

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    April 17, 2018

## Auditor Information

Name: Robert B. Latham	Email: robertblatham@icloud.com
Company Name: Latham Corrections Consulting LLC	
Mailing Address: 677 Idlewild Circle	City, State, Zip: Birmingham, Alabama 35205
Telephone: 205-746-1905	Date of Facility Visit: March 6-7, 2018

## Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Georgia Department of Juvenile Justice		Avery D. Niles	
Physical Address: 3408 Covington Highway		City, State, Zip: Decatur, Georgia 30032	
Mailing Address: same as physical address		City, State, Zip: same as physical address	
Telephone: 404-508-6500		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: To protect and serve the citizens of Georgia by holding young offenders accountable for their actions through the delivery of services and sanctions in appropriate settings and by supporting youth in their communities to become productive and law-abiding citizens.

Agency Website with PREA Information: <https://djj.georgia.gov/prison-rape-elimination-act-prea>

## Agency Chief Executive Officer

Name: Avery D. Niles	Title: Commissioner
Email: averyniles@djj.state.ga.us	Telephone: 404-508-6500

## Agency-Wide PREA Coordinator

Name: Adam T. Barnett, Sr.	Title: PREA Coordinator
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<b>Email:</b> adambarnett@djj.state.ga.us	<b>Telephone:</b> 404-683-6844
<b>PREA Coordinator Reports to:</b> Stuart Minor, PREA Unit Supervisor	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

**Facility Information**

<b>Name of Facility:</b> Marietta Regional Youth Detention Center
<b>Physical Address:</b> 1575 County Services Parkway, Marietta, Georgia 30008-4007
<b>Mailing Address (if different than above):</b> same as above
<b>Telephone Number:</b> 770-528-4247

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal	
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other

**Facility Mission:** To protect and serve the citizens of Georgia by holding young offenders accountable for their actions through the delivery of services and sanctions in appropriate settings and by supporting youth in their communities to become productive and law-abiding citizens.

**Facility Website with PREA Information:** <https://djj.georgia.gov/prison-rape-elimination-act-prea>

**Is this facility accredited by any other organization?**  Yes  No

**Facility Administrator/Superintendent**

<b>Name:</b> Selma Calloway	<b>Title:</b> Director
<b>Email:</b> selmacalloway@djj.state.ga.us	<b>Telephone:</b> 770-528-4247

**Facility PREA Compliance Manager**

<b>Name:</b> Antoinette Quinn	<b>Title:</b> Lieutenant
<b>Email:</b> antoinettequinn@yahoo.com	<b>Telephone:</b> 770-528-4247

**Facility Health Service Administrator**

<b>Name:</b> Lula Pointer	<b>Title:</b> Lead Nurse
<b>Email:</b> lulapointert@djj.state.ga.us	<b>Telephone:</b> 770-528-7800

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 70		<b>Current Population of Facility:</b> 64	
<b>Number of residents admitted to facility during the past 12 months</b>			597
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			130
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			428
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	12-21		
<b>Average length of stay or time under supervision:</b>			16.6 days
<b>Facility Security Level:</b>			Secured
<b>Resident Custody Levels:</b>			Medium
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			91
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			37
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			11
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 2		<b>Number of Single Cell Housing Units:</b> 3	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		0	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
Cameras are located throughout the facility and viewed in main control. Marietta RYDC has a total of 156 CCTV cameras. Video footage is retained for 30 days. All incidents are recorded.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Local Hospital	
<b>Forensic sexual assault medical exams are conducted at:</b>		WellStar Kennestone Regional Medical Center	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>			51
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			4

## Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

On March 6-7, 2018, a PREA audit was held at the Georgia Department of Juvenile Justice (DJJ) Marietta Regional Youth Detention Center (RYDC).

Prior to the on-site audit, the auditor reviewed all documentation sent in advance on a USB flash drive. The documentation was arranged by standard number and remarkably well organized. All items required by the PREA Pre-Audit Questionnaire were uploaded including:

- Georgia Department of Juvenile Justice (DJJ) Agency Mission Statement
- Marietta RYDC Mission Statement
- Facility population reports for the 1st, 10th and 20th day of the month for the previous twelve months
- Marietta RYDC Facility Schematic

Additional documentation reviewed includes:

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Standard Specific PREA Statements
- PREA Letter from Commissioner Re: Assurance of Compliance to the Governor
- Georgia DJJ - News Release Identifying PREA Coordinator
- Georgia DJJ Organizational Structure
- Georgia DJJ Division of Operations and Compliance Organizational Structure
- Georgia DJJ PREA Organizational Structure
- Marietta RYDC Organizational Structure
- Requirements of a PREA Case
- Contracts with Residential Providers - Including required PREA language
- Room, Board and Watchful Oversight (RBWO) Task Force Audit Tool for Site Visits - CCI (PREA Vulnerability Assessment)
- 2017 Facility Annual Staffing Report
- Recommendations for Facilities Staff/Youth Ratios - April 20,2017
- Security Staffing Needs Analysis - Staff to resident ratios (1:8 during resident waking hours and 1:16 during resident sleeping hours)
- Secure Facility Staffing Report System - Staffing ratios by shift and deviations from the staffing plan
- Secure Facility Staffing Report System Training Guide
- Supervision and Monitoring Statement - Staff holdovers are used as a backup plan to ensure staffing requirements
- Room Observation Form
- List of Doors - "Restricted Area Youth Not Allowed"

- Closed-Circuit Television (CCTV) Schedule for Upgrades
- PREA Unannounced Rounds Documentation
- CCTV Review Log
- List of Cameras
- Guidance in Cross-Gender and Transgender Pat Searches (Facilitator Guide) - The Moss Group, Inc.
- Limits to Cross-Gender Viewing and Searches PowerPoint - The Moss Group, Inc.
- Cross-Gender Pat Searches for Transgender and Intersex Training Video - The Moss Group, Inc.
- Local Operating Procedures (Post Order) - Showering procedures
- Cross-Gender Searches Documentation Form
- Transgender/Intersex Declaration of Preference Statement Form
- Individuals with Disabilities Education Act (IDEA)
- Teachers' Special Education Certifications
- "I Speak" Chart (Language Identification)
- Interpreting Service (LanguageLine Solutions, 800-523-1786)
- Youth Safety Guide for Secure Facilities (English and Spanish)
- Intake Flyer (English and Spanish)
- PREA Posters (English and Spanish)
- List of New Employees
- Criminal Background Checks for New Employees
- List of Employee Promotions
- Criminal Background Checks for Promotions
- List of Contractors
- Contractor Background Checks
- List of Employee Five Year Background Checks
- Five Year Criminal Background Checks for Employees and Contractors
- POST Officer Recertification Letter (Division of Secure Facilities)
- PREA Employment Questionnaires
- Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property
- Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding
- Stepping Stone Child Advocacy Center, Inc. - Agreement for Victim Advocacy Services
- Local Hospital Memorandum of Understanding
- Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)
- Facility Medical and Mental Health Staff Qualifications
- Georgia Open Records Request Act - Policy regarding referral for criminal investigations is publicly available.
- Requirements of a PREA Case (PREA Coding System)
- Georgia Bureau of Investigations (GBI) Evidence Protocol
- PREA Staff Training Series - Modules 1-8
- PREA Staff Training Matrix
- Staff Gender Responsive Training
- Staff First Responder Cards
- PREA Staff Poster
- Prison Rape Elimination Act (PREA) Acknowledgements
- 2017 Annual PREA Compliance Training
- Staff Training Rosters
- Online PREA Training Module 2: "Keeping our Kids Safe- PREA Video" (Volunteers)
- List of Volunteers

- List of Contractors
- PREA Acknowledgement Statements
- Volunteer/Guest Consent and PREA Acknowledgement
- Youth PREA Curriculum - Phoenix/New Freedom
- Student Handbook - English and Spanish
- Youth Safety Guide for Secure Facilities - English and Spanish
- Intake Flyer - English and Spanish
- Youth Safety Tips - Handout and Poster
- Break the Silence, Say no to Sexual Abuse Poster
- Sexual Abuse and Harassment are Never Okay Poster
- Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse Poster
- No Means No, Report Sexual Abuse Poster
- Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities Posters
- Ombudsman Posters
- Victim Services Posters
- Stop Sexual Exploitation Now Posters
- Commissioner's Orientation Video
- Safeguarding Your Sexual Safety: A PREA Orientation Video - National Institute of Corrections (NIC) 2013
- "End Silence": Youth Speaking Up About Sexual Abuse in Custody Youth Training Booklets
- Teachers' Special Education Certifications
- PREA Youth Acknowledgement Statements
- PREA Youth Orientation Statements
- Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA Unit Investigators Training Records
- NIC Training Certificates - Investigators
- Georgia Bureau of Investigations (GBI) Evidence Protocol Process
- Georgia DJJ Hearings on Sexual Victimization in U.S. Juvenile Correctional Facilities by the Review Panel on Prison Rape
- PREA: Medical Health Care for Sexual Assault in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA: Behavioral Health Care for Sexual Assault in a Confinement Setting - National Institute of Corrections (NIC) 2013
- List of Medical Staff with training dates
- List of Mental Health Staff with training dates
- Medical and Mental Health Staff NIC Certificates
- Consent to Disclose Protected Confidential PREA Related Information Form
- PREA Screening Reports
- News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something"
- Georgia DJJ Online Intelligence Tip Form
- U.S. Department of State Consular Notifications and Access - 4<sup>th</sup> Edition, March 2014
- Notification of Foreign National In Detention Form
- Grievance Form
- Consent to Disclose Protected Confidential PREA Related Information
- Georgia Child Protective Services Mandated Reporter Form
- Staff First Responder Cards

- Facility Coordinated Response to a Sexual Assault Incident
- Marietta RYDC Sexual Abuse Coordinated Team Response
- Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart
- DJJ & State of Georgia SART (Incarcerated Victim) Draft
- PREA Retaliation Monitoring Sheet
- Serious Incident Report (SIR) Form
- Chain of Custody Form
- Report of Investigation Form
- Resident Notification of Investigative Outcome Form
- Resident Rule Violations Grid
- Resident Disciplinary Report Form
- SIR Codes Guide - B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening)
- Georgia DJJ Office of Victim Services Card
- Prior Victimization Assessments
- Consent to Disclose Protected and Confidential PREA Related Information
- Sexual Abuse Incident Review Team Meeting Minutes Form
- PREA COMSTAT Allegations Report
- Georgia DJJ 2016 Annual PREA Report
- 2016 Survey of Sexual Victimization, State Juvenile Systems Summary Form
- 2015 PREA Audit Report - Marietta Regional Youth Detention Center

Well in advance of six weeks prior to the on-site audit the facility posted the audit notices. The facility emailed the auditor pictures of the notices verifying they were posted in all areas of the facility accessible by residents, staff and visitors.

Entrance: An entrance meeting was held with the Agency PREA Coordinator, Facility Director, Assistant Director (PREA Compliance Manager Designee), and a facility Sargent. Introductions were made and the agenda was discussed.

Tour and Observations: The tour covered all areas of the facility, including: administration, intake, medical, education, resident housing, gymnasium, outdoor recreation, kitchen, dining hall, and the control center. Resident and staff PREA posters in English and Spanish were located throughout the facility.

Exit: An exit meeting was held with the Agency PREA Coordinator, Facility Director, Assistant Director (PREA Compliance Manager Designee), and a facility Sargent. The interviews with the staff revealed the need for further training regarding their role in evidence collection. The Facility director agreed to provide refresher training for the staff. The training was accomplished on March 12<sup>th</sup> and the sign-in sheets were emailed to the auditor for verification.

Interviews were conducted with staff and residents with the following results:

<b>Interview Protocols</b>	<b>Number of Interviews</b>
Agency Head Designee PREA Coordinator)	1
Facility Director	1
PREA Coordinator	1
PREA Compliance Manager	1
Medical Staff	2 (contract)

Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches	N/A
Administrative (Human Resources) Staff	1
SAFE and SANE	local hospital
Volunteers who have Contact with Residents	1
Contractors who have Contact with Residents	refer to medical
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation	no isolation
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security Staff First Responders	1
Intake Staff	1
Random Sample of Staff from all Shifts	10
Random Sample of Residents from all Housing Units	14
Residents who Reported a Sexual Abuse	0
Disabled and Limited English Proficient Residents	0
Transgendered, Intersex, Gay, Lesbian, and Bisexual Residents	0
Residents in Isolation	no isolation
Residents who Disclosed Prior Sexual Victimization During Risk Screening	2
Total Number of Staff Interviews	26
Total Number of Resident Interviews	16
Total Number of Interviews	42

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Marietta Regional Youth Detention Center (RYDC) is located at 1575 County Services Parkway, Marietta, Georgia 30008. Regional Youth Detention Centers (RYDCs) are secure short-term centers for youth awaiting trial or waiting to enter a community program or long-term facility. Marietta RYDC has a 70-bed facility capacity for 60 male and 10 female residents ranging in age from 12-21. Marietta RYDC follows departmental policy and procedures based on federal and state law as well as professional standards.

Marietta RYDC consists of administrative offices, a main control center, a sub-control center, multi-purpose area, dining hall, kitchen, medical and dental facilities, intake, and education facilities. All five housing units are single occupancy rooms. Each room has a toilet and sink. Showers are located in the hallways of each unit. There are four showers on the male units and the female unit has two showers and a bathtub.

The facility's medical department is designed to provide quality health and dental care. The clinic operates 12 hours each day of the week, including weekends and holidays. The facility provides educational services to include special education, online college courses, as well as GED preparation and testing assistance. Education consists of a computer lab, a library, and classrooms. The gymnasium provides recreational and physical activities. Food services are provided by DJJ cafeteria staff. Youth are restricted from entering the kitchen.

Cameras are located throughout the facility and are viewed in the main control center. The facility is surrounded by a fence and a sally port entrance is controlled by staff in the main control center.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

### Number of Standards Exceeded: 7

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  
Standard 115.321 Evidence protocol and forensic medical examinations  
Standard 115.333 Resident education  
Standard 115.341 Screening for risk of victimization and abusiveness  
Standard 115.351 Resident reporting  
Standard 115.353 Resident access to outside confidential support services  
Standard 115.354 Third-party reporting

### Number of Standards Met: 36

Standard 115.312 Contracting with other entities for the confinement of residents  
Standard 115.313 Supervision and monitoring  
Standard 115.315 Limits to cross-gender viewing and searches  
Standard 115.316 Residents with disabilities and residents who are limited English proficient  
Standard 115.317 Hiring and promotion decisions

- Standard 115.318 Upgrades to facilities and technologies
- Standard 115.322 Policies to ensure referrals of allegations for investigations
- Standard 115.331 Employee training
- Standard 115.332 Volunteer and contractor training
- Standard 115.334 Specialized training: Investigations
- Standard 115.335 Specialized training: Medical and mental health care
- Standard 115.342 Use of screening information
- Standard 115.352 Exhaustion of administrative remedies
- Standard 115.361 Staff and agency reporting duties
- Standard 115.362 Agency protection duties
- Standard 115.363 Reporting to other confinement facilities
- Standard 115.364 Staff first responder duties
- Standard 115.365 Coordinated response
- Standard 115.366 Preservation of ability to protect residents from contact with abusers
- Standard 115.367 Agency protection against retaliation
- Standard 115.368 Post-allegation protective custody
- Standard 115.371 Criminal and administrative agency investigations
- Standard 115.372 Evidentiary standard for administrative investigations
- Standard 115.373 Reporting to residents
- Standard 115.376 Disciplinary sanctions for staff
- Standard 115.377 Corrective action for contractors and volunteers
- Standard 115.378 Disciplinary sanctions for residents
- Standard 115.381 Medical and mental health screenings; history of sexual abuse
- Standard 115.382 Access to emergency medical and mental health services
- Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
- Standard 115.386 Sexual abuse incident reviews
- Standard 115.387 Data collection
- Standard 115.388 Data review for corrective action
- Standard 115.389 Data storage, publication, and destruction
- Standard 115.401: Frequency and scope of audits
- Standard 115.403: Audit contents and findings

**Number of Standards Not Met:** 0

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**Summary of Corrective Action (if any)**

N/A

**PREVENTION PLANNING**

## Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

### All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Georgia Department of Juvenile Justice (DJJ) mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract; outlines how the Marietta RYDC will implement the agency's approach to preventing, detecting, and responding to sexual abuse or sexual harassment; includes definitions of prohibited behaviors; includes sanctions for those found to have participated in such behaviors; and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

DJJ employs an agency PREA Coordinator. The agency PREA Coordinator has complete and unrestricted access to all agency facilities, contract/residential programs, offices, records, staff, and residents. Facility staff, contract providers, and community service staff must cooperate fully with the agency PREA Coordinator without fear of reprisal or reprimand. Additionally, the Deputy Commissioner of Secure Facilities or designee ensures that each facility designates a PREA Compliance Manager.

DJJ has a comprehensive approach when it comes to PREA. From the Commissioner to the direct care security staff, PREA is a part of every aspect of the agency and its facilities. The agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the agency. Additionally, the PREA policy is structured by subject matter and includes references to the PREA Juvenile Standards established by the U.S. Department of Justice, thereby allowing the reader of the policy to discover relevant policy provisions by topic corresponding to standard. Marietta RYDC and DJJ exceed the standard through their comprehensive approach and strong commitment to zero-tolerance toward sexual abuse and sexual harassment.

### **Interviews**

- Agency PREA Coordinator  
The Agency PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all its facilities.
- Facility PREA Compliance Manager  
The Facility PREA Compliance Manager confirmed he has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

### **Policy**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments, Pages 1-28
  - Section I, Page 1 - Policy
  - Section III, Pages 2-4- Definitions
  - Section IV. A-B, Pages 4-5 - Prevention Planning
  - DJJ 23.1, Attachment K - Requirements of a PREA Case
- Georgia DJJ Policy 23.2, Sexual Assault
- Georgia DJJ Policy 1.2, Organizational Chart

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Georgia DJJ - News Release Identifying PREA Coordinator
- Georgia DJJ Organizational Structure
- Georgia DJJ Division of Operations and Compliance Organizational Structure
- Georgia DJJ PREA Organizational Structure

- Marietta RYDC Organizational Structure
- Requirements of a PREA Case

## Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

New contracts or contract renewals with public and private entities for the confinement of residents include the entity's obligation to adopt and comply with PREA standards. Contract language is as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C. 15601 ET. Seq.) and with all PREA standards, Georgia DJJ Policies related to PREA and DJJ Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any

form of sexual abuse within Georgia DJJ Facilities/Programs/Offices owned, operated or contracted. Contractor acknowledges that in addition to “self-monitoring requirements” DJJ will conduct announced or unannounced, compliance monitoring to include “on-site” monitoring. Failure to comply with PREA, including PREA Standards and DJJ Policies may result in termination of the contract.”

District Directors and Community PREA Compliance Managers monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and submit reports to the Agency PREA Coordinator. Regional Treatment Services Specialists (RTSS) monitor and conduct internal audits of all Community Residential Providers for PREA compliance and submit reports to the Agency PREA Coordinator.

Community Residential Providers follow the guidelines within Georgia DJJ Policy 23.1 and use the attachments for documentation and compliance with program modifications. They are responsible for providing their staff with required PREA training to meet all PREA requirements. Community Residential Providers are responsible for contracting with a Department of Justice Certified Juvenile Auditor to conduct an independent audit every three years, completing all required audit documentation, and uploading required documentation for the auditor.

### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IV. C, Page 5 - Contracting with other Entities for the Confinement of Residents
  - Section XIII. C. 2.a-h, Pages 27-28 - Auditing and Monitoring (Community Residential Providers)
- Georgia DJJ Policy 2.16, Contracts Administration

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Contracts with Residential Providers - Including required PREA language
- Room, Board and Watchful Oversight (RBWO) Task Force Audit Tool for Site Visits - CCI (PREA Vulnerability Assessment)

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC develops, implements, and documents an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect resident against sexual abuse. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan.

The Secure Facility Staffing Report System is a valuable internet-based tool that provides the agency PREA Coordinator and other administrative staff current staffing ratios and actions taken to address possible deviations from the staffing plan, by shift and by facility.

Marietta RYDC is required to review, make adjustments to, and complete the Facility Annual Staffing Report. The report is submitted with the required signatures to the Agency PREA Coordinator by the 10<sup>th</sup> of December of each year.

Intermediate and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. At least two unannounced rounds must be conducted per month. Staff are prohibited from alerting other staff of such rounds. All unannounced rounds must be documented using the Unannounced PREA Rounds form.

## Interviews

- Facility Director  
The Facility Director confirmed Marietta RYDC regularly develops a staffing plan. Adequate staffing levels to protect residents against sexual abuse are considered in the plan. Video monitoring is part of the plan. The staffing plan is documented through the Facility Annual Staffing Report. He confirmed the assessment of the facility staffing plan considers all factors required by the standard. He checks for compliance with the staffing plan with the Secure Facility Staffing Report System. He reported the facility has not deviated from the staffing plan during the twelve-month audit period but would document deviations if they were to occur. He confirmed ratios are 1:8 during resident waking hours and 1:16 during resident sleeping hours.
- Agency PREA Coordinator  
The Agency PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for Marietta RYDC. He confirmed the assessment occurs annually and is documented through the Facility Annual Staffing Report.
- Facility PREA Compliance Manager  
The Assistant Director confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- Intermediate or Higher-Level Facility Staff  
The Assistant Director confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

## Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments A & B
  - Section IV. D-J, Page 5-6 - Supervision and Monitoring
  - Attachment A, Facility Annual Staffing Report
  - Attachment B, PREA Unannounced Rounds Documentation
- Georgia DJJ Policy 8.1, Security Management
- Georgia DJJ Policy 8.2, Administrative Duty Officer
- Georgia DJJ Policy 8.1, Room Checks
  - Attachment A, Room Observation Form

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- 2017 Facility Annual Staffing Report
- Recommendations for Facilities Staff/Youth Ratios - April 20,2017
- Security Staffing Needs Analysis - Staff to resident ratios (1:8 during resident waking hours and 1:16 during resident sleeping hours)
- Secure Facility Staffing Report System - Staffing ratios by shift and deviations from the staffing plan
- Secure Facility Staffing Report System Training Guide
- Supervision and Monitoring Statement - Staff holdovers are used as a backup plan to ensure staffing requirements
- Room Observation Form
- List of Doors - "Restricted Area Youth Not Allowed"
- Closed-Circuit Television (CCTV) Schedule for Upgrades

- PREA Unannounced Rounds Documentation
- List of Cameras
- CCTV Review Log

## Standard 115.315: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC does not conduct cross-gender strip and body cavity searches of residents. Cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. The PREA Compliance Manager and the Facility Director are the only staff trained and permitted to conduct cross-gender pat-down searches.

Apart from medical examinations or urine drug screens, staff will not view residents showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks. Showers are conducted behind doors or "PREA shower curtains" that allow for privacy. Staff members announce their presence when entering a resident housing unit of the opposite gender.

Facility non-medical or medical staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status

is unknown, it may be determined during a conversation with the resident or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.

The gender of the staff member searching a transgender or intersex resident is determined on a case-by-case basis and takes in to consideration the gender expression of the resident. No cross-gender, transgender or intersex resident searches have occurred within the twelve-month audit period.

### **Interviews**

- Random Sample of Staff  
All staff interviewed confirmed staff are restricted from conducting cross-gender pat-down searches of the residents. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status. All staff interviewed confirmed officers announce their presence when entering a housing unit of the opposite gender. All staff interviewed confirmed residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.
- Random Sample of Residents  
Residents interviewed confirmed staff announce their presence when entering the housing area or any area where residents of the opposite gender shower, change clothes, or perform bodily functions. All residents interviewed stated staff of the opposite gender have never performed a pat down search of their body. All residents interviewed stated they are never naked in full view of staff of the opposite gender.
- Transgendered and Intersex Residents  
No residents identified as transgender male, transgender female or intersex during the on-site audit.

### **Policy**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment C
  - Section IV. K-P, Page 6-7 - Limits to Cross-Gender Viewing and Searches
  - Attachment C - Cross-Gender Searches Documentation
- Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
  - Attachment A – Transgender/Intersex Declaration of Preference Statement
- Georgia DJJ Policy 8.22, Searches and Contraband Control
  - Section IV. A-D, Pages 4-5 Body Searches

### **Training**

- Guidance in Cross-Gender and Transgender Pat Searches (Facilitator Guide) - The Moss Group, Inc.
- Limits to Cross-Gender Viewing and Searches PowerPoint - The Moss Group, Inc.
- Cross-Gender Pat Searches for Transgender and Intersex Training Video - The Moss Group, Inc.

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Local Operating Procedures (Post Order) - Showering procedures
- Cross-Gender Searches Documentation Form
- Transgender/Intersex Declaration of Preference Statement Form

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff,

using interpretive services and special education instructors. Age-appropriate information, in both English and Spanish, is available so all residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Marietta RYDC uses LanguageLine Solutions phone interpreting service. This service is available 24 hours a day, 365 days a year.

The State of Georgia provides automatic website translation into seven languages, courtesy of Google Translate. The languages include: Chinese (Simplified); Haitian Creole; Korean; Portuguese; Russian; Spanish; and Vietnamese.

No resident interpreters, resident readers, or other types of resident assistants were used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.

### **Interviews**

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator confirmed the Agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- Disabled and Limited English Proficient Residents  
No residents were identified as having a disability or being limited English proficient during the on-site audit.
- Random Sample of Staff  
All staff interviewed confirmed the agency does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. No staff interviewed had knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IV. R-U, Pages 7-8 - Residents with Disabilities and Residents who are Limited English Proficient
- Georgia DJJ Policy 15.10, Language Assistance Services
  - Section III. A-C, Pages 1-2 - Services for residents who are limited English proficient
  - Attachment B: "I Speak" Chart (Language Identification)

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Individuals with Disabilities Education Act (IDEA)
- Teachers' Special Education Certifications
- "I Speak" Chart (Language Identification)
- Interpreting Service (LanguageLine Solutions, 800-523-1786)
- Youth Safety Guide for Secure Facilities (English and Spanish)
- Intake Flyer (English and Spanish)
- PREA Posters (English and Spanish)

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No

- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing

information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Applicants for positions with contact with residents are disqualified from employment if they have any convictions for sexual abuse in a prison, jail, secure community placement or juvenile facility; any convictions for engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or in the absence of a conviction, any civil or administrative findings that the applicant engaged in any activity described above. Marietta RYDC asks applicants about the disqualifications for employment via the PREA Employment Questionnaire. These questions are also asked during employee evaluations and promotions. Material omissions or providing false information can lead to termination.

Marietta RYDC does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. All new hires, contractors and employees being considered for promotion undergo a criminal background records check. The background check includes consulting the Child Protective Services (CPS) child abuse registry maintained by the Georgia Department of Human Services (DHS). Additionally, background checks for all employees and contractors are conducted every five years.

Unless prohibited by law or Georgia DJJ Policies, the Department's Office of Human Resources provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom an employee has applied to work.

#### Interview

- Administrative (Human Resources) Staff  
The interview with the Human Resources Staff confirmed Marietta RYDC complies with all requirements of the standard.

#### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment D

- Section IV. V-EE, Pages 8-9 - Hiring and Promotion
- Attachment D - PREA Employment Questionnaire
- Georgia DJJ Policy 3.52, Background Investigations

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- List of New Employees
- Criminal Background Checks for New Employees
- List of Employee Promotions
- Criminal Background Checks for Promotions
- List of Contractors
- Contractor Background Checks
- List of Employee Five Year Background Checks
- Five Year Criminal Background Checks for Employees and Contractors
- POST Officer Recertification Letter (Division of Secure Facilities)
- PREA Employment Questionnaires

**Standard 115.318: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

**115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC has not experienced any substantial expansions or modifications since the 2015 PREA audit. If the facility were to do so, Georgia DJJ Policy 23.1 states the agency would consider the effect upon the facility's ability to protect residents from sexual abuse. The Agency PREA Coordinator would serve on the primary committee for planning purposes.

A new camera system was added in 2017. When the facility updates video monitoring, electronic surveillance, or other monitoring technology, Georgia DJJ Policy 23.1 states the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse.

The Facility PREA Compliance Manager is involved in planning and assessing physical structures of the building. Strategic planning team reviews are held every three months. With regards to video monitoring, electronic surveillance, or other monitoring technology, staff supervision is foremost in protecting residents. Cameras augment staff supervision by providing for monitoring and reviewing incidents.

#### Interviews

- Agency Head Designee  
The interview with the Agency Head Designee (Agency PREA Coordinator) revealed the Agency considers the effects of facility design, renovations, modifications and expansion on the Agency's ability to protect residents from sexual abuse.
- Facility Director  
The Facility Director confirmed no substantial expansions or modifications have been made since the 2015 PREA audit. A new camera system was added in 2017.

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IV. FF- HH, Page 9 - Upgrades to Facilities and Technology
- Georgia DJJ Policy 8.15, Video Cameras

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- PREA Accountability Statements

## RESPONSIVE PLANNING

## Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ Office of Investigations PREA Unit conducts administrative and criminal sexual abuse investigations. The Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follows the guidelines of the “National Protocol for Sexual Assault Medical Forensic Examinations”. All residents who experience sexual assault have access to forensic medical examinations at no cost. When SANEs or SAFEs are not available, a qualified medical practitioner will perform forensic medical examinations. DJJ documents efforts to provide SANEs or SAFEs. Marietta RYDC does not conduct forensic medical examinations. Examinations would be performed at WellStar Kennestone Regional Medical Center.

A qualified victim advocate will provide support to victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention information, and referrals. Stepping Stone Child Advocacy Center, Inc. provides victim advocacy services for Marietta RYDC. The DJJ Office of Victim Services also provides advocacy services for resident victims. Lastly, the facility has mental health staff that are qualified to serve as victim advocates. DJJ does an excellent job of providing PREA related services to its residents and exceeds the requirement of the standard.

### **Interviews**

- PREA Compliance Manager  
The Facility PREA Compliance Manager confirmed a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.
- Random Sample of Staff  
Most staff interviewed stated they know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Some staff were not as well informed of the protocol. Refresher training was provided to the staff and sign-in sheets were submitted to the auditor for verification. Staff confirmed the DJJ Office of Investigations is responsible for conducting sexual abuse investigations.
- Residents who Reported a Sexual Abuse  
There were no residents who reported sexual abuse present during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section V. A-K, Pages 9-11 - Responsive Planning, Evidence Protocol and Forensic Medical Examinations
- Georgia DJJ Policy 23.2, Sexual Assault, Pages 1-4 - Forensic medical examinations
- Georgia DJJ Policy 22.3, Internal Investigations
- Georgia DJJ Policy, 2.10, Payment of Youth Medical Expenses
  - Section IV. A, Page 2 - Services provided at no cost to resident victims
- Georgia DJJ Policy 8.42, Crime Scene Preservation
- Georgia DJJ Policy 11.15, Emergency Medical Services
  - Section III. B.1, Page 2 - Forensic examination protocol

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property
- Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding
- Stepping Stone Child Advocacy Center, Inc. - Agreement for Victim Advocacy Services
- Local Hospital Memorandum of Understanding
- Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)
- Facility Medical and Mental Health Staff Qualifications
- Georgia Bureau of Investigations (GBI) Evidence Protocol

## Standard 115.322: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All allegations of sexual abuse or sexual harassment are referred for an administrative and/or criminal investigation. The DJJ Office of Investigations, PREA Unit consists of Georgia State certified police officers with the authority to conduct criminal investigations, make arrests, obtain warrants, and refer cases for criminal prosecution. The Georgia Open Records Request Act requires policy regarding referrals for criminal investigations is publicly available upon request.

An administrative or criminal investigation is completed in the following manner: A resident makes an allegation; the staff member receiving the allegation notifies their direct supervisor and completes a Special Incident Report (SIR); the Facility Director notifies the Office of Investigations within two hours; the Investigator in turn instructs the Facility Director how to code the allegation; and at the same time the victim goes to WellStar Kennestone Regional Medical Center and is examined by a SAFE, SANE, or medical doctor. Victim advocacy services are provided by Stepping Stone Child Advocacy Center, Inc., a therapist, a staff member, or by two professionally trained Georgia DJJ victim advocates.

### Interviews

- Agency Head Designee  
The Agency Head Designee (Agency PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He stated the process of how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment as described above.
- Investigative Staff  
The Investigator confirmed DJJ Office of Investigations, PREA Unit has the legal authority to conduct criminal investigations of allegations of sexual abuse or sexual harassment.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section V. L&M, Page 11 - Policies to Ensure Referrals of Allegations for Investigations
  - Attachment K - Requirements of a PREA Case

- Georgia DJJ Policy 8.5, Special Incident Reporting
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
- Georgia DJJ Policy 22.3, Internal Investigations
  - Section III. C, Page 3 - Investigations are completed by DJJ Office of Investigations.
  - Section III. N, Page 6 - Investigator training
  - Section III. O.1, Page 6 - All allegations of sexual abuse or harassment are referred for investigation.

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Stepping Stone Child Advocacy Center, Inc. - Agreement for Victim Advocacy Services
- Georgia Open Records Request Act - Policy regarding referral for criminal investigations is publicly available.
- Requirements of a PREA Case (PREA Coding System)
- Georgia Bureau of Investigations (GBI) Evidence Protocol

**TRAINING AND EDUCATION**

**Standard 115.331: Employee training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.331 (a)**

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series. The eight modules of the PREA Training Series cover the eleven required PREA topics for employees who may have contact with residents. Gender responsive training is designed to provide staff training tailored to the unique needs of and attributes of the gender of the residents at the facility. The facility documents, through electronic verification that employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate.

Key information is continuously and readily available and/or visible to all staff through posters and PREA compliance discussions, shift briefings, and staff meetings. Agency PREA refresher training is conducted every two years. All full and part-time staff members are required to complete the online refresher training as determined by the Agency PREA Coordinator.

### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment G
  - Section VI. A&B, Page 11 - Employee training (includes all eleven required topics)
  - Attachment G - PREA Training Series - Modules 1-8

### Training Curriculum and Materials

- PREA Staff Training Series - Modules 1-8
- PREA Staff Training Matrix
- Staff Gender Responsive Training
- Staff First Responder Cards
- PREA Staff Poster

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Prison Rape Elimination Act (PREA) Acknowledgements
- 2017 Annual PREA Compliance Training
- Staff Training Rosters

## Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC ensures all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with youth.

All volunteers, interns, and contractors are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. The facility maintains documentation

confirming the volunteers, interns, and contractors understand the zero-tolerance policy training they have received.

### Interviews

- Volunteer who has Contact with Residents  
The volunteer interviewed confirmed receiving training about his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. He also reported being notified how to report such incidents. He stated he would report to the shift supervisor on duty.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment E
  - Section VI. D-G, Pages 11-12 - Volunteer and Contractor Training
  - Attachment E - Staff PREA Acknowledgment
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement and Attachment H
  - Attachment H - Volunteer/Guest Consent and PREA Acknowledgment

### Training Curriculum and Materials

- Online PREA Training Module 2: "Keeping our Kids Safe- PREA Video" (Volunteers)
- PREA Training Series - Modules 1-8 (Contractors and Interns)
- PREA Staff Poster

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- List of Volunteers
- List of Contractors
- PREA Acknowledgment Statements
- Volunteer/Guest Consent and PREA Acknowledgment

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC residents are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. This information is provided at intake. The residents receive a PREA intake flyer and watch a PREA video. They sign the PREA Youth Acknowledgement Statement, confirming they have received PREA education. All residents who were admitted to the Marietta RYDC completed required PREA education during the twelve-month audit period.

Within 10 days of intake, the facility provides comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Posters, student handbooks, intake flyers, Youth Safety Guides, and other reading materials are continuously and readily available in English and Spanish. Special education services are provided by certified special education teachers.

Posters are located throughout the facility. They provide important contact information for the rape crisis center, victim advocate services, ombudsman, civil immigration and consular services, and who to contact to report sexual abuse or harassment.

In addition to the basic PREA education requirements, the residents participate in a six session PREA Curriculum. The curriculum goes beyond simply saying what behavior is not allowed. It is designed to empower residents to make good choices, to take specific action steps, and to address more broadly the range of abuse and victimization so many of them have experienced in their young lives. The goal is for the youth to reduce their vulnerability and to increase positive steps in self-management. DJJ has an extensive PREA education program for short and long-term residents. The extensive resident PREA education exceeds the requirements of the standard.

### **Interviews**

- o Intake Staff  
The Sargent confirmed she provides the residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during intake. She stated the residents watch a PREA video and they sign the

PREA Youth Acknowledgement Statement. She revealed she verbally explains the information to the residents.

- Random Sample of Residents  
All residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. All residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment. All residents interviewed reported they received PREA education.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment H
  - Section VI. H-L, Pages 12-13 - Resident Education
  - Attachment H - Youth Acknowledgment Statement
- Georgia DJJ Policy 13.32, Special Education Services
- Georgia DJJ Policy 15.4, Viewing, Listening, and Reading Materials

### **Training Curriculum and Materials**

- Youth PREA Curriculum - Phoenix/New Freedom
  - Part 1: Information and Engagement
  - Part 2: Motivation
  - Part 3: PREA Special Issues
  - Part 4: Situational Awareness
  - Part 5: Determination to Act Wisely
  - Part 6: Protective Factors and Asking for Help
- Student Handbook - English and Spanish
- Youth Safety Guide for Secure Facilities - English and Spanish
- Intake Flyer - English and Spanish
- Youth Safety Tips - Handout and Poster
- Posters - English and Spanish
  - Break the Silence, Say no to Sexual Abuse
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
  - No Means No, Report Sexual Abuse
  - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
  - Ombudsman Posters
  - Victim Services Posters
  - Stop Sexual Exploitation Now Posters
- Commissioner's Orientation Video
- Safeguarding Your Sexual Safety: A PREA Orientation Video - National Institute of Corrections (NIC) 2013
- "End Silence": Youth Speaking Up About Sexual Abuse in Custody Youth Training Booklets
  - *Book 1: Billy Speaks Out* (intended for male youth, ages 14-18)
  - *Book 2: Shelia's Dilemma* (intended for female youth, ages 14-18)
  - *Book 3: Carlo's Question* (focuses on sexual minority youth)
  - *Book 4: Mary's Friend* (intended for female youth, ages 10-13)
  - *Book 5: Charlie's Report* (intended for male youth, ages 10-13)

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Teachers' Special Education Certifications
- PREA Youth Acknowledgement Statements

## Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ Office of Investigations (PREA Unit) investigators receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 2-8A. Additionally, investigators are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting".

NIC training includes: conducting investigations of sexual abuse in confinement settings, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's office for prosecution. All PREA investigators in the Office of Investigations have completed NIC PREA training. Training is documented by certificates of completion.

#### Interview

- Investigative Staff
  - An interview with the PREA Unit Field Supervisor confirmed he has received the required training and is knowledgeable about his duties and responsibilities.

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VI. L&M, Page 12 - Specialized Training: Investigations
- Georgia DJJ Policy 22.1, Sworn Law Enforcement ID Cards
- Georgia DJJ Policy 22.3, Internal Investigations

#### Training

- Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA Modules 2-8A

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- PREA Unit Investigators Training Records
- NIC Training Certificates
- Georgia Bureau of Investigations (GBI) Evidence Protocol Process

- Georgia DJJ Hearings on Sexual Victimization in U.S. Juvenile Correctional Facilities by the Review Panel on Prison Rape

## Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ Office of Medical Health Care Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 2-8A. Additionally, medical care staff are required to complete National Institute of Corrections (NIC) online training “Prison Rape Elimination Act (PREA) Medical Health Care for Sexual Assault in a Confinement Setting”.

Georgia DJJ Office of Behavioral Health Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 2-8A. Additionally, behavioral health care staff are required to complete National Institute of Corrections (NIC) online training “Prison Rape Elimination Act (PREA) Behavioral Health Care for Sexual Assault in a Confinement Setting”.

All Marietta RYDC full time, part-time, and contract medical and mental health staff have completed PREA training. Marietta RYDC medical staff do not conduct forensic medical examinations.

#### Interviews

- Medical Staff  
The Lead Nurse confirmed no forensic medical examinations are conducted at the Marietta RYDC. She confirmed she has received training on the specialized topics.
- Medical Staff  
The Physician’s Assistant confirmed no forensic medical examinations are conducted at the Marietta RYDC. He confirmed he has received training on the specialized topics.
- Mental Health Staff  
The Social Services Provider confirmed she has received training on the specialized topics.

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VI. O&P, Page 13 - Specialized Training: Medical and Mental Health Care is documented by certificates of completion.

#### Training

- PREA Modules 2-8A

- PREA: Medical Health Care for Sexual Assault in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA: Behavioral Health Care for Sexual Assault in a Confinement Setting - National Institute of Corrections (NIC) 2013

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- List of Medical Staff with training dates
- List of Mental Health Staff with training dates
- NIC Certificates

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Marietta RYDC completes a PREA Screening Report (PSR) on all residents who enter the facility. The first question the intake officer asks each resident is "Have you been sexually exploited, assaulted, raped, and/or molested within the past 72 hours?" If the resident answers yes, then the staff will immediately follow the protocol for preserving and protecting the evidence, reporting the incident, and obtaining medical, victim advocate and investigative services.

If the resident answers no, the regular intake procedures will proceed to determine the resident's risk of sexual victimization and abusiveness. DJJ uses a comprehensive risk assessment process. Extensive, individual risk assessments such as medical assessments, mental health assessments, nursing health appraisals, physical examinations, education level and other risk factors are entered into a data base. The data base then populates the required PREA information into a single objective screening instrument, the PREA Screening Report (PSR).

The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offence history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The Facility Director or designee reviews the report and determines the resident's risk level of sexual victimization or abusiveness. This process enables housing assignments and all other PREA related decisions to be made with all the necessary information needed to make informed decisions.

The Facility PREA Compliance Manager disseminates results of the PREA Screening Report to the facility management team on a need-to-know basis. Staff members working directly with the residents are advised of the status of a resident at risk of victimization or a resident that is at risk of harming others. The facility treatment team members and program and supervising staff continually review a resident's adjustment within the facility to reduce the risk of sexual abuse by or upon a resident.

The inclusive, team-focused approach of assessing residents' risk for sexual victimization and abusiveness demonstrates DJJ policies, practice, and procedures exceed the requirements of the standard.

### **Interviews**

- Agency PREA Coordinator

The Agency PREA Coordinator confirmed Georgia DJJ policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.

- Facility PREA Compliance Manager  
The Assistant Director confirmed policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.
- Staff Responsible for Risk Screening  
The Juvenile Detention Counselor confirmed residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs in less than 72 hours of intake. The initial intake screening includes all factors required by the standard. The information is ascertained by asking the residents questions. Resident's risk levels are reassessed every 30 days and after an allegation of sexual abuse or sexual harassment.
- Random Samples of Residents  
All residents interviewed entered the facility within the past twelve months. They confirmed they were asked questions like the following examples at intake:
  - (1) Have you have ever been sexually abused?
  - (2) Do you identify with being gay, bisexual or transgender?
  - (3) Do you have any disabilities?
  - (4) Do you think you might be in danger of sexual abuse at the facility?

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VII. A-L, Pages 13-15 - Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents
- Georgia DJJ Policy 11.1, Medical Intake Screening
- Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination
- Georgia DJJ Policy 12.10, Mental Health Screening
- Georgia DJJ Policy 17.1, Admission and Release
- Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
  - Attachment A – Transgender/Intersex Declaration of Preference Statement

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- PREA Screening Report – Training Guide
- PREA Screening Reports
- Consent to Disclose Protected Confidential PREA Related Information Form
- Transgender/Intersex Declaration of Preference Statement Form

## **Standard 115.342: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

## 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Housing, bed, program, education and work assignments are based on the PREA Screening Report. LGBTI residents are not placed in particular housing, bed, program, education and work assignments. Their identification or status is not considered as an indicator of likelihood of being sexually abusive.

Placement and programming assignments for transgender or intersex residents are reassessed at least every six months to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her safety will be given serious consideration. Transgender residents are given the opportunity to shower separately from other residents. The facility reported not having any transgender or intersex residents during the twelve-month audit period.

Isolation is only used as a last resort, if less restrictive measures are inadequate, and only until an alternate means of providing safety can be arranged. The basis and reason for isolation would be documented. While isolated, residents receive educational programming, special education services, daily large-muscle exercise, and daily visits from a medical or mental health care clinician. Continuation of isolation would be assessed weekly and reviewed every 30 days. The Facility Director reported placing no residents at risk of sexual victimization in isolation within the twelve-month audit period.

### Interviews

- Facility Director  
The Facility Director confirmed the facility does not use isolation.
- PREA Coordinator

The Agency PREA Coordinator confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. He confirmed transgender or intersex residents would be permitted to shower separately.

- PREA Compliance Manager  
The Assistant Director confirmed the PREA Screening Report is used for housing, bed, program, education, work assignments, and for keeping residents safe from sexual abuse. LGBTI residents would be treated no differently than any other residents. He confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. He confirmed transgender or intersex residents would be permitted to shower separately.
- Staff Responsible for Risk Screening  
The Juvenile Detention Counselor responsible for risk screening confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or mental health practitioner within 72 hours. She stated the facility uses the risk screening information to make custody and housing assignments. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by-case basis and reassessed at least every six months. She confirmed transgender or intersex residents would be permitted to shower separately.
- Medical and Mental Health Staff  
The Medical and Mental Health Staff interviewed confirmed the facility does not use isolation.
- LGBTI Residents  
No residents identified as LGBTI during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VII. M-P, Pages 15-16 - Placement of Residents in Housing, Bed, Program, Education, and Work and Assignments
- Georgia DJJ Policy 15.11, Request for Services
- Georgia DJJ Policy 16.6, Services in Confinement
  - Attachment A - Confinement Checks Form
- Georgia DJJ Policy 17.3, Custody and Housing Assessment
  - Section IV. A. 1-3, Pages 2-3 - Housing Assessment
  - Section V. A&B. Pages 3-4 - Custody Level Assessment
- Georgia DJJ Policy 18.4, Work Activities for Youth
- Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
  - Attachment A – Transgender/Intersex Declaration of Preference Statement

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

## **REPORTING**

## Standard 115.351: Resident reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ provides residents with numerous, internal and external methods for reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment. Residents can report in writing by completing a help request form or grievance form. Residents can report verbally to a counselor, medical or mental health staff; the Facility Director or Assistant Director, parent or guardian, chaplain, minister, Facility PREA Compliance Manager, or any trusted staff member. All verbal reports are documented by using the Special Incident Reporting (SIR) form. Residents can report by calling or contacting the DJJ Office of Victim Services, the DJJ Office of the Ombudsman, by using the DJJ Online Intelligence Tip Form: "If You See Something, Say Something", and by calling the external National Sexual Abuse Hotline.

Calls to the National Sexual Abuse Hotline are routed through Georgia's sexual assault coalition of rape crisis centers, the Georgia Network to End Sexual Assault (GNESA). GNESA is a coalition of 27 rape crisis centers. If a resident calls the National Sexual Abuse Hotline, the call is routed to the local rape crisis center. If their call is unanswered, the calling system allows a resident's call to be transferred to the next nearest rape crisis center until the call is answered, eventually contacting all 27 statewide centers if needed. It provides an exceptional service for a resident reporting sexual abuse. The advanced calling system ensures a resident's call will be answered.

The DJJ Online Intelligence Tip Form is available on the agency's website. Contact information for the Intelligence Tip Form is included on PREA posters in the facility. The Intelligence Tip Form provides an avenue for the public, parents, or friends to report sexual abuse in the facility. They can do so as third-parties and provide anonymity if the resident requests to remain anonymous.

Various English and Spanish language posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: National Sexual Assault Hotline, Georgia DJJ Office of Victim Services,

United States Immigration and Customs Enforcement, Georgia DJJ Office of Ombudsman, the Georgia Center for Child Advocacy and the Georgia Department of Family and Children Services. In addition to posters, residents are provided reporting information in English and Spanish by way of Student Handbooks, the Youth Safety Guide for Secure Facilities, the PREA Intake Flyer, and the Youth Safety Tips handout.

If a non-English speaking resident is admitted, interpretive services are available from LanguageLine Solutions, 800-523-1786. A Language Identification Chart is available for residents to point at the language they speak.

DJJ has been innovative and resourceful in providing avenues for residents to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment. The numerous and broad range of methods DJJ provides residents for reporting exceeds the requirements of the standard.

There have been no residents detained solely for immigration purposes within the twelve-month audit period.

### **Interviews**

- PREA Compliance Manager  
The Assistant Director was knowledgeable of the outside entities for reporting and confirmed residents are given a pencil when they wish to write a grievance or help request form.
- Random Sample of Staff  
Most Staff interviewed stated they would privately report sexual abuse and sexual harassment of residents by using the Online Tip Form or calling the Sexual Assault Hotline. All Staff interviewed confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. Most staff named the he Sexual Assault Hotline or the grievance process. All staff interviewed confirmed verbal reports would be documented immediately.
- Random Sample of Residents  
Residents interviewed could name methods to report verbally, by telephone or in person. All residents interviewed confirmed there is someone who does not work at the facility that they could report to about sexual abuse or sexual harassment. Most residents identified a family member. One resident identified their probation officer. Residents interviewed acknowledged they are allowed to make a report without having to give their name and a relative or friend could make the report for them.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

## Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII. A-H, Pages 16-18 - Resident Reporting
- Georgia DJJ Policy 8.5, Special Incident Reporting
  - Section III. A-F, Pages 3-7 - Documenting Verbal Reports
- Georgia DJJ Policy 15.2, Grievance Process
  - Section III. C. 1-6, Pages 3-4 – Filing a Formal Grievance
- Georgia DJJ Policy 15.3, Youth Access to Courts and Counsel
- Georgia DJJ Policy 15.5, Youth Visitation
- Georgia DJJ Policy 15.6, Access to Mail
- Georgia DJJ Policy 15.7, Access to Telephone
- Georgia DJJ Policy 15.9, Ombudsman
- Georgia DJJ Policy 17.1, Admission and Release

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Posters with Telephone Numbers and/or Mailing and Email Addresses
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
  - No Means No, Report Sexual Abuse
  - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    - ⇒ 800-656-4673 The National Sexual Assault Hotline
    - ⇒ 866-922-6360 DJJ Office of Victim Services  
3408 Covington Highway, 1<sup>st</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of the Ombudsman  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of Investigations  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 404-508-6500 Stepping Stone Child Advocacy  
382 Woodland Trails Road  
Dublin, Georgia 31021
    - ⇒ 855-422-4453 The Georgia Department of Family and Children Services Hotline
    - ⇒ 678-904-2880 Georgia Center for Child Advocacy
    - ⇒ 404-346-2300 United States Immigration and Customs Enforcement
    - ⇒ [www.djj.state.ga.us](http://www.djj.state.ga.us) Georgia DJJ Online Intelligence Tip Form
- News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something"
- U.S. Department of State Consular Notifications and Access - 4<sup>th</sup> Edition, March 2014
- Notification of Foreign National in Detention Form

## Standard 115.352: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

### Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC uses the grievance process as an administrative procedure to address resident allegations regarding sexual abuse and sexual harassment. Grievances regarding sexual abuse and sexual harassment are not resolved informally. The facility places no time limits on when a resident may submit a grievance for such incidents. Grievances are not referred to a staff member who is the subject of the complaint, but may be submitted to a staff member who is not the subject of the complaint.

Grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of receipt, and assigned for investigation. DJJ shall issue a final ruling within 45 days of the initial filing of a grievance. Extensions may be approved by DJJ Commissioner or designee and residents will be notified in writing. Emergency grievances alleging a resident is subject to imminent sexual abuse

require the Facility Director or designee to provide a response within 24 hours and a final decision within 5 days. Residents are disciplined for grievances filed in bad faith.

DJJ permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing grievances and appeals. These same individuals may file a grievance on behalf of a resident. If a resident declines to have a grievance processed on their behalf, the decision is documented. A parent or legal guardian may file a grievance although the resident has declined.

No grievances alleging sexual abuse were filed within the twelve-month audit period.

### Interviews

- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII., I-M, Page 18 - Exhaustion of Administrative Remedies
- Georgia DJJ Policy 15.2, Grievance Process
  - Section I.-IV., Pages 1-7 - Grievance Process

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Grievance Form

## Standard 115.353: Resident access to outside confidential support services and legal representation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC provides residents with outside access to victim advocates and immigrant service agencies by providing mailing addresses and telephone numbers. Residents detained solely for civil immigration purposes are provided contact information for United States Customs and Immigration Enforcement. Various posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: Georgia DJJ Office of Victim Services, United States Immigration and Customs Enforcement, Georgia DJJ Office of Ombudsman, the Georgia Center for Child Advocacy, the Georgia Department of Family and Children Services and the National Sexual Assault Hotline. DJJ has an agreement with the Georgia Network to End Sexual Assault (GNESA). GNESA is a coalition of 27 rape crisis centers. When a

resident calls the National Sexual Assault Hotline the calls are routed through GNESEA. Stepping Stone Child Advocacy Center, Inc. is another outside support service available to the residents.

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians through visitation, mail and telephone. The facility informs residents about the extent to which communication with outside support groups can be monitored and informs the residents about mandatory reporting rules governing privacy and confidentiality.

The facility exceeds this standard by providing such a wide range of outside support services. The Georgia Network to End Sexual Assault (GNESEA) and the Stepping Stone Child Advocacy Center, Inc. provide accessible victim advocate and emotional support services to the residents. Lastly, posters list several additional outside legal and support services.

### **Interviews**

- Facility Director  
The Facility Director confirmed the facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls and visits. Counselors can assist the residents with placing a call. The calls would be unobstructed with sight, but not sound supervision.

- PREA Compliance Manager  
The Assistant Director confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians. They are given sight, but not sound supervision.

- Random Sample of Residents  
Most residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Many stated counseling services or therapy would be available. Most residents interviewed knew mailing addresses and telephone numbers for these outside services were posted on the walls. All resident interviewed knew calling the sexual assault hotline or other outside services would be a free call. All residents interviewed confirmed the facility would allow them to see or talk with their lawyer or another lawyer privately. All residents interviewed confirmed the facility would allow them to see or talk with their parents or someone else, such as a legal guardian.

For residents who stated they were unaware of services available outside of the facility for dealing with sexual abuse, the auditor showed the residents the posters with the mailing addresses and telephone numbers. Additionally, the auditor explained to the residents the nature and scope of outside services available for dealing with sexual abuse.

- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII. N-P, Pages 18-19 - Resident Access to Outside Support Services and Legal Representation
  - Attachment F - Consent to Disclose Protected Confidential PREA Related Information

- Georgia DJJ Policy 15.3, Youth Access to Courts and Criminal Counsel
- Georgia DJJ Policy 15.5, Youth Visitation
- Georgia DJJ Policy 15.6, Access to Mail
- Georgia DJJ Policy 15.7, Access to Telephone
- Georgia DJJ Policy 15.9, Ombudsman
- Georgia DJJ Policy 15.11, Requests for Services

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Posters with Telephone Numbers and/or Mailing and Email Addresses
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
  - No Means No, Report Sexual Abuse
  - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    - ⇒ 800-656-4673 The National Sexual Assault Hotline
    - ⇒ 866-922-6360 DJJ Office of Victim Services  
3408 Covington Highway, 1<sup>st</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of the Ombudsman  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of Investigations  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 404-508-6500 Stepping Stone Child Advocacy  
382 Woodland Trails Road  
Dublin, Georgia 31021
    - ⇒ 855-422-4453 The Georgia Department of Family and Children Services Hotline
    - ⇒ 678-904-2880 Georgia Center for Child Advocacy
    - ⇒ 404-346-2300 United States Immigration and Customs Enforcement
    - ⇒ [www.djj.state.ga.us](http://www.djj.state.ga.us) Georgia DJJ Online Intelligence Tip Form
- News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something"
- U.S. Department of State Consular Notifications and Access - 4<sup>th</sup> Edition, March 2014
- Consent to Disclose Protected Confidential PREA Related Information
- Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding

## Standard 115.354: Third-party reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Third-party reporting of sexual abuse and sexual harassment is accessible through the online Intelligence Tip Form, <http://www.djj.state.ga.us/Employees/DjjDrupalTipsFormWeb.aspx>, located on the DJJ website, [www.djj.state.ga.us](http://www.djj.state.ga.us).

Additionally, third-party reports can be submitted to DJJ Office of the Ombudsman through the following methods:

- Email at [djjombudsman@djj.ga.us](mailto:djjombudsman@djj.ga.us)
- Telephone at 1-855-396-2978
- Mail at 3408 Covington Highway, 1<sup>st</sup> Floor, Decatur, Georgia 30032.
- On-Line Referral Form at [www.djjnewsandviews.org/djjombudsman](http://www.djjnewsandviews.org/djjombudsman)

DJJ exceeds the requirements of the standard. The agency provides numerous methods for third-party reports of sexual abuse or sexual harassment. Two online reporting systems and reporting by mail, email, or telephone provides the residents, staff, and the public with many reporting options. Third-party reporting information is provided on the agency website and PREA posters located throughout the facility.

### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII. Q&R, Page 19 - The Agency provides for third-party reporting.

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

- News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: “If You See Something, Say Something”
  - Posters with Information for the Online Intelligence Tip Form and Contact Information
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don’t be a Victim - Report Sexual Abuse
  - No Means No, Report Sexual Abuse

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC requires all staff, volunteers, interns, or contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Allegations are documented by using the Special Incident Report (SIR).

Medical and mental health staff are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Upon receiving an allegation of sexual abuse or sexual harassment, including third-party and anonymous reports, the Facility Director or designee will promptly report the allegation to the DJJ Office of Investigators. The Facility Director will also report the allegation to the alleged victims' parents or legal guardians; unless the facility has official documentation showing the parents or legal guardians should not be notified. If a resident is under the guardianship of the Department of Children and Family Services, the report shall be made to the alleged victims' case worker. If a juvenile court retains jurisdiction over the alleged victim, the Facility Director or designee shall report the allegation to the resident's attorney of record within 14 days of receiving the allegation.

## Interviews

- Facility Director  
The Facility Director stated he would report allegations of sexual abuse to the Office of Investigations PREA Unit Supervisor. If the victim is under the guardianship of the Department of Family and Children Services, he stated she would report the allegation to DFACS within 24 hours. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted within 24 hours. Lastly, he confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to DJJ Office of Investigations PREA Unit.
- PREA Compliance Manager  
The Assistant Director stated when the facility receives an allegation of sexual abuse he reports the allegation to the Facility Director. If the victim is under the guardianship of the Department of Family and Children Services, he stated the allegation would be reported to DFACS. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record.
- Random Sample of Staff  
All staff interviewed confirmed they are mandated by Georgia law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor.
- Medical and Mental Health Staff  
Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They all confirmed they are mandated by Georgia law to immediately report any knowledge, suspicion,

or information regarding an incident of sexual abuse or sexual harassment to their supervisor. They reported not having been aware of such incidents.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX, A-C, Pages 19-20 - Official Response Following a Youth Report: Staff and Agency Protection Duties
- Georgia DJJ Policy 8.5, Special Incident Reporting

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Georgia Child Protective Services Mandated Reporter Form
- Serious Incident Report (SIR) Form

## Standard 115.362: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC immediately reports any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Staff take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other residents or staff. The facility employs multiple

protection measures, including custody and housing changes, special management plans, "no contact status", or transfers for resident victims or abusers.

There were no residents subject to a substantial risk of imminent sexual abuse within the twelve-month reporting period.

### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. Staff would be put on "No Contact Status" and housing changes or transfers may be required.
- Facility Director  
The Facility Director confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as housing changes, transfers to another facility, or staff no contact status. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.
- Random Sample of Staff  
All staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor and close observation.

### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. D-E, Page 20 - Official Response Following a Youth Report: Agency Protection Duties

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Georgia DJJ policy requires that upon receiving an allegation that a resident has been sexually abused or sexually harassed while confined at another facility, the Facility Director will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the DJJ Office of Investigations. The facility will document that it has provided the required notification.

Marietta RYDC received no allegations that a resident was abused, while confined at another facility, within the twelve-month audit period.

#### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator stated DJJ Office of Investigations is the designated point of contact if another facility within DJJ refers allegations of sexual abuse or sexual harassment that occurred in a Georgia DJJ facility.
- Facility Director  
The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to DJJ Office of Investigations. The Director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of another facility or agency reporting such allegations within the twelve-month audit period.

## Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. F, Page 20 - Official Response Following a Youth Report: Reporting to Other Confinement Facilities

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ has a staff first responder policy for allegations of sexual abuse. Staff members receiving sexual abuse information will immediately refer the resident to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation.

Upon learning of an allegation that a resident has been sexually abused, the first direct care staff member to respond to the report shall be required to: separate the alleged victim and abuser and immediately refer the youth to the medical services staff for initial evaluation of the need for an outside medical referral for further testing and evaluation; obtain basic information such as where the incident occurred and who may be involved, but will not ask other questions; preserve and protect any crime scene, if applicable, until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

If the first staff responder is a non-direct care staff member, he or she is required to ensure the victim is safe and request the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff.

### **Interviews**

- Security Staff First Responders  
An interview with a security staff first responder confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse.
- Non-Security Staff First Responders  
An interview with a non-security staff first responder confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse.
- Random Sample of Staff  
Staff interviewed had a good knowledge of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. All staff interviewed stated they would report the alleged sexual abuse to their supervisor. Interviews revealed staff would not share sensitive information with other staff and residents.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M

- Section IX. G-I, Pages 20-21 - Official Response Following a Youth Report: First Responder Duties
- Attachment M - Sexual Abuse Coordinated Team Response
- Georgia DJJ Policy 23.2, Sexual Assault

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- PREA Accountability Statement
- Facility Coordinated response to a Sexual Assault Incident
- Staff First Responder Cards

**Standard 115.365: Coordinated response**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.365 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Marietta RYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

The Facility Director or designee must immediately contact the Office of Investigations PREA Unit Supervisor for PREA coding confirmation and assignment of an investigator. The Agency PREA Coordinator, Director of Investigations, and Director of Victim Services will immediately receive Special

Incident SQL alerts upon entering the PREA codes into the Special Incident database. The Director of Victim Services will review the incident and make a determination regarding the immediate and critical need for additional services.

Medical and mental health staff will maintain secondary materials documenting the timeliness of the emergency medical treatment and crisis intervention services that are provided, the appropriate response by non-health staff in the event medical staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. When medical examines a youth for sexual abuse, youth will be given the youth victim services information card prepared by the Office of Victim Services.

### Interview

- Facility Director  
The Facility Director confirmed Marietta RYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M
  - Section IX. J-N, Pages 21-22 - Official Response Following a Youth Report: Coordinated Response
  - Attachment M - Sexual Abuse Coordinated Team Response
- Georgia DJJ Policy 23.2, Sexual Assault

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Marietta RYDC Sexual Abuse Coordinated Team Response
- Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart
- DJJ & State of Georgia SART (Incarcerated Victim) Draft

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.366 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ does not participate in collective bargaining agreements.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. O, Page 22 - Official Response Following a Youth Report: Preservation to Ability to Protect Residents from Contact with Abusers

### Interview

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator confirmed DJJ and the Marietta RYDC do not participate in collective bargaining agreements.

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

## Standard 115.367: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Georgia DJJ policy requires Facility Directors, Facility PREA Compliance Managers, and other supervisors to take immediate actions to ensure residents alleging sexual abuse or sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident reports alleged sexual abuse or sexual harassment, staff must complete the PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the resident's adjustments in the facility and document their findings. The PREA Compliance Manager is charged with monitoring for retaliation. There were no incidents of retaliation reported within the twelve-month audit period.

#### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator stated housing changes or transfers as some examples of measures to protect residents or staff who report retaliation.
- Facility Director  
The Facility Director stated staff no contact status and suspensions as examples of measures to protect residents or staff who report retaliation. If retaliation is suspected close observation, transfers, and housing unit changes are examples of measures that may be taken.
- Designated Staff Member Charged with Monitoring for Retaliation

The Assistant Director is charged with monitoring for retaliation. He stated some of the measures he would take to protect residents and staff from retaliation are fully documenting any retaliation and putting staff on administrative leave pending an investigation. He stated some of the things he would look for in detecting possible retaliation are changes in resident behaviors and interactions. He confirmed he would monitor the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse for 90 days or until the retaliation ends.

- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) The facility does not use isolation.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment L
  - Section IX. P, Page 22 - Official Response Following a Youth Report: Agency Protection Against Retaliation
  - Section IV. B. 2, Page 5 - Responsibilities of a PREA Compliance Manager
  - Attachment L - PREA Retaliation Monitoring Sheet

### **Secondary Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- PREA Retaliation Monitoring Sheet

## **Standard 115.368: Post-allegation protective custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.368 (a)**

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marietta RYDC does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse. A new Custody and Housing Assessment will be completed after an alleged victim returns from emergency medical treatment. The Facility Director or designee, in consultation with the Designated Health Authority, will make a final decision regarding housing placement for the alleged victim. The safety, security, and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator.

### Interviews

- Facility Director  
The Facility Director confirmed the Marietta RYDC does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. Q, Page 22
- Georgia DJJ Policy 8.5, Special Incidents Reporting
- Georgia DJJ Policy 8.7, Protective Custody
- Georgia DJJ Policy 8.8, Use of Isolation
- Georgia DJJ Policy 23.2, Sexual Assault

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of

criminal OR administrative sexual abuse investigations. See 115.321(a).]

Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ Office of Investigations conducts administrative and criminal investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The Office of Investigations has authority as sworn officials to investigate all allegations of criminal violations occurring at Georgia DJJ facilities. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies such as the GBI, and local law enforcement as needed.

All Georgia DJJ PREA investigators have received specialized training including: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. They are required to complete NIC online training.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses and review any prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigations are not terminated solely because the source of the allegation recants the allegation.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. DJJ doesn't require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

All PREA related investigations must be completed within 30 calendar days from case assignment unless the investigation is handled by outside agencies or as approved by the Director of Investigations. The investigator will produce a final investigative report. The report will determine whether staff actions or failure to act contributed to the abuse and include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the investigative facts and findings.

DJJ retains all written investigations and Special Incident Reports (SIR) as long as the alleged abuser is incarcerated or employed plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

When outside agencies investigate sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The Director of Investigations is the official liaison with all outside law enforcement agencies.

The facility had no allegations of sexual abuse or sexual harassment that appeared to have been criminal and were referred for criminal prosecution within the twelve-month audit period.

## Interviews

- Investigative Staff  
The PREA Investigator confirmed that he has received training through the NIC. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted.
- Residents who reported a Sexual a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

## Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section V. A, Page 9 - Office of Investigations
  - Section X. A-E, Page 22-23 - Investigations: Criminal and Administrative Agency Investigations
- Georgia DJJ Policy 8.5, Special Incident Reporting
- Georgia DJJ Policy 22.1– Sworn Law Enforcement Identification Cards
- Georgia DJJ Policy 22.3 - Internal Investigations

## Training

- Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA Modules 2-8A

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- PREA Unit Investigators Training Records
- NIC Training Certificates
- Georgia Bureau of Investigations (GBI) Evidence Protocol Process
- Georgia DJJ Hearings on Sexual Victimization in U.S. Juvenile Correctional Facilities by the Review Panel on Prison Rape
- Serious Incident Report (SIR) Form
- Chain of Custody Form
- Report of Investigation Form

## Standard 115.372: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interview**

- Investigative Staff
  - The interview with the PREA investigator confirmed this policy.

**Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section X. F, Page 23 - Investigations: Evidentiary Standards for Administrative Investigations

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

**Standard 115.373: Reporting to residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.373 (a)**

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

**115.373 (b)**

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

**115.373 (c)**

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Following an investigation, the DJJ Office of Victims Services informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded. The Office of Investigations provides the required case information to the Office of Victim Services as soon as possible, but no later than five (5) calendar days upon completion of the Report of Investigation (ROI). If the Office of Investigations did not conduct the investigation, the Office of Investigations will request relevant information from the investigative agency and provide the required information to the Office of Victims Services as soon as possible, but no later than five (5) calendar days upon receipt of the information from the investigative agency. The Office of Victim Services informs residents no later than (5) calendar days upon receipt of the information from the investigative agency.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Office of Victim Services subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The Agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that she has been sexually abused by another resident, the Office of Victim Services subsequently informs the alleged victim whenever:

- (1) The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Office of Victim Services documents all notifications or attempted notifications in the Juvenile Tracking System (JTS). If the resident is released from the Marietta RYDC, the Office of Victim Services' obligation to report will terminate.

Marietta RYDC had two (2) allegations of sexual abuse that were under investigation.

### Interviews

- o Facility Director  
The Facility Director confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Investigative Staff  
The PREA Investigator confirmed that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

**Policy**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment N
  - Section X. G&H, Page 23 - Investigations: Reporting to Residents
  - Attachment N - Resident Notification of Investigative Outcome
- Georgia DJJ Policy 14.10, Victims' Rights, Services and Notification
  - Section IV. A&B, Pages 7-8 - PREA Victim Notification

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Report of Investigation (ROI)
- Resident Notification of Investigative Outcome Form

**DISCIPLINE**

**Standard 115.376: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.376 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

**115.376 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

**115.376 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

**115.376 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Staff are subject to disciplinary sanctions up to termination and criminal prosecution for violating Georgia DJJ sexual abuse and sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of acts committed, a staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would be terminated if not for their resignation, are reported to the appropriate law enforcement agency and to any relevant licensing bodies unless the activity was clearly not criminal.

Marietta RYDC had one (1) allegation of staff sexual abuse within the twelve-month audit period. The allegation was under investigation.

#### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XI. A-D, Pages 23-24 - Discipline: Disciplinary Sanctions for Staff
- Georgia DJJ Policy 3.80, Employee Progressive Discipline

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

## Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Georgia DJJ policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Marietta RYDC takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

No contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents within the twelve-month audit period.

#### Interview

- Facility Director  
The interview with the Facility Director confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the residents pending investigation.

#### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XI. E&F, Page 24 - Discipline: Corrective Action for Contractors and Volunteers
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
  - Section III. H, Page 9 - Termination of Volunteer

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC

### Standard 115.378: Interventions and disciplinary sanctions for residents

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

##### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Also, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility would offer the offending resident participation in such interventions. The agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. The agency will discipline a resident for sexual contact with staff only upon finding the staff member did not consent to such contact. Isolation is not used as a disciplinary measure for resident-on-resident sexual abuse.

The facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

DJJ has a zero-tolerance policy toward all sexual activity between residents and may discipline residents for such activity. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

There was one (1) allegation of resident-on resident sexual abuse at the facility within the twelve-month audit period. The allegation was under investigation.

### **Interviews**

- Facility Director

The Facility Director confirmed sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. A resident's mental disability or mental illness is considered in determining appropriate disciplinary sanctions. Isolation is not used as a disciplinary sanction for resident-on resident sexual abuse.

- Medical and Mental Health Staff

Mental Health Staff confirmed that counseling would be available for residents who have been determined to have committed resident-on resident sexual abuse. She confirmed if a resident refuses to participate in counseling they would not be denied access to education and other programming.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)

- Section I., Page 1 - Zero-tolerance policy
- Section XI. G-I, Page 24 - Discipline: Interventions and Disciplinary Sanctions for Residents
- Georgia DJJ Policy 16.4, Pre-Hearing Confinement
- Georgia DJJ Policy 16.5, Disciplinary Reports and Hearings and Attachment B
  - Attachment B – Behavioral Infractions Grid
- Georgia DJJ Policy 16.6, Services in Confinement and Attachment A
  - Section III. D-I, Pages 3-5
  - Attachment A - Confinement Checks Form

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Behavioral Infractions Grid
- Resident Disciplinary Report Form

**MEDICAL AND MENTAL CARE**

**Standard 115.381: Medical and mental health screenings; history of sexual abuse**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.381 (a)**

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

**115.381 (b)**

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

**115.381 (c)**

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

**115.381 (d)**

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

When a resident discloses prior sexual victimization during the intake screening, the resident is referred for medical and/or mental health services within 72 hours of the screening. If the screening indicates a resident has previously perpetrated sexual abuse, the resident will be offered a follow-up meeting with mental health services within 14 days of the intake screening.

Medical and mental health practitioners will obtain informed consent from youth before reporting information about prior sexual victimization what did not occur in a facility setting, unless the youth is under the age of 18.

The information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Georgia DJJ policy and all other federal, state, and local laws.

Thirteen (13) residents disclosed prior victimization during intake screening within the twelve-month audit period. Both were given a mental health assessment within 72 hours and had a follow-up meeting for mental health services within the required time frame.

### Interviews

- Staff Responsible for Risk Screening  
The staff responsible for risk screening confirmed if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or medical health practitioner within 14 days.
- Medical and Mental Health Staff

The interviews with the Medical and Mental Health Staff confirmed youth over the age of 18 are required to give informed consent before reporting prior victimization that did not occur in an institutional setting.

- Residents who Disclose Sexual Victimization at Risk Screening  
Two (2) residents who disclosed sexual victimization during risk screening were present during the on-site audit. They confirmed they were offered a follow-up meeting with a medical and/or medical health practitioner within 14 days. One resident indicated the meeting was approximately 4 days after intake. The other resident stated they were already on a mental health counseling plan.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment F
  - Section XII. A-C, Pages 23-24 - Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse
  - Attachment F - Consent to Disclose Protected & Confidential PREA Related Information
- Georgia DJJ Policy 11.1, Medical Intake Screening
- Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination
- Georgia DJJ Policy 12.10, Mental Health Screening
- Georgia DJJ Policy 22.3, Internal Investigations
  - Section III. O, Pages 6-7

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- SIR Codes Guide - B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening)
- Consent to Disclose Protected and Confidential PREA Related Information
- Georgia DJJ Office of Victim Services Card
- Prior Victimization Assessments

## **Standard 115.382: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Facility Director ensures resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

If there is an allegation of sexual assault within a 72 hour time frame, the resident will be taken to the emergency room for a forensic examination and STD testing. Treatment services are provided to victims at no financial cost. DJJ would be responsible for payment of medical and treatment expenses.

No resident victims of sexual abuse required emergency medical or mental health services within the twelve-month audit period.

### Interviews

- Medical and Mental Health Staff

The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of emergency medical and mental health services is determined according to their professional judgment and based on professional guidelines and Georgia DJJ policy. The Lead Nurse and the Physician's Assistant confirmed victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

- Security Staff and Non-Security Staff First Responders  
Interviews with staff first responders confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse, including immediate notification of appropriate medical and mental health practitioners.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XII. D, Page 25 - Medical and Mental Care: Access to Emergency Medical and Mental Health Services
- Georgia DJJ Policy 2.10, Payment of Youth Medical Expenses

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Stepping Stone Child Advocacy Center, Inc. - Agreement for Victim Advocacy Services
- Sexual Abuse Coordinated Team Response
- Facility Coordinated Response to a Sexual Assault Incident

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse, whether inside or outside the facility. Victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Female victims of sexual abuse while confined in a secure facility are offered a pregnancy test. If pregnancy results from sexual abuse while confined, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the Medical Department. The facility will provide the required services or the services will be provided by WellStar Kennestone Regional Medical Center.

The Facility conducts a mental health evaluation of all known youth-on youth abusers within 72 hours of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

### **Interviews**

- Medical and Mental Health Staff  
Medical and Mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. All staff interviewed confirmed medical and mental health services are consistent with community level of care. The Lead Nurse and Physician's Assistant interviewed confirmed victims are given timely information and access to all lawful pregnancy-related services if pregnancy results from sexual abuse while incarcerated. The mental health practitioner interviewed confirmed mental health evaluations of all known resident-on-resident abusers would be completed within 72 hours and treatment would be offered if appropriate.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XII. E-G, Page 25 - Medical and Mental Care: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- Georgia DJJ Policy 22.3, Sexual Assault

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Facility Medical and Mental Health Staff Qualifications
- Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)
- Local Hospital Memorandum of Understanding

## **DATA COLLECTION AND REVIEW**

### **Standard 115.386: Sexual abuse incident reviews**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Marietta RYDC conducts sexual abuse incident reviews after the conclusion of every investigation of a sexual abuse incident, unless the incident is unfounded. The PREA Incident Review Team includes upper-level facility management staff, with input from line supervisors, investigators, and medical and mental health practitioners. The PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The facility implements the recommendations for improvement or shall document its reasons for not doing so.

The review team considers the following: (1) whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse; (2) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) whether physical barriers in the area may enable abuse; (4) protective measures taken following a sexual abuse incident; (5) the adequacy of staffing levels in the area during different shifts; (6) whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff; (7) was the incident immediately reported to supervisors and the Facility Director; and (8) was the proper documentation completed for the incident.

Marietta RYDC had two (2) unsubstantiated administrative investigations of allegations of resident-on-resident sexual abuse within the twelve-month audit period. The PREA Incident Review Team met after completion of each investigation and documented their findings with the Sexual Abuse Incident Review Team Meeting Minutes form.

### **Interviews**

- Facility Director  
The Facility Director confirmed the Marietta RYDC has a sexual abuse incident review team. The team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The team uses the information from the sexual abuse incident review to ensure residents are protected, address any blind spots, and consider more training. He confirmed the team considers motivating factors, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in that area during different shifts, and assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.

- Facility PREA Compliance Manager  
The Assistant Director revealed he is a member of the PREA Incident Review Team. He confirmed the facility reports its findings using the Sexual Abuse Incident Review Team Meeting Minutes form. The report includes any recommendations for improvement.
- Incident Review Team  
The Facility Director confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area are assessed for different shifts. He confirmed the PREA Incident Review Team assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments J&M
  - Section XIII. A, Pages 25-26 - Sexual Abuse Incident Reviews
  - Attachment J - Sexual Abuse Incident Review Team Meeting Minutes
  - Attachment M - Sexual Abuse Coordinated Team Response

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Sexual Abuse Incident Review Team Meeting Minutes Form

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the Special Incident Report (SIR). The agency completes a PREA Report and the Survey of Sexual Victimization, State Juvenile Systems Summary Form annually, as required by the U.S. Department of Justice. The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

### Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment K
  - Section XIII. B, Page 26 - Data Collection
  - Attachment K -Requirements of a PREA Case
- Georgia DJJ Policy 8.5 - Special Incident Reporting

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Requirements of a PREA Case

- PREA COMSTAT Allegations Report
- Georgia DJJ 2016 Annual PREA Report
- 2016 Survey of Sexual Victimization, State Juvenile Systems Summary Form

## Standard 115.388: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The DJJ Agency PREA Coordinator reviews, analyzes, and uses all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices and training. The Annual PREA Report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report is approved by the Commissioner and linked to the DJJ website to provide PREA information to the public.

#### **Interview**

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator confirmed the Commissioner approves the Annual PREA Report and the Agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions. All identifying information is redacted from the report.
- PREA Compliance Manager  
The Assistant Director confirmed the facility reports incidents of sexual abuse and sexual harassment to be included in the data the agency collects and aggregates in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

#### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XIII. B. 2&3, Pages 24-25, Data Review for Corrective Action

#### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form
- Georgia DJJ 2016 Annual PREA Report

## **Standard 115.389: Data storage, publication, and destruction**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DJJ securely retains sexual abuse data for 10 years after the date of initial collection. Additionally, the agency maintains all data on all staff, contractors, volunteers, and/or interns who have sexually abused or sexually harassed a resident for an additional five years after they no longer work or are involved with the agency. The Agency PREA Coordinator submits an Annual PREA Report for publication on the Agency's website. All personal identifiers are redacted.

#### Interview

- Agency PREA Coordinator  
The Agency PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and

response policies, and training. He confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data.

#### **Policies**

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XIII. B. 4&5, Pages 26-27, Data Storage, Publication and Destruction

#### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire for Marietta RYDC
- Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form
- Georgia DJJ 2016 Annual PREA Report

## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes    No    NA

#### **115.401 (b)**

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes    No

#### **115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes    No

#### **115.401 (i)**

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes    No

#### **115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes    No

### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, Georgia DJJ ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.

The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

#### Supporting Documentation

- 1<sup>st</sup> DOJ Audit Cycle Documentation

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All Georgia DJJ PREA Audit Reports for the first three-year audit cycle are published on the agency's website at <https://djj.georgia.gov/prea-reports>.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham

April 17, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.