compliance
Medical and Mental Health Care – Policies, Procedures and Training	180	Partial Compliance
	181	Partial Compliance
	182	Non Compliance
	183	Partial Compliance
	184	Partial Compliance
Medical and Mental Health Care – Intake and Records	185	Partial Compliance
	186	Partial Compliance
Medical and Mental Health Care – Emergencies	187	Partial Compliance
	188	Partial Compliance
	189	Partial Compliance
	190	Partial Compliance
	191	Partial Compliance
	192	Partial Compliance

Medical and Mental Health Care – Assessments, Sick Calls, and Referrals	193	Partial Compliance
	194	Partial Compliance
	195	Partial Compliance
	196	Partial Compliance
	197	Partial Compliance
	198	Partial Compliance
Medical and Mental Health Care – Medical Care	199	Partial Compliance
	200	Partial Compliance
	201	Partial Compliance
	202	Partial Compliance
	203	Substantial Compliance
	204	Partial Compliance
	205	Substantial Compliance
	206	Partial Compliance
	207	Partial Compliance
	208	Partial Compliance
	209	Partial Compliance
Medical and Mental Health Care – Supportive Environments	210	Partial Compliance
	211	Partial Compliance
	212	Non Compliance
	213	Substantial Compliance
	214	Partial Compliance
	215	Non Compliance
	216	Partial Compliance
Medical and Mental Health Care – Mental Health Care	217	Partial Compliance
	218	Non Compliance
	219	Non Compliance
	220	Partial Compliance
	221	Partial Compliance
	222	Partial Compliance
	223	Non Compliance
	224	Partial Compliance
	225	Non Compliance
	226	Partial Compliance
	227	Partial Compliance
	228	Partial Compliance
	229	Partial Compliance

Medical and Mental Health Care – Suicide Prevention	230	Partial Compliance
	231	Partial Compliance
	232	Partial Compliance
	233	Non Compliance
	234	Non Compliance
	235	Non Compliance
	236	Partial Compliance
	237	Partial Compliance
Medical and Mental Health Care – Medication Administration	238	Partial Compliance
	239	Partial Compliance
	240	Partial Compliance
	241	Non Compliance
	242	Partial Compliance
	243	Partial Compliance
	244	Partial Compliance
Medical and Mental Health Care – Oversight and Mortality Reviews	245	Non Compliance
	246	Partial Compliance
	247	Partial Compliance
Restrictive Housing – Policies, Procedures and Training	248	Not Rated
	249	Not Rated
	250	Non Compliance
Restrictive Housing – Mental Health Contraindication to Restrictive Housing	251	Non Compliance
	252	Non Compliance
	253	Non Compliance
	254	Partial Compliance
	255	Partial Compliance
	256	Non Compliance
	257	Non Compliance
	258	Non Compliance
	259	Non Compliance
	260	Partial Compliance
	261	Non Compliance
Restrictive Housing – Conditions in Restrictive Housing	262	Partial Compliance
	263	Partial Compliance
	264	Non Compliance
	265	Partial Compliance
	266	Partial Compliance

Restrictive Housing – Discipline	267	Partial Compliance
	268	Partial Compliance
	269	Partial Compliance
	270	Partial Compliance
	271	Partial Compliance
	272	Partial Compliance
	273	Partial Compliance
	274	Partial Compliance
	275	Non Compliance
Restrictive Housing – 17-Year-Olds in Restrictive Housing	276	Non Compliance
	277	Partial Compliance
	278	Partial Compliance
	279	Partial Compliance
	280	Partial Compliance
Restrictive Housing – Data Tracking and Analysis	281	Partial Compliance
	282	Non Compliance
Special Education and Related Services	283	Non Compliance
	284	Non Compliance
	285	Not Rated
	286	Not Rated
	287	Non Compliance
	288	Non Compliance
	289	Partial Compliance
	290	Non Compliance
	291	Non Compliance
	292	Non Compliance
Quality Assurance	293	Partial Compliance
	294	Non Compliance

Implementation and Reporting	295	Partial Compliance
	296	Partial Compliance
	297	Substantial Compliance
	298	Partial Compliance
	299	Partial Compliance
	300	Partial Compliance
	301	Substantial Compliance
	302	Substantial Compliance
	303	Partial Compliance
	304	Partial Compliance
	305	Partial Compliance
	306	Partial Compliance
Accountability and Transparency	348	Not Rated
	349	Not Rated
	350	Not Rated
	351	Not Rated
	352	Not Rated
	353	Non Compliance