Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: April 1, 2020 ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: May 19, 2020

Auditor Information

Name: Robert Burns 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:** February 10-11, 2020

Agency Information

Name of Agency: Georgia Department of Juvenile Justice			
Governing Authority or Parent Agency *(If Applicable):* State of Georgia			
Address: 3408 Covington Highway		**City, State, Zip:** Decatur, GA 30032	
Mailing Address: same as physical address		**City, State, Zip:** Click or tap here to enter text.	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: https://djj.georgia.gov/prea-reports			

Agency Chief Executive Officer

Name: Tyrone Oliver	
Email: tyrone.oliver@djj.state.ga.us	**Telephone:** 404-508-6500

Agency-Wide PREA Coordinator

Name: Adam T. Barnett, Sr	
Email: adambarnett@djj.state.ga.us	**Telephone:** 404-683-6844
PREA Coordinator Reports to: Latera Davis	**Number of Compliance Managers who report to the PREA Coordinator:** 1

Facility Information

Name of Facility: Macon Youth Development Campus			
Physical Address: 4160 Riggins Mill Road		**City, State, Zip:** Macon, Georgia 31217-5440	
Mailing Address: same as physical address		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Website with PREA Information: http://djj.georgia.gov/prea-reports			
Has the facility been accredited within the past 3 years? ☒ Yes ☐ No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): ☒ ACA ☐ NCCHC ☐ CALEA ☐ Other (please name or describe: Click or tap here to enter text. ☐ N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: none			
Facility Administrator/Superintendent/Director			
Name: Cynthia Dupree			
Email: cynthiadupree@djj.state.ga.us		**Telephone:** 470- 230-7092	
Facility PREA Compliance Manager			
Name: Maris M. Kellogg			
Email: mariskellogg@djj.state.ga.us		**Telephone:** 478-751-1871	
Facility Health Service Administrator ☐ N/A			
Name: LaToshia Cone, RN			
Email: atoshiacone@djj.state.ga.us		**Telephone:** 478-751-1871	
Facility Characteristics			
Designated Facility Capacity:	70		
Current Population of Facility:	35		

Average daily population for the past 12 months:	34
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☒ Females ☐ Males ☐ Both Females and Males
Age range of population:	14-20
Average length of stay or time under supervision	109 days
Facility security levels/resident custody levels	secure

Number of residents admitted to facility during the past 12 months	44
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	42
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	42
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other (please name or describe): Click or tap here to enter text. ☒ N/A

Number of staff currently employed by the facility who may have contact with residents:	112
Number of staff hired by the facility during the past 12 months who may have contact with residents:	24
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	77

Physical Plant

Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	13
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	5
Number of single resident cells, rooms, or other enclosures:	52
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	22
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe): Click or tap here to enter text.

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	27
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe): Click or tap here to enter text. ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe): Click or tap here to enter text. ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Macon Youth Development Campus (YDC) was conducted February 10-11, 2020. The parent agency for Macon Youth Development Campus is the Georgia Department of Juvenile Justice (DJJ). Macon Youth Development Campus is located at 4160 Riggins Mill Road, Macon, Georgia, 31217. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed August 1, 2019. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited April 22, 2017, with 100% compliance with the PREA Juvenile Standards.

The mission of DJJ is 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.

The mission of the DJJ PREEA/ACA Compliance Division is Ensuring that the agency's "priority" of managing safe and secure correctional operations are guided by performance-based standards, accrediting bodies, federal, state laws and DJJ polices in achieving Georgia Department of Juvenile Justice mission.

The mission of Macon YDC is to ensure safety, security, and a unified community among its staff and youth. Macon YDC supports positive youth change through treatment, programs, and services for their return to their communities.

Audit Methodology
Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notice was posted December 5, 2019. The notices were in English and Spanish. The audit notice was posted using a large font and easy-to-read language on colorful paper. The audit notices were placed throughout the facility, in places visible to all residents and staff. Pictures of the posted audit notices were emailed to the auditor on December 5, 2019 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was received January 10, 2020. The PAQ was completed on January 6, 2019. The documentation was received on a flash drive. The documentation was well organized

by standard. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it to be well organized with minimal omitted documentation.

Requests of Facility Lists

Macon Youth Development Campus provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
Youthful inmates/detainees	N/A
Residents with physical disabilities	None were identified.
Residents with cognitive disabilities	None were identified.
Residents who are Limited English Proficient	None were identified.
Lesbian, Gay, and Bisexual Residents	2 (One youth identified as gay and a second youth identified as pansexual.)
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	None were identified.
Residents in isolation	None were identified.
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening	3
Complete Staff Roster	The staff roster and schedule were provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	12
All volunteers who have contact with the residents	77
All grievances/allegations made in the 12 months preceding the audit	120 (No grievances were made for sexual abuse or sexual harassment allegations.)
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	3
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	Three (3) unsubstantiated allegations of youth-on youth abusive sexual contact.
All hotline calls made in the 12 months preceding the audit	The agency reports hotline calls cannot be differentiated from other types of calls. The three (3) unsubstantiated allegations of youth-on youth abusive sexual contact were not reported through the hotline.

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the preceding 12 months.
Community Based Organizations (CBOs)	Northstar Psychological Services
	Children and Teenagers Foundations
	Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center
	Crumbley Counseling Services

	Georgia Center for Child Advocacy (Serves Fulton and DeKalb Counties, but will make referrals to other advocacy centers in other counties.)
The Georgia Department of Family and Children Services Hotline	The auditor contacted the Georgia Department of Family and Children Services Hotline at 855-422-4453.
SAFE/SANE Programs	SAFEs are available through Navicent Health.
National Sexual Assault Hotline	The auditor contacted the National Sexual Assault Hotline at 1-800-656-4673.

Research

Georgia Mandated Reporter Law - O.C.G.A. §19-7-5 (2016)
(a) The purpose of this Code section is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

(b) As used in this Code section, the term:

(1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.

(2) "Abused" means subjected to child abuse.

(3) "Child" means any person under 18 years of age.

(4) "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Endangering a child;

(D) Sexual abuse of a child; or

(E) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an abused child.

(5) "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

(6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.

(6.1) "Endangering a child" means:

(A) Any act described by subsection (d) of Code Section 16-5-70;

(B) Any act described by Code Section 16-5-73;

(C) Any act described by subsection (l) of Code Section 40-6-391; or

(D) Prenatal abuse, as such term is defined in Code Section 15-11-2.

(7) "Pregnancy resource center" means an organization or facility that:

(A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;

(B) Does not provide or refer for abortions;

(C) Does not provide or refer for FDA approved contraceptive drugs or devices; and

(D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.

(8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.

(9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.

(10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not such person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires a child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

MANDATED REPORTERS:

(c)(1) The following persons having reasonable cause to believe that suspected child abuse has occurred shall report or cause reports of such abuse to be made as provided in this Code section:

(A) Physicians licensed to practice medicine, physician assistants, interns, or residents;

(B) Hospital or medical personnel;

(C) Dentists;

(D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;

(E) Podiatrists;

(F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;

(G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;

(H) School teachers;

(I) School administrators;

(J) School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;

(K) Child welfare agency personnel, as such agency is defined in Code Section 49-5-12;

(L) Child-counseling personnel;

(M) Child service organization personnel;

(N) Law enforcement personnel; or

(O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

(2) If a person is required to report child abuse pursuant to this subsection because such person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, such person shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated

delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(3) When a person identified in paragraph (1) of this subsection has reasonable cause to believe that child abuse has occurred involving a person who attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, the person who received such information shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that suspected child abuse has occurred may report or cause reports to be made as provided in this Code section.

(e) With respect to reporting required by subsection (c) of this Code section, an oral report by telephone or other oral communication or a written report by electronic submission or facsimile shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile to the Division of Family and Children Services of the Department of Human Services, it shall be done in the manner specified by the division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services, as designated by the Division of Family and Children Services of the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

(f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child

abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.

(h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

(i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

(1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or

(2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:

(A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;

(B) The applicant carries the burden of showing the legitimacy of the research project; and

(C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with the Facility Director, PREA Coordinator, PREA Compliance Specialist, PREA Compliance Manager, and other facility leadership. Introductions were made, the agenda for the two days was discussed, and the auditor began interviewing residents and staff. During the site review, the auditor was accompanied by the PREA Compliance Specialist, Facility Director, PREA Compliance Manager, and Assistant Director of Security.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility consists of thirteen (13) buildings. The facility has five (5) housing units each with twelve (12)

single cells. Each housing unit has three (3) to four (4) shower stalls, behind swinging half doors, that allow staff to view a resident's head and feet for safety. Each housing unit has three (3) to four (4) toilet stalls behind "PREA Friendly" shower curtains for privacy. The auditor observed the medical and dental facilities, the school, classrooms with two cameras each, the library, gymnasium, vocational area, computer lab, cosmetology, culinary arts (in process of being built), the dining hall, intake building, special treatment unit, and the mental health unit. On the first day of the onsite audit the population of the facility was thirty-three (33) juveniles.

Processes and areas observed
The auditor observed the staff to resident ratios exceeded the 1:8 requirement. The auditor observed the intake and risk screening to better understand the process. Grievance boxes and help request boxes are located in each of the housing units and other areas of the facility. The grievance forms are in English and Spanish. Writing utensils are available upon request. The grievance boxes are checked daily.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available in each housing unit. The AmTel phones conveniently allow the residents to press #5 for the DJJ Office of Victim Services and #8 for the National Sexual Assault Hotline. The staff conducting the site review described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in the housing areas and common areas. Cross-gender announcements were observed upon entering housing units and the auditor informally asked residents about reporting and basic information about sexual safety at the facility.

Specific area observations
Cameras were located throughout the facility. The auditor observed the toilet and shower areas are out of view of the cameras. All 52 cells are single occupancy. Wherever residents were present, the auditor observed officers actively supervising the residents. Classrooms were all observed to be compliant with the 1:8 ratio requirements. There are 135 CCTV cameras.

Exit briefing
An exit briefing was held with the Facility Director, PREA Coordinator, PREA Compliance Specialist, and the PREA Compliance Manager. The auditor discussed the onsite audit. The auditor did have some areas of concern and requested some additional supporting documentation.

The auditor requested additional supporting documentation including:
Background checks for contract staff
Juvenile Notifications of Investigative Outcomes
Sexual Abuse Incident Team Meetings
Follow-up documentation for residents who disclosed prior sexual abuse during screening.
Periodic status checks for retaliation monitoring (corrective action)

Interviews Logistics

Location and Privacy
Interviews were held in a conference room that provided privacy and was centrally located to minimize disruption of daily activities and programing.

Selection Process
Specialized staff were selected based on their respective duties in the facility. Twelve (12) officers, randomly selected from every shift, were interviewed using the random staff interview protocol. Five (5) residents, randomly selected from each housing unit, were interviewed using the random resident interview questionnaire. There were five (5) residents identified for target interviews. One (1) youth identified as gay, one (1) youth identified as pansexual, and three (3) youth disclosed prior sexual victimization during risk screening. The resident population was thirty-three (33) on the first day of the audit.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee (PREA Coordinator)	1
Facility Director	1
PREA Coordinator	1
PREA Compliance Manager	1
Specialized Staff	
Medical Staff (Contract)	2
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches (if applicable)	N/A
Administrative (Human Resources) Staff	1
Agency Contract Administrator (PREA Coordinator)	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation (no isolation)	N/A
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	
First Shift	9
Second Shift	3
Total Random Sample of Staff	12
Volunteers Contractors who have Contact with Residents	
Volunteers	2
Contractors	2
Residents	
Random Sample of Residents from all Housing Units	5
Targeted Resident Interviews	
Residents who Reported a Sexual Abuse	None identified
Residents with Cognitive Disabilities	None identified
Residents with Physical Disabilities	None identified
Limited English Proficient Residents	None identified
Gay, Lesbian, and Bisexual Residents	2 (One youth identified as gay and a second youth identified as pansexual.)
Transgendered and Intersex Residents	None identified
Residents who Disclosed Prior Sexual Victimization During Risk Screening	3
Residents in Isolation	None identified
Interview Totals	
Total Number of Staff Interviews	34
Total Number of Resident Interviews	10
Total Number of Interviews	44

Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	3
32 Days to 6 Months	5

7 Months to 12 Months	2
13 Months Plus	0

Records Review

Type of Record	Total Records Reviewed
Personnel Records/Documents	175
Volunteer and Contractors Files/Documents	60
Training Files/Documents/Records	117
Resident Files/Documents	137
Medical/Mental Health Records and Documentation for Victims	6
Grievance Forms (Sexual Abuse and Sexual Harassment)	0 (120 grievances regarding other topics)
All Incident Reports (Sexual Abuse and Sexual Harassment)	3
Investigation Records (Sexual Abuse and Sexual Harassment)	3

Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	0	0	0
Abusive Sexual Contact	0	3	0
Sexual Harassment	0	0	0
Staff-on-Youth Sexual Abuse	Substantiated	Unsubstantiated	Unfounded
Staff Sexual Misconduct	0	0	0
Staff Sexual Harassment	0	0	0

Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	0	0	0	0
Grievance	0	0	0	0
Verbal Report	3	0	0	0
Anonymous	0	0	0	0
Third Party	0	0	0	0
Reports by Staff	0	0	0	0

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.

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Georgia Department of Juvenile Justice
Other Significant Relationship Information	None
Facility Name	Macon Youth Development Campus
Facility Address	4160 Riggins Mill Road, Macon, Georgia, 31217
Age of Facility	1970
Total Facility Rated Capacity	70
Resident Population Size and Makeup	
Average daily population in the last 12 months	34
Actual population on day 1 of the onsite portion of the audit	33
Population Gender	Female
Population Ethnicity	Multiethnic
Length of Stay	109 days
Staff Size and Makeup	
Number of Security Staff	112
Types of Supervision Practiced:	Direct Supervision
Number of Volunteers who may have contact with residents	77
Number of Contractors who may have contact with residents	12
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy cells	52
Number of open-bay dorms	0
Number of segregation/isolation units	22
Number of medical units	2
Number of closed units	0
Type of Supervision (direct or indirect)	Direct
Video Monitoring	189 CCTV cameras

Facility Operations

Physical Plant Description

Macon Youth Development Campus is located at 4160 Riggins Mill Road, Macon, Georgia 31217. The facility has a 70-bed capacity for female youth. The facility is a secure facility of brick and block construction built in 1970. The perimeter and recreation areas are secured by razor wire. The facility consists of thirteen (13) buildings. The facility has five (5) housing units each with twelve (12) single cells. Each housing unit has three (3) to four (4) shower stalls, behind swinging half doors, that allow staff to view a resident's head and feet for safety. Each housing unit has three (3) to four (4) toilet stalls behind "PREA Friendly" shower curtains for privacy. There are also administrative offices, conference rooms, a control center, medical and dental facilities, mental health offices, a school, classrooms with two cameras each, library, gymnasium,

vocational area, computer lab, cosmetology, culinary arts (in process of being built), dining hall, intake building, special treatment unit, and a mental health unit.

Services Available
The specialized programs the facility provides are: an orientation and diagnostic process where students admitted to the campus undergo a three-day period of orientation, screening, assessment and evaluation; a behavior management unit that consists of a leveled system that focuses on development of self-control, practicing good decision making skills and reintegration into general population; and a mental health unit that provides the highest level of residential healthcare available to the girls in the DJJ system. The clinical program in the mental health unit consists of individual therapy, group therapy, art therapy and weekly psychiatric follow up. The mental health unit is also the home of the Butterfly Group, an intensive three-month therapy group for victims of sexual abuse. The Facility also provides education, individual guidance and counseling, medical services, vocational services, and recreation. Vocational programming includes cosmetology, keyboarding and computer skills and consumer home economics.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded:

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Standard 115.321 Evidence protocol and forensic medical examination
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

Standards Met

Number of Standards Met: 36

List of Standards Met:

Standard 115.312 Contracting with other entities for the confinement of residents
Standard 115.315 Limits to cross-gender viewing and searches
Standard 115.316 Residents with disabilities and residents who are limited English proficient
Standard 115.318 Upgrades to facilities and technologies
Standard 115.322 Policies to ensure referrals of allegations for investigations
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 115.351 Resident reporting
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

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments, Pages 1-28
    a. Section I, Page 1 - Policy
    b. Section III, Pages 2-4- Definitions
    c. Section IV. A-B, Pages 4-5 - Prevention Planning
2. DJJ 23.1, Attachment K - Requirements of a PREA Case
3. Georgia DJJ Policy 23.2, Sexual Assault
4. Georgia DJJ Policy 1.2, Organizational Chart
5. Macon YDC Pre-Audit Questionnaire responses
6. Requirements of a PREA Case
7. Georgia DJJ Organizational Structure
8. Georgia DJJ - News Release Identifying PREA Coordinator
9. Macon YDC Organizational Structure

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):

115.311 (a)
PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

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 facility 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.

115.311 (b)
PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

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. Each facility designates a PREA Compliance Manager. The PREA Compliance Manager for the facility is the Compliance Manger.
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.

115.311 (c)
PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.
The position of the PREA Compliance Manager in the agency's organizational structure.

Each facility designates a PREA Compliance Manager. The PREA Compliance Manager for the facility is the Compliance Manger. The Facility PREA Compliance Manager confirmed he has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility exceeds this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. 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. No corrective action is required.

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.) ☒ 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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
   a. Section IV. C, Page 5 - Contracting with other Entities for the Confinement of Residents
   b. Section XIII. C. 2.a-h, Pages 25-26 - Auditing and Monitoring (Community Residential Providers)
2. Georgia DJJ Policy 2.16, Contracts Administration
3. Macon YDC Pre-Audit Questionnaire responses
4. Contracts with Residential Providers - Including required PREA language
5. Room, Board and Watchful Oversight (RBWO) Task Force Audit Tool for Site Visits - CCI (PREA Vulnerability Assessment)

Interview:
Interview with the Agency's Contract Administrator Designee (PREA Coordinator)

Findings (By Provision):
115.312 (a)
The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:
The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: Seventy-five (75)
The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Zero (0)

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, Department Policies related to PREA and Department Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any
form of sexual abuse within Department Facilities/Programs/Offices owned, operated or contracted. Contractor will immediately contact the DJJ Office of Investigations PREA Unit upon knowledge of or receiving notice of any suspicion or receiving and information regarding an incident of sexual abuse or sexual harassment involving the Contractor, subcontractor or employees and a youth."

The auditor reviewed contractual language to verify contracts require contractors to adopt and comply with PREA Standards.

115.312 (b)

All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: Zero (0)

"Contractor acknowledges that, in addition to "self-monitoring requirements" Department will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and Department Policies may result in termination of the contract." Contractor will have all personnel sign a PREA Staff Acknowledgement Statement, Annex I and keep the signed form in the employee's file. Contractor will have all youth, upon admission to their care, sign a PREA Youth Acknowledgement Statement, Annex J, and keep the signed copy in the youth's file."

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.

The auditor reviewed contractual language to verify contracts require the agency to monitor the contractor's compliance with PREA Standards. The PREA Coordinator confirmed the RBWO Task Force Audit Tool for Site Visits is used for contracts for confinement services to determine if the contractor complies with required PREA practices. He reported all contractors have been audited and found to be in compliance with the PREA standards.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
  ☒ 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) ☒ 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) ☒ 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments A & B
   a. Section IV. D-J, Page 5-6 - Supervision and Monitoring
   b. Attachment A, Facility Annual Staffing Report
   c. Attachment B, PREA Unannounced Rounds Documentation
2. Georgia DJJ Policy 8.1, Security Management (Staffing Plan)
3. Georgia DJJ Policy 8.2, Administrative Duty Officer
4. Georgia DJJ Policy 8.20, Room Checks
   a. Attachment A, Room Observation Form
5. Macon YDC Pre-Audit Questionnaire responses
6. 2019 Facility Annual Staffing Report
7. PREA Unannounced Rounds Documentation
8. List of Doors - "Restricted Area Youth Not Allowed"
9. Secure Facility Staffing Report (Ratio Report)
10. Rosters of Ratio Trained Staff
11. CCTV Review Log

Interviews:

1. Interview with the Facility Director
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager
4. Interview with Intermediate or Higher-Level Facility Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):

115.313 (a)
PAQ: Since the 2017 PREA audit:

1. The average daily number of residents: 35
2. The average daily number of residents on which the staffing plan was predicated: 35

Policy states facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse in accordance with DJJ 7.6, Video Monitoring Systems.

The Facility Director and PREA Compliance Manager confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Facility Director stated she checks for compliance with the staffing plan by reviewing post orders.

115.313 (b)
PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Policy states 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.

The Facility Director confirmed there have only been limited and discrete exigent circumstances in which the facility has been unable to meet the requirements of the staffing plan. The facility documents all instances of non-compliance with the staffing plan with the Secure Facility Staffing Report and includes an explanation for non-compliance. The auditor reviewed the Secure Facility Staffing Reports for verification.

115.313 (c)
PAQ:
The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0.44%
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: Zero (0)

Policy states each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Only agency approved POST certified staff members or staff members with additional PREA training can be counted in the supervision ratio. The facility will document this information daily in the Secure Facility Staffing Report System (SFS) located on DJJ website. Only the reason(s) for ratio non-compliance should be entered in the comment section.

The Facility Director confirmed Macon RYDC is obligated by DJJ and PREA Standards to maintain ratios of staff-to-youth ratios of 1:8 during resident wake hours and 1:16 during sleep hours. She ensures the facility maintains appropriate staffing ratios through stayovers and call-ins.

PREA Site Review: During the onsite tour of the facility the auditor observed the classrooms and living units were compliant with required staffing ratios.

115.313 (d)
PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Macon YDC 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 annually. The Facility Annual Staffing Report considers the following:

1. Generally accepted juvenile secure residential practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's plant (including "blind spots" or areas where staff or residents may be isolated);
6. The composition of the resident population, if changes have occurred;
7. The number and placement of supervisory staff;
8. Programs/activities occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Prevailing staffing patterns;

The Agency PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for Macon YDC. He confirmed the assessment occurs annually and is documented through the Facility Annual Staffing Report. The auditor reviewed the 2019 Facility Annual Staffing Report for verification.

115.313 (e)
PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

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.

The Assistant Director of Programs confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur. She does not share when they are occurring.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is not required.

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 have policies 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 have 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment C
   a. Section IV. K-Q, Page 6-7 - Limits to Cross-Gender Viewing and Searches
   b. Attachment C - Cross-Gender Searches Documentation
2. Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
   a. Attachment A – Transgender/Intersex Declaration of Preference Statement
3. Georgia DJJ Policy 8.22, Searches and Contraband Control
   b. Section IV. A-D, Pages 4-5 - Body Searches
4. Local Operating Procedures (Post Order) - Showering procedures
5. Cross-Gender Searches Documentation Form
6. Transgender/Intersex Declaration of Preference Statement Form

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

Interviews:
1. Interviews with a Random Sample of Staff
2. Interviews with a Random Sample of Residents
3. Interviews with Transgendered and Intersex Residents – N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):

115.315 (a)
PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
In the past 12 months:
1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (0)
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: Zero (0)

Policy states the facility will not conduct cross-gender strip and body cavity searches of youth.

115.315 (b)
PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.
In the past 12 months:
1. The number of cross-gender pat-down searches of residents: Zero (0)
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): Zero (0)

Policy states 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 in order to combat a threat to the security or institutional orders of the facility. Policy review and interviews with staff and residents confirmed cross-gender searches are prohibited.

115.315 (c)
PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Policy requires all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation.

115.315 (d)
PAQ:
The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy states, with the exception of medical examinations or urine drug screens, staff will not view youth showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks. Each facility will install ·'PREA friendly" shower curtains on all shower stalls that provide a view of the youth's upper body (shoulder and head) and lower body (knees to feet) while the middle of the curtain prevents viewing of the youth's mid-sections. The facility shower Local Operating Procedure (LOP) or Post Order must include a detail backup process for same gender showering supervision. Staff members of the opposite gender are required to announce their presence when entering a youth housing unit.

Resident interviews confirmed staff of the opposite gender announce their presence when entering the housing units and residents are never naked in full view of staff of the opposite gender. Showers are conducted by staff of the same gender. Staff interviews confirmed staff of the opposite gender announce their presence when entering the housing units. Staff confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

PREA Site Review: Staff conducting the tour described the shower process. Staff of the same gender monitor showers while the residents shower individually behind the privacy of a “PREA Friendly” shower curtain.

115.315 (e)
PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Zero (0) such searches occurred in the past 12 months.

Policy states no staff will search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff.

Staff interviewed confirmed they are aware policy prohibits them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident’s genital status.

115.315 (f)
Policy states DJJ staff responsible for searches will be trained in conducting cross-gender pat down search and searches of transgender and intersex residents in a professional, respectful manner, and in the least intrusive manner possible, consistent with security needs. The gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of confinement and should take into consideration the gender expression of the resident. The facility will also use information from DJJ 23.3, LGBTI Attachment A: Transgender/Intersex Declaration of Preference Statement when deciding a case-by-case determination.

Staff interviewed confirmed they have received such training. Additionally, training logs corroborate this standard provision.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

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

a. Section IV. R-U, Page 7 - Residents with Disabilities and Residents who are Limited English Proficient
2. Georgia DJJ Policy 15.10, Language Assistance Services
   a. Section III. A-C, Pages 1-2 - Services for residents who are limited English proficient
   b. Attachment B: “I Speak” Chart (Language Identification)
3. Macon YDC Pre-Audit Questionnaire responses
4. Individuals with Disabilities Education Act (IDEA)
5. Teachers’ Special Education Certifications
6. “I Speak” Chart (Language Identification)
7. Agreement for Interpreter Services
8. Youth Safety Guide for Secure Facilities (English and Spanish)
9. Intake Flyer (English and Spanish)
10. PREA Posters (English and Spanish)
11. Email - Hearing Impaired Phone

Interviews:
1. Interview with the PREA Coordinator
2. Interview with the Agency Head Designee (PREA Coordinator)
3. Interviews with Residents with Disabilities and Limited English Proficient Residents - N/A
4. Interviews with a Random Sample of Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):

115.316 (a)
PAQ: The agency has established procedures to provide disabled residents 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.

Policy states accommodations will be made in accordance with DJJ 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters. The facility will use DJJ 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. Each Director, in consultation with the Education Principal/Lead Teacher, will ensure that education staff develop guidelines that will provide assistance to youth with disabilities to deliver PREA information. The guidelines should include but are not limited to the following: staff responsible for services; processes for accessing services to include weekends, holidays, after hours; documentation in JTS; timeframe in which service is to be delivered; and follow-ups.

The PREA Coordinator confirmed the agency has established procedures to provide disabled residents 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. The auditor reviewed policy and teachers’ special education certifications. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.

115.316 (b)
PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

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. The facility has a contract for interpreter services. Additionally, 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.

There were no residents identified as limited English proficient during the onsite audit.

115.316 (c)
PAQ: Agency policy prohibits use of 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.

1. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.
2. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations: Zero (0)

DJJ policy states the agency does not rely on resident interpreters for PREA information and education except in urgent circumstances where safety may be compromised.

Staff interviewed confirmed the agency does not use 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. Staff did not have knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English proficient. No corrective action is required.

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 who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether 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)

- 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment D
    a. Section IV. V-EE, Pages 7-8 - Hiring and Promotion
    b. Attachment D - PREA Employment Questionnaire
2. List of New Employees
3. Criminal Background Checks for New Employees
4. List of Employee Promotions
5. Criminal Background Checks for Promotions
6. List of Contractors
7. Contractor Background Checks
8. List of Employee Five Year Background Checks
9. Five Year Criminal Background Checks for Employees and Contractors
10. POST Officer Recertification Letter (Division of Secure Facilities)
11. PREA Employment Questionnaires
12. Letter from Department of Human Services (DHS)
13. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with Administrative (Human Resources) Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):

115.317 (a)
PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. 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);
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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. DJJ asks applicants about the disqualifications for employment via the PREA Employment Questionnaire at hire, for promotions, and annually during evaluations.

The auditor reviewed PREA Employment Questionnaires for verification.

115.317 (b)

PAQ: Agency policy requires the consideration of 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.

DJJ does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment.

115.317 (c)
PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 70
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

All new hires, contractors and employees being considered for promotion undergo a criminal background records check. The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

The auditor reviewed Employee Background Checks for verification.

115.317 (d)
PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

All new hires, contractors and employees being considered for promotion undergo a criminal background records check. The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

The auditor reviewed Contractor Background Checks for verification.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Background checks for all employees and contractors are conducted every five years.

The auditor reviewed criminal background record checks of current employees and contractors for verification they are being conducted every five years as required.

115.317 (f)
DJJ asks applicants about the disqualifications for employment via the PREA Employment Questionnaire at hire, for promotions, and annually during evaluations.

The auditor reviewed PREA Employment Questionnaires for verification.

The facility Human Resources staff confirmed the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. DJJ also imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

These questions are asked during the hiring process, for promotions and during annual evaluations. The auditor reviewed PREA Employment Questionnaires for promotions and evaluations for verification.

115.317 (g)
PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy states staff or contractors who omit material regarding sexual abuse and sexual harassment or provide materially false information will be terminated.

115.317 (h)
Policy states 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.

The facility Human Resources staff confirmed the DJJ legal department would consider whether to 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.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:
1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
   a. Section IV. FF- HH, Pages 8-9 - Upgrades to Facilities and Technology
2. Georgia DJJ Policy 8.15, Video Cameras
3. Macon YDC Pre-Audit Questionnaire responses

Interview:
1. Interview with the Agency Head Designee (PREA Coordinator)
2. Interview with the Facility Director

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):

115.318 (a)
PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The PREA Coordinator and Facility Director both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318 (b)
PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The PREA Coordinator and Facility Director both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

PREA Site Review:
The auditor observed the video monitoring system.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ 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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section V. A-K, Pages 9-10 - Responsive Planning, Evidence Protocol and Forensic
    b. Medical Examinations
2. Georgia DJJ Policy 23.2, Sexual Assault, Pages 1-4 - Forensic medical examinations
3. Georgia DJJ Policy 22.3, Internal Investigations
4. Georgia DJJ Policy, 2.10, Payment of Youth Medical Expenses
    a. Section IV. A, Page 2 - Services provided at no cost to resident victims
5. Georgia DJJ Policy 8.42, Crime Scene Preservation
6. Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property
7. Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding
8. Northstar Psychological Services, Inc. - Agreement for Victim Advocacy Services
9. Children and Teenagers Foundations, Inc. - Agreement for Victim Advocacy Services
10. Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center - Agreement for Victim Advocacy Services
11. Crumbley Counseling Services, LLC - Agreement for Victim Advocacy Services
12. Facility Medical and Mental Health Staff Qualifications
13. Requirements of a PREA Case
14. Georgia Bureau of Investigations (GBI) Evidence Protocol
15. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with Residents who Reported a Sexual Abuse – N/A
4. Interview with SAFE's/SANE's

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.321 (a)
PAQ: DJJ is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

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".

Staff interviewed confirmed they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They acknowledged the DJJ Office of Investigations PREA Unit is responsible for conducting sexual abuse investigations.

115.321 (b)

The uniform evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

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".

115.321 (c)
PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
During the past 12 months:

1. The number of forensic medical exams conducted: Zero (0)
2. The number of exams performed by SANEs/SAFEs: Zero (0)
3. The number of exams performed by a qualified medical practitioner: Zero (0)

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. Macon YDC does not conduct forensic medical examinations. Examinations would be performed at Navicent Health. Navicent Health confirmed a SANE would be available to conduct forensic medical examinations.

115.321 (d)
PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

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. DJJ maintains contracts with Northstar Psychological Services, Children and Teenagers Foundations, Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center, and Crumbley Counseling Services. These organizations are available to provide victim advocacy services for all DJJ facilities. If a resident victim of sexual abuse requested a victim advocate from one of the advocacy centers, the juvenile would receive services from the closest center or be transferred to another facility if needed. 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.

115.321 (e)
PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

If a resident victim of sexual abuse requested a victim advocate from one of the advocacy centers, the juvenile would receive services from the closest center or be transferred to another facility if needed. The DJJ Office of Victim Services also provides advocacy services for resident victims. The facility has mental health staff that are qualified to serve as victim advocates.

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. There were no residents, who reported a sexual abuse, present during the onsite audit.

115.321 (f)
PAQ: DJJ is responsible for administrative or criminal investigating allegations of sexual abuse and does not rely on another agency to conduct these investigations.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding evidence protocol and forensic medical examinations. DJJ's numerous avenues for resident victims of sexual abuse to receive victim advocate services exceeds the requirements of the standard. No corrective action is required.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section V. L&M, Page 10 - Policies to Ensure Referrals of Allegations for Investigations
    b. Attachment K - Requirements of a PREA Case
2. Georgia DJJ Policy 8.5, Special Incident Reporting
3. Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
4. Georgia DJJ Policy 22.3, Internal Investigations
    a. Section III. C, Page 3 - Investigations are completed by DJJ Office of Investigations.
    b. Section III. N, Page 6 - Investigator training
    c. Section III. O.1, Page 6 - All allegations of sexual abuse or harassment are referred for investigation.
5. Requirements of a PREA Case (PREA Coding System)
6. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (PREA Coordinator)
2. Interviews with Investigative Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.322 (a)
PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: Three (3)

2. The number of allegations resulting in an administrative investigation: Three (3)
3. The number of allegations referred for criminal investigation: Zero (0)
4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

Policy states 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 Navicent Health and is examined by a SAFE, SANE, or medical doctor. Victim advocacy services are provided by contracted outside support services, a therapist, a mental health staff member, or by professionally trained Georgia DJJ victim advocates.

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.

The auditor reviewed three (3) allegations of youth-on-youth sexual abusive sexual contact that were investigated and determined to be unsubstantiated.

115.322 (b)
PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at:
http://www.djj.state.ga.us/Policies/DJJPolicies/Chapter22/DJJ22.3InternalInvestigations.pdf

DJJ documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation in a formal investigation report.

The PREA Investigations Unit Supervisor confirmed agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. He stated the DJJ Office of Investigations conducts administrative and criminal investigations. He may involve the GBI crime lab for forensics.

115.322 (c) N/A
The DJJ Office of Investigations conducts administrative and criminal investigations.

115.322 (d)
Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The DJJ Office of Investigations conducts administrative and criminal investigations. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at:
http://www.djj.state.ga.us/Policies/DJJPolicies/Chapter22/DJJ22.3InternalInvestigations.pdf

115.322 (e)
Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment G
    a. Section VI. A-C, Page 10-11 - Employee training (includes all eleven required topics)

    b. Attachment G - PREA Training Series - Modules 1-6
2. Prison Rape Elimination Act (PREA) Acknowledgements
3. Staff Training Rosters
4. Staff Training Hours Report
5. Staff Training Certificates
6. Training Curriculum and Materials
    a. PREA Staff Training Series: Modules 1-6
    b. PREA Training Matrix
    c. Staff Gender Responsive Training
7. Staff First Responder Cards
8. PREA Staff Poster
9. Macon YDC Pre-Audit Questionnaire responses

Interviews:
Interviews with a Random Sample of Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.331 (a)
PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.

Policy states all staff must be able to fulfill his/her responsibilities under the agency sexual abuse prevention, detection, and response policies and procedures. Staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series.

All DJJ employees who have contact with residents complete training on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) 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; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and PREA refresher training will be conducted once a year thereafter. The auditor reviewed staff training records for verification.

115.331 (b)
PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

115.331 (c)
PAQ: The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 113

The percent of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 100%

The agency PREA refresher training will be conducted once a year. All full and part-time staff members are required to complete the online refresher training as designated by the Agency PREA Coordinator.

The auditor reviewed the PREA training curriculum and staff training records for verification.

115.331 (d)
PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Policy states the facility will document, through employee signature or electronic verification that the employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate. Staff sign the Prison Rape Elimination Act (PREA) Acknowledgement and their participation is electronically recorded in the Staff Training Hours Report.

The auditor reviewed employee acknowledgement forms and staff training records for verification.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding employee training. Employees are trained annually. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment E
    a. Section VI. D-G, Page 11- Volunteer and Contractor Training
    b. Attachment E - Staff PREA Acknowledgment
2. Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement and Attachment H
    a. Attachment H - Volunteer/Guest Consent and PREA Acknowledgement
3. Training Curriculum and Materials
    a. PREA Staff Training Series: Modules 1-6
    b. PREA Training Matrix
4. List of Volunteers
5. List of Contractors
6. PREA Acknowledgement Statements
7. Volunteer/Guest Consent and PREA Acknowledgement
8. Macon YDC Pre-Audit Questionnaire responses

Interviews:
Interviews with Volunteers or Contractors who have Contact with Residents

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.332 (a)
PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

1. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 90
2. The percent of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:100%

Policy states the facility Director or designee shall ensure that 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.

Interviews with volunteers confirmed they have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed the training curriculum, volunteer/contractor acknowledgement forms and training records for verification.

115.332 (b)
PAQ: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy states 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 that do not provide direct services or services on an ongoing basis to youth will be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and on how to report sexual abuse.

Interviews with volunteers confirmed they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The volunteers stated they would notify the officer on duty.

115.332 (c)
PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Policy states the Facility Director or designee shall maintain documentation confirming that volunteers, interns, and contractors understand the zero-tolerance policy training they have received. Volunteers complete the online PREA training and complete DJJ 14.3, Citizen and Volunteer Involvement, Attachment C, Volunteer/Guest Consent, and PREA Acknowledgement.

The auditor reviewed volunteer/contractor acknowledgement forms and training records for verification.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.

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 the comprehensive education referenced in 115.333(b)? ☒ 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Macon YDC Pre-Audit Questionnaire responses
    a. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment H
    b. Section VI. H-L, Pages 11-1- Resident Education
    c. Attachment H - Youth Acknowledgment Statement
2. Georgia DJJ Policy 13.32, Special Education Services
3. Georgia DJJ Policy 15.4, Viewing, Listening, and Reading Materials
4. Training Curriculum and Materials
    a. Youth PREA Curriculum - Phoenix/New Freedom
        i. Part I: Information and Engagement
        ii. Part 2: Motivation
        iii. Part 3: PREA Special Issues
        iv. Part 4: Situational Awareness
        v. Part 5: Determination to Act Wisely
        vi. Part 6: Protective Factors and Asking for Help
5. Student Handbook - English and Spanish
6. Youth Safety Guide for Secure Facilities - English and Spanish
7. Intake Flyer - English and Spanish
8. Youth Safety Tips - Handout and Poster
9. Posters - English and Spanish
    a. Break the Silence, Say no to Sexual Abuse
    b. Sexual Abuse and Harassment are Never Okay
    c. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
    d. No Means No, Report Sexual Abuse
    e. Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    f. Ombudsman Posters
    g. Victim Services Posters
    h. Stop Sexual Exploitation Now Posters

10. Commissioner's Orientation Video
11. Safeguarding Your Sexual Safety: A PREA Orientation Video - National Institute of Corrections (NIC) 2013
12. "End Silence": Youth Speaking Up About Sexual Abuse in Custody Youth Training Booklets
    a. Book 1: Billy Speaks Out (intended for male youth, ages 14-18)
    b. Book 2: Shelia's Dilemma (intended for female youth, ages 14-18)
    c. Book 3: Carlo's Question (focuses on sexual minority youth)
    d. Book 4: Mary's Friend (intended for female youth, ages 10-13)
    e. Book 5: Charlie's Report (intended for male youth, ages 10-13)
13. Teachers' Special Education Certifications
14. Macon YDC Pre-Audit Questionnaire responses

Interviews:
1. Interview with Intake Staff
2. Interviews with a Random Sample of Residents

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.333 (a)
PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion. Of residents admitted during the past 12 months: The number who were given this information at intake: 35. The percent who were given this information at intake:100%

During the intake process, youth will receive, at a minimum, age-appropriate information, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. After the intake process, the youth will sign the Youth PREA Acknowledgement Statement, (Attachment H). Within 72 hours of the intake process, the youth's statement will be scanned into JTS documents and listed as PREA Acknowledgement Statement.

The Intake Staff confirmed residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all residents two (2) hours of intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and harassment through a video, pamphlets and resident handbooks.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Youth Acknowledgement of PREA. The auditor also reviewed relevant education materials including the PREA video, posters, resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets.

115.333 (b)
PAQ: Of residents admitted during the past 12 months:
1. The number who received such education within 10 days of intake: 35
2. The percent who were given this information within 10 days of intake: 100%

Policy states within 72 hours of intake, the facility will provide a 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. The materials will inform the youth of agency protocol for responding

to such incidents. All materials used for the orientation must be authorized by the Agency PREA Coordinator. Completion of the one-hour PREA orientation must be documented in the youth's JTS file.

The Intake Staff confirmed the facility ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by providing the information in various educational formats and requiring the residents to sign an acknowledgment form stating they understand the information. She confirmed residents are made aware of these rights within two (2) hours after intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Residents stated they received the information on their first or second day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Youth Acknowledgement of PREA. The auditor also reviewed relevant educational materials including the PREA video, posters, resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets.

115.333 (c)
PAQ: All residents were educated within 10 days of intake.

Policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

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 Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless if they are transferred from other facilities.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification.

115.333 (d)
PAQ: The agency shall provide 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.

Education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) 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 (see DJJ 13.32, Special Education Services). Accommodations will be made in accordance with DJJ 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.

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 readily available in English and Spanish. Special education services are provided by certified special education teachers.

DJJ utilizes the End Silence: Youth Speaking Up about Sexual Abuse in Custody. The series is intended for youth 10-13, 14-18, and LGBTI youth. Special education teachers are available as needed.

115.333 (e)
PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Policy states after the intake process, youth will sign the Youth PREA Acknowledgement Statement, (Attachment H). Within 72 hours of the intake process, the youth's statement will be scanned into JTS documents and listed as PREA Acknowledgement Statement.

The auditor reviewed youth acknowledgment forms of residents entering the facility in the past 12 months and residents interviewed for verification.

115.333 (f)
PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor reviewed the resident handbook, pamphlets and other educational materials available in English and Spanish. During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the residents.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident education. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VI. M&N, Page 12 - Specialized Training: Investigations
2. Georgia DJJ Policy 22.1, Sworn Law Enforcement ID Cards
3. Georgia DJJ Policy 22.3, Internal Investigations
4. Training Curriculum and Materials

    a. Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
    b. PREA Staff Training Series: Modules 1-6
    c. PREA Training Matrix
5. PREA Unit Investigators Training Records
6. PREA Acknowledgement Statements
7. Staff Training Hours Report
8. NIC Training Certificates
9. Georgia Bureau of Investigations (GBI) Evidence Protocol Process
10. Macon YDC Pre-Audit Questionnaire responses

Interview:
Interview with Investigative Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.334 (a)
PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

DJJ Office of Investigations (PREA Unit) investigators receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. 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”.

An interview with the PREA Unit Field Supervisor confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received training from the Georgia Public Safety Training Center, completed the DJJ PREA Staff Training Series: Modules 1-6, and completed NIC specialized training topics. The auditor reviewed training records for verification.

115.334 (b)
Policy requires investigators 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.

An interview with the PREA Unit Field Supervisor confirmed he has received the required training. The auditor reviewed training records for verification.

115.334 (c)
PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators the agency currently employs: Twenty-seven (27). There are four (4) investigators assigned to the PREA Unit. The number of investigators currently employed who have completed the required training: 100%

Training is documented by certificates of completion PREA Acknowledgement Statements, the Staff Training Hours Report, and NIC Certificates. An interview with the PREA Unit Field Supervisor confirmed he has received the required training. The auditor reviewed training records for verification.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training: investigations. No corrective action is required.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

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 *or* the agency does not employ medical staff.)
  ☒ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ 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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VI. O&P, Page 12 - Specialized Training: Medical and Mental Health Care is documented by certificates of completion.
2. Training Curriculum and Materials
    a. PREA Staff Training Series: Modules 1-6
    b. PREA Training Matrix
    c. "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates
    d. "Medical Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates
3. List of Mental Health Care Practitioners
4. List of Medical Practitioners
5. Training Records
6. PREA Acknowledgement Statements
7. Staff Training Hours Report
8. Macon YDC Pre-Audit Questionnaire responses

Interviews:
Interviews with Medical and Mental Health Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):
115.335 (a)
PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: Twenty (20)
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy:100%

DJJ Office of Medical Health Care Services full and part-time 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”. DJJ Office of Behavioral Health Services full and part-time 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”.

Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the NIC Certificates and training records for verification.

115.335 (b)
PAQ: DJJ does not employee medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at DJJ facilities.

115.335 (c)
PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The auditor reviewed NIC Certificates, PREA Acknowledgement Statements, and the Staff Training Hours Report for verification.

115.335 (d)
Medical and mental health care practitioners receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner’s status at the agency. 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 1-6. The medical staff are contracted personnel. 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 1-6.

The auditor reviewed training records. The contracted medical staff receive the specialized training and the training required by standards 113.331 and 113.332.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

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: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VII. A-L, Pages 13-15 - Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents
2. Georgia DJJ Policy 11.1, Medical Intake Screening
3. Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination
4. Georgia DJJ Policy 12.10, Mental Health Screening
5. Georgia DJJ Policy 17.1, Admission and Release
6. Georgia DJJ Policy 17.3, Custody and Housing Assessment
7. Georgia DJJ Policy 15.6, Access to Mail
8. Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
    a. Attachment A – Transgender/Intersex Declaration of Preference Statement
9. PREA Screening Report User Guide
10. PREA Screening Reports
11. PREA Screening Reports - Classification and Housing Assessments – 90 Day Reassessments
12. Transgender/Intersex Declaration of Preference Statement Form
13. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager
3. Interview with the Staff Responsible for Risk Screening
4. Interviews with a Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents
The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 34
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

DJJ 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).

Residents' risk of sexual abuse victimization or sexual abusiveness toward other residents is reassessed every three months using the Classification and Housing Assessment form.

The auditor reviewed completed PREA Screening Report and Classification and Housing Assessment examples for verification.

The Staff Responsible for Risk Screening confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. These screens usually occur within two hours of intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. Resident's risk levels are reassessed every three months.

Residents interviewed confirmed when they first came to the facility, they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions the first day at the facility.

115.341 (b)
PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor reviewed the PREA Screening Report (PSR).

115.341 (c)
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 Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

115.341 (e)
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 PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, in order to

protect sensitive information from exploitation. The individuals include Facility leadership, mental health, medical and on a need-to-know basis.

Corrective Action
Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding obtaining information from residents. No corrective action is required.

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? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ 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? (N/A if the facility *never* places residents in isolation for any reason.)
  ☐ 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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VII. M-P, Page 15 - Placement of Residents in Housing, Bed, Program, Education, and Work and Assignments
2. Georgia DJJ Policy 15.11, Request for Services
3. Georgia DJJ Policy 16.6, Services in Confinement
    a. Attachment A - Confinement Checks Form
4. Georgia DJJ Policy 17.3, Custody and Housing Assessment

    a. Section IV. A. 1-3, Pages 2-3 - Housing Assessment
    b. Section V. A&B. Pages 3-4 - Custody Level Assessment
5. Georgia DJJ Policy 18.4, Work Activities for Youth
6. Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
    a. Attachment A – Transgender/Intersex Declaration of Preference Statement
7. Macon YDC Pre-Audit Questionnaire responses

Interviews:
1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager
3. Interview with Staff Responsible for Risk Screening
4. Interview with the Facility Director
5. Interview with Staff who Supervise Residents in Isolation – N/A
6. Interviews with Medical and Mental Health Staff
7. Interviews with Transgendered/Intersex/Gay/Lesbian/Bisexual Residents
8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.342 (a)
PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Policy states all information obtained shall be used to make housing, bed, program, and work assignments for youth with the goal of keeping all youth safe from sexual abuse. The facility makes individualized determinations about how to ensure the safety of each youth.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

115.342 (b)
PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.
In the past 12 months:
1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The Facility Director confirmed DJJ does not use isolation for residents at risk of sexual victimization.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy states LGBTI youth will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider LGBTI identification or status as an indicator of the likelihood of being sexually abusive.

The PREA Coordinator and PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. One resident identified as gay and one resident identified as pansexual. Both residents confirmed they are not housed based on their sexual orientation. There is no LGBTI+ housing at Macon YDC.

115.342 (d)
PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Policy states when assigning a transgender or intersex youth to a male or female facility, staff will consider on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems.

The PREA Compliance Manager confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident’s health and safety, and whether the placement would present management or security problems.

115.342 (e)
PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy states placements and programming assignments for transgender or intersex residents will be reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration will be given to the youth's views with respect to his or her safety.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident. The PREA Compliance Manager elaborated that placement and programming assignments are reassessed monthly.

115.342 (f)
PAQ: A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration.

DJJ policy states serious consideration will be given to the youth's views with respect to his or her safety.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed a transgender or intersex resident’s own views with respect to his or her own safety is given serious consideration.

115.342 (g)
PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

DJJ policy states transgender and intersex youth are given the opportunity to shower separately from other residents.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

115.342 (h)
PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:
(1) The basis for the facility's concern for the resident's safety; and
(2) The reason why no alternative means of separation can be arranged.

Policy states 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.

DJJ does not use isolation for residents at risk of sexual victimization.

115.342 (i)
PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Policy states continuation of isolation would be assessed weekly and reviewed every 30 days.

DJJ does not use isolation for residents at risk of sexual victimization.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VIII. A-H, Pages 15-17 - Resident Reporting
2. Georgia DJJ Policy 8.5, Special Incident Reporting
    a. Section III. A-F, Pages 3-7 - Documenting Verbal Reports
3. Georgia DJJ Policy 15.2, Grievance Process
    a. Section III. C. 1-6, Pages 3-4 – Filing a Formal Grievance
4. Georgia DJJ Policy 15.3, Youth Access to Courts and Counsel
5. Georgia DJJ Policy 15.5, Youth Visitation
6. Georgia DJJ Policy 15.6, Access to Mail
7. Georgia DJJ Policy 15.7, Access to Telephone
8. Georgia DJJ Policy 15.9, Ombudsman
9. Georgia DJJ Policy 17.1, Admission and Release
10. Posters with Telephone Numbers and/or Mailing and Email Addresses
    a. Sexual Abuse and Harassment are Never Okay
    b. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
    c. No Means No, Report Sexual Abuse
11. Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    a. 800-656-4673 The National Sexual Assault Hotline
    b. 866-922-6360 DJJ Office of Victim Services
       3408 Covington Highway, 1st Floor
       Decatur, Georgia 30032
    c. 855-396-2978 DJJ Office of the Ombudsman
       3408 Covington Highway, 4th Floor
       Decatur, Georgia 30032
    d. 855-396-2978 DJJ Office of Investigations
       3408 Covington Highway, 4th Floor
       Decatur, Georgia 30032
    e. 855-422-4453 The Georgia Department of Family and Children Services Hotline
    f. 678-904-2880 Georgia Center for Child Advocacy
    g. 404-346-2300 United States Immigration and Customs Enforcement

h. www.djj.state.ga.us Georgia DJJ Online Intelligence Tip Form
i. Consular and Trade Offices Contact Information

12. Notification of Foreign National in Detention Form
13. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with a Random Sample of Residents
4. Interviews with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.351 (a)
PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

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.

Staff interviews 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 by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

115.351 (b)
PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

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.

Policy states the facility shall give youth mailing addresses and telephone numbers (including toll-free hotline numbers) for agencies providing immigrant services for youth detained solely for civil immigration purposes and enable reasonable communication between youth and the organizations in as confidential a manner as possible. As a part of civil immigration resources, the facility will maintain a copy of the United States Department of State Consular Notification and Access book. The book may be ordered or downloaded from www.travel.state.gov/consulamotification.

The PREA Compliance Manager identified the National Sexual Abuse Hotline as one way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident repots of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor observed various English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services and legal representation.

115.351 (c)
PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports:

Georgia law and DJJ policy requires all staff are mandatory reporters. All verbal reports are documented by using the Special Incident Reporting (SIR) form as the official written reporting process for any type of sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports.

Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document as soon as possible. Residents confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

115.351 (d)
PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Compliance Manager confirmed residents would be given a pencil to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed grievance forms are available next to locked grievance boxes. The grievance boxes that are checked daily.

115.351 (e)
PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Staff privately report sexual abuse and sexual harassment of residents by calling the National Sexual Abuse Hotline or using the DJJ Online Intelligence Tip Form. 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 a method for the staff, 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.

Staff interviewed identified the National Sexual Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents. Other answers included reporting to their supervisor, writing a grievance or using the DJJ Online Intelligence Tip Form.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding resident reporting. DJJ provides numerous and a broad range of methods for residents to report sexual abuse or sexual harassment. 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. No corrective action is required.

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

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

☐ **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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VIII., I-M, Page 17 - Exhaustion of Administrative Remedies
2. Georgia DJJ Policy 15.2, Grievance Process
    a. Section I.-IV., Pages 1-7 - Grievance Process
3. Grievance Form
4. Grievance Tracking Sheet (January 2019 – December 2019)
5. Resident Handbook

6. Macon YDC Pre-Audit Questionnaire responses

Interviews:
Interviews with Residents who Reported a Sexual Abuse - N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings:
115.352 (a)
PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Policy states the facility will use DJJ 15.2, Grievance Process, as an administrative procedure to address youth grievances regarding sexual abuse and sexual harassment.

115.352 (b)
PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy states the facility will not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse/sexual harassment.

The auditor reviewed the Resident Handbook and verified relevant information is provided.

115.352 (c)
PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Policy states youth who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be processed by a staff member who is the subject of the complaint.

The auditor reviewed the Resident Handbook and verified relevant information is provided.

115.352 (d)
PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
In the past 12 months:
The number of grievances that were filed that alleged sexual abuse: Zero (0)

Policy states grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of retrieval, and assigned for investigation. Final determination regarding the merits of the grievance will be made upon completion of the investigation within 45 days. Extensions may be approved by the DJJ Commissioner or designee. The Facility Director and/or Office of Victim Services will notify the resident in writing of any such extensions and provide a date by which a decision will be made.

The auditor reviewed the Grievance Tracking Sheet (January 2019 – December 2019). There were 120 total grievances. No grievances were made alleging sexual abuse.

115.352 (e)

Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

115.352 (f)
PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: Zero (0)

115.352 (g)
PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.
In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: Zero (0)

DJJ policy states the facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith.

No residents filed grievances alleging sexual abuse. Therefore, there was no documentation of any such disciplinary actions.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

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 assessible 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

- 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VIII. N-P, Pages 17-18 - Resident Access to Outside Support Services and Legal Representation
    b. Attachment F - Consent to Disclose Protected Confidential PREA Related Information
2. Georgia DJJ Policy 15.3, Youth Access to Courts and Criminal Counsel
3. Georgia DJJ Policy 15.5, Youth Visitation

4. Georgia DJJ Policy 15.6, Access to Mail
5. Georgia DJJ Policy 15.7, Access to Telephone
6. Georgia DJJ Policy 15.9, Ombudsman
7. Georgia DJJ Policy 15.11, Requests for Services
8. Posters with Telephone Numbers and/or Mailing and Email Addresses
    a. Sexual Abuse and Harassment are Never Okay
    b. Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
    c. No Means No, Report Sexual Abuse
9. Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    i. 800-656-4673 The National Sexual Assault Hotline
    ii. 866-922-6360 DJJ Office of Victim Services
    3408 Covington Highway, 1st Floor
    Decatur, Georgia 30032
    iii. 855-396-2978 DJJ Office of the Ombudsman
    3408 Covington Highway, 4th Floor
    Decatur, Georgia 30032
    iv. 855-396-2978 DJJ Office of Investigations
    3408 Covington Highway, 4th Floor
    Decatur, Georgia 30032
    v. Northstar Psychological Services, Inc.
    5755 North Point Parkway, SR 256
    Alpharetta, Georgia 30022
    770-667-3877
    vi. Children and Teenagers Foundations, Inc.
    4151 Memorial Drive
    Atlanta, Georgia 30032
    404-229-2087
    vii. Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center
    203 Mary Lou Drive
    Hinesville, Georgia 31313
    912-369-2326
    viii. Crumbley Counseling Services, LLC
    154 East Railroad Street
    Pelham, Georgia 31779
    229-246-2872
    ix. 855-422-4453 The Georgia Department of Family and Children Services Hotline
    x. 678-904-2880 Georgia Center for Child Advocacy (Fulton and DeKalb Counties)
    xi. 404-346-2300 United States Immigration and Customs Enforcement
    xii. www.djj.state.ga.us Georgia DJJ Online Intelligence Tip Form
10. Consular and Trade Offices Contact Information
11. Consent to Disclose Protected Confidential PREA Related Information
12. Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding
13. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Facility Director
3. Interviews with a Random Sample of Residents
4. Interviews with Residents who Reported a Sexual Abuse - N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.353 (a)

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

DJJ 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 GNESA.

Residents acknowledged there are services available outside of this facility for dealing with sexual abuse, if they ever need it. They confirmed they knew about the availability of a victim advocate and knew the information was included in their handbooks and posted on the walls throughout the facility. They confirmed they would be able to talk with people from outside services when needed and the call would be private.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

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.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Northstar Psychological Services, Children and Teenagers Foundations, Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center, and Crumbley Counseling Services are additional outside support service available to the residents. DJJ maintains contracts with these organizations for crisis intervention, counseling and advocacy support services. If a victim asks for assistance from an outside support service, the youth can be transferred as required.

115.353 (d)
PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Policy states the facility will provide youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in DJJ 15.3, Youth Access to Courts and Counsel; DJJ 15.5, Youth Visitation; DJJ 15.6, Access to Mail; and DJJ 15.7, Access to Telephone. The staff will inform youth during intake and prior to giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law (Attachment F, Consent to Disclose Protected & Confidential PREA Related Information).

The Facility Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding resident access to outside confidential support services and legal representation by providing such a wide range of outside support services. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section VIII. Q&R, Page 18 - The Agency provides for third-party reporting.
2. PREA Audit: Pre-Audit Questionnaire for Sumter YDC
3. News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something"
4. Posters with Information for the Online Intelligence Tip Form and Contact Information
    a. Sexual Abuse and Harassment are Never Okay
    b. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
    c. No Means No, Report Sexual Abuse
5. Macon YDC Pre-Audit Questionnaire responses

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.354 (a)
PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

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.

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

1. Email at djjombudsman@djj.ga.us
2. Telephone at 1-855-396-2978
3. Mail at 3408 Covington Highway, 1st Floor, Decatur, Georgia 30032.
4. On-Line Referral Form at www.djjnewsandviews.org/djjombudsman

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency exceeds this standard regarding third-party reporting. 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. No corrective action is required.

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 an 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? ☒ Yes ☐ No

- 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section IX, A-C, Pages 18-19 - Official Response Following a Youth Report: Staff and Agency Protection Duties
2. Georgia DJJ Policy 8.5, Special Incident Reporting
3. Georgia Child Protective Services Mandated Reporter Form
4. Serious Incident Report (SIR) Form
5. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager

2. Interview with the Facility Director
3. Interviews with a Random Sample of Staff
4. Interviews with Medical and Mental Health Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.361 (a)
PAQ: The agency requires all staff to report immediately and according to agency policy:
1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy states the facility requires all staff to report immediately in accordance with DJJ 8.5, Special Incident Reporting, and DJJ 8.9, Child Abuse Reporting, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth 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 and practitioners are required to report sexual abuse to designated supervisors.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. Staff stated they would report to their immediate supervisor.

115.361 (b)
PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

All staff are required to follow the Georgia Mandated Reporter Law - O.C.G.A. §19-7-5 (2016).

Staff confirmed PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse.

115.361 (c)
PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy states 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 confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. Staff stated they would report to their immediate supervisor.

115.361 (d)
Policy states medical and mental health staff will report all allegations of sexual abuse and sexual harassment to designated supervisors.

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 confirmed they are required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. None of the medical or mental health staff reported they have become aware of such incidents.

115.361 (e)
Policy states that upon receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and to the alleged victims' parents/legal guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility Director or designee shall report the allegation to the youth's attorney of record within 14 days of receiving an allegation.

The PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported the Facility Director and the Facility Director notifies the victim's legal guardians as appropriate. If the victim in under the guardianship of the child welfare system, the allegation would be reported to the Department of Family and Children's Services (DFACS). If a juvenile court retains jurisdiction over the alleged victim, the juvenile's attorney would be notified. These notifications would occur within 72 hours.

The Facility Director confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the PREA Office of Investigations Unit Field Supervisor and the victim's legal guardians as appropriate. If the victim in under the guardianship of the child welfare system, the allegation would be reported to the Department of Family and Children's Services (DFACS). If a juvenile court retains jurisdiction over the alleged victim, the juvenile's attorney would be notified. These notifications would occur immediately upon learning of an allegation.

115.361 (f)
Policy states all allegations of sexual abuse on DJJ property, in DJJ custody, or in a residential program contracted by DJJ, including third party and anonymous reports, will be administratively and/or criminally investigated by DJJ Office of Investigations.

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section IX. D-E, Page 19 - Official Response Following a Youth Report: Agency Protection Duties
2. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (PREA Coordinator)
2. Interview with the Facility Director
3. Interviews with a Random Sample of Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings:
PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).
In the past 12 months:

1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0)

The facility 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.

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.

The Facility Director confirmed when she learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as removing the youth from an unsafe environment. She confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section IX. F, Page 19 - Official Response Following a Youth Report: Reporting to Other Confinement Facilities
2. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (PREA Coordinator)
2. Interview with the Facility Director

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.363 (a)
PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.
In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: Zero (0)

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 and will also notify the DJJ Office of Investigations.

115.363 (b)
PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

DJJ policy states the notification will be made as soon as possible, but no later than 72 hours.

115.363 (c)
PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

DJJ policy states the facility will document that it has provided the required notification.

115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.
In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: Zero (0)

DJJ ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment.

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. The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to the DJJ Office of Investigations. The director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. She stated there are no examples of this occurring.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M
    a. Section IX. G-I, Pages 19-20 - Official Response Following a Youth Report: First Responder Duties
    b. Attachment M - Sexual Abuse Coordinated Team Response
2. Georgia DJJ Policy 23.2, Sexual Assault
3. Facility Coordinated Response to a Sexual Assault Incident
4. Staff First Responder Cards
5. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interviews with Security Staff and Non-security Staff First Responders
2. Interviews with a Random Sample of Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.364 (a)
PAQ: The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In the past 12 months, the number of allegations that a resident was sexually abused: Three (3)
Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: Three (3)
In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: Zero (0)

Policy states that 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.

Interviews with Security Staff and Non-Security Staff confirmed they were knowledgeable of their first responder duties.

115.364 (b) The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: Zero (0)

Policy states 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 with Security Staff and Non-Security Staff confirmed they were knowledgeable of their first responder duties. Staff interviewed were knowledgeable of their first responder duties.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M
    a. Section IX. J-N, Pages 20-21 - Official Response Following a Youth Report: Coordinated Response
    b. Attachment M - Sexual Abuse Coordinated Team Response
2. Georgia DJJ Policy 23.2, Sexual Assault
3. Macon YDC Sexual Abuse Coordinated Team Response
4. Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart
5. DJJ & State of Georgia SART (Incarcerated Victim) Draft
6. Macon YDC Pre-Audit Questionnaire responses

Interview:
Interview with the Facility Director

Site Review Observation:
Observations during on-site review of physical plant

Findings:
PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility 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 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.

The Facility Director confirmed the facility 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.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section IX. O, Page 21 - Official Response Following a Youth Report: Preservation to Ability to Protect Residents from Contact with Abusers
2. Macon YDC Pre-Audit Questionnaire responses

Interview:
Interview with the Agency Head Designee (PREA Coordinator)

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.366 (a)
PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.

Policy states neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Note: DJJ is not involved in "collective bargaining" with union employees.

The PREA Coordinator confirmed DJJ has not entered into or renewed any collective bargaining agreements.

115.366 (b)
Macon YDC has not entered into or renewed any collective bargaining agreements.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. No corrective action is required.

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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? ☒ 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment L
    a. Section IX. P, Page 21 - Official Response Following a Youth Report: Agency Protection Against Retaliation
2. PREA Retaliation Monitoring Sheet
3. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (PREA Coordinator)
2. Interview with the Facility Director
3. Interview with the Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager)

4. Interview with Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A
5. Interview with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings (By Provision):
115.367 (a)
PAQ: The agency has 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.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.
The name(s) of the staff member(s): Maris M. Kellogg
The title(s) of the staff member(s): PREA Compliance Manager

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.

115.367 (b)
After a resident reports alleged sexual abuse or sexual harassment, staff must complete Attachment L, PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the youth's adjustment within the facility and document their findings.

The PREA Coordinator stated the facility would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. He stated housing changes or transfers as some examples of measures to protect residents or staff who report retaliation. The Facility Director stated the facility would make housing changes and use the retaliation monitoring form. The Designated Staff Member Charged with Monitoring Retaliation stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is monitoring residents and staff for 90 days or longer if needed. He stated the different measures he would take to protect residents and staff from retaliation would be separating and monitoring. He confirmed he would initiate contact with residents who have reported sexual abuse.

115.367 (c)
PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.
The length of time that the agency and/or facility monitors the conduct or treatment: 90 days
The agency/facility acts promptly to remedy any such retaliation.
The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
The number of times an incident of retaliation occurred in the past 12 months: Zero (0)

DJJ facilities monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse for ninety (90) days following a report and will continue monitoring beyond ninety (90) days if evidence indicates a continued need.

The Facility Director stated measures she would take when she suspects retaliation includes talking with staff, post changes and removal from the facility. The Designated Staff Member Charged with Monitoring Retaliation stated measures he would take when he suspects retaliation includes separation through housing changes. He stated things he looks for to detect possible retaliation include incident reports, disciplinary reports, youth statements, and fighting. He monitors resident disciplinary reports. He stated she would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be until a youth is released from the facility.

115.367 (d)
The facility will document the periodic status checks using the PREA Retaliation Monitoring Sheet.

The Designated Staff Member Charged with Monitoring Retaliation stated things he looks for to detect possible retaliation include incident reports, disciplinary reports, youth statements, and fighting.

The auditor reviewed PREA Retaliation Monitoring Sheets, completed as part of corrective action, for verification periodic status checks occurred for 90 days.

115.367 (e)
Policy states Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation.

The PREA Coordinator stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including communicating with youth, staff no contact status, and investigations. The Facility Director stated the different measures she would take to protect residents and staff from retaliation would include making housing changes and using the retaliation monitoring form. The Facility Director stated measures she would take when she suspects retaliation include talking with staff, post changes and removal from the facility.

115.367 (f)
DJJ's responsibility to monitor retaliation will terminate if the allegation is unfounded.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. Corrective action has been completed.

115.367 (d)
During the audit reporting period, the facility did not document periodic status checks as part of retaliation monitoring for sexual abuse allegations. This was addressed through corrective action. To demonstrate retaliation monitoring and periodic status checks, the facility created a scenario with staff reporting retaliation. The facility conducted the retaliation monitoring for 90 days and provided the auditor with PREA Retaliation Monitoring Sheets verifying periodic status checks were conducted on a weekly basis.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section IX. Q, Page 21
2. Georgia DJJ Policy 8.5, Special Incidents Reporting
3. Georgia DJJ Policy 8.7, Protective Custody
4. Georgia DJJ Policy 8.8, Use of Isolation
5. Georgia DJJ Policy 23.2, Sexual Assault
6. Macon YDC Pre-Audit Questionnaire responses

Interview:
Interview with the Facility Director

Site Review Observations:
Observations during on-site review of physical plant

Findings:
PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.
The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.
In the past 12 months:

1. The number of residents who allege to have suffered sexual abuse who were placed in isolation: Zero (0)

If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

The facility 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.

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

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

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 agency 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section X. A-E, Page 21-22 - Investigations: Criminal and Administrative Agency Investigations
2. Georgia DJJ Policy 8.5, Special Incident Reporting
3. Georgia DJJ Policy 22.1, Sworn Law Enforcement Identification Cards
4. Georgia DJJ Policy 22.3, Internal Investigations
5. Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
6. PREA Modules 1-6
7. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with Facility Director
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):
115.371 (a)
PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

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 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 PREA Unit Field Supervisor stated initiation of an investigation following an allegation of sexual abuse or sexual harassment is based on the severity of the allegation. Allegations involving penetration ore prioritized and the response is immediate, However, all investigations are initiated within two to three days.

The auditor reviewed the three investigative records/reports for unsubstantiated allegations of youth-on-youth sexual abuse.

115.371 (b)
Policy states the Office of Investigations will receive specialized training as required by PREA standards. Specialized training includes 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 referral to District Attorney's Office for prosecution in accordance with DJJ 22.3, Internal Investigations. The Office of Investigations shall maintain documentation of each investigator who completes the training. All PREA investigators are required to complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" within 60 days after hire date. DJJ investigators who are conducting criminal investigations will be certified by the Georgia Peace Officers Standards and Training Council as Law Enforcement Officers.

The PREA Unit Field Supervisor confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through online NIC training. The training topics include 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 or prosecution referral. He stated he also completed the 6 modules for the trading required by standard 115.331. He also stated he receives training from the Georgia Public Safety Training Center.

The auditor reviewed training records and certificates for verification.

115.371 (c)
Policy states all investigations must comply with DJJ 22.3, Internal Investigations, and DJJ 8.42, Crime Scene Preservation. DJJ investigators gathers all evidence, reviews video surveillance footage if available, and interviews alleged victims, suspected perpetrators and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The PREA Unit Field Supervisor confirmed the first steps in initiating an investigation is getting documentation and screens the allegation into a category. The investigation processes includes an allegation being assigned to an investigator. Then the process continues with interviews, evidence collection, etc. Direct and circumstantial evidence investigators would be responsible for gathering in an investigation of an incident of sexual abuse include collection of evidence and reviewing and collecting video footage.

The auditor reviewed the three investigative records/reports for unsubstantiated allegations of youth-on-youth sexual abuse.

115.371 (d)
PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy states if an employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations.

The PREA Unit Field Supervisor confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)
Policy states the Office of Investigations has authority as sworn officials to investigate all allegations of criminal violations occurring on DJJ property. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies (e.g., GBI, local sheriffs, and police departments) as needed.

The PREA Unit Field Supervisor confirmed when he discovers evidence that a prosecutable crime may have taken place he will consult with a prosecutor, but in Georgia it is not a requirement when there is overwhelming evidence.

The auditor reviewed the three investigative records/reports for unsubstantiated allegations of youth-on-youth sexual abuse.

115.371 (f)
Policy states the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. The agency will not 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.

The PREA Unit Field Supervisor confirmed he judges the credibility of an alleged victim, suspect, or witness based on evidence. He stated under no circumstance, does he require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. It would be a violation of DJJ policy.

115.371 (g)
Policy states the final report will determine whether staff actions or failure to act contributed to the abuse, and the written report includes a description of the physi9al and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The PREA Unit Field Supervisor confirmed the efforts he makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include reviewing at unannounced rounds as part of determining if staff are following policy. He confirmed he documents administrative investigations in written reports. The reports of Investigation (ROI) include incident reports, interviews, and all available evidence. All investigations are documented.

115.371 (h)
Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The PREA Investigative Unit Field Supervisor confirmed criminal investigations are documented. He stated everything is included in the report including assignment of the investigation, site visit, video footage, relevant documents, photographs, etc.

115.371 (i)
PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.
The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

The PREA Unit Field Supervisor confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal. Allegations are referred after evidence is collected, interviews are completed, and all leads are exhausted.

115.371 (j)
PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy states DJJ will retain all written investigations and Special Incident Reports (SIRs) 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.

The auditor reviewed the three investigative records/reports for unsubstantiated allegations of youth-on-youth sexual abuse.

115.371 (k)
Policy states if an employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations.

The PREA Unit Field Supervisor confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)
Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m) N/A
DJJ Office of Investigations conducts administrative and criminal investigations into allegations of sexual abuse and sexual harassment.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section X. F, Page 22 - Investigations: Evidentiary Standards for Administrative Investigations
2. Requirements of a PREA Case
3. Macon YDC Pre-Audit Questionnaire responses

Interview:
Interview with Investigative Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings:
PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

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

The interview with the PREA Unit Field Supervisor confirmed this policy.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

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 the agency's 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment I
    a. Section X. H, Page 22 - Investigations: Reporting to Residents
    b. Attachment I - Resident Notification of Investigative Outcome
2. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with Facility Director
2. Interview with Investigative Staff
3. Interview with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.373 (a)
PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: Three (3)
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: Three (3)

Policy states the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth.

The Facility Director confirmed the Office of Victim Services 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.

The Investigator confirmed he is aware 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.

The auditor reviewed unsubstantiated allegations of youth-on-youth sexual abuse allegations for verification. The auditor also reviewed the Resident Notification of Investigative Outcomes for verification.

115.373 (b)
PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: Zero (0)
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

The DJJ Office of investigations conducts administrative and criminal sexual abuse investigations.

115.373 (c)
PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility 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.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

The Resident Notification of Investigative Outcome form informs the resident whenever:

1. The staff member is no longer posted within the resident's unit (during the investigation, the staff member shall not be in any area with the resident without being directly supervised);
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.

115.373 (d)
PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency 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 Resident Notification of Investigative Outcome form informs the resident 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 auditor reviewed the Resident Notification of Investigative Outcomes for verification.

115.373 (e)
PAQ: The agency has a policy that all notifications to residents described under this standard are documented.
In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: Three (3)
2. The number of those notifications that were documented: Three (0)

Policy states the Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth.

The auditor reviewed the Resident Notification of Investigative Outcomes for verification.

115.373 (f)
An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section XI. A-D, Pages 22-23 - Discipline: Disciplinary Sanctions for Staff
2. Georgia DJJ Policy 3.80, Employee Progressive Discipline
3. Macon YDC Pre-Audit Questionnaire responses

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.376 (a)
PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy states DJJ staff are subject to disciplinary sanctions up to termination and criminal prosecution for violating Georgia DJJ sexual abuse and sexual harassment policies.

115.376 (b)
In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (0)
2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

Policy states termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.376 (c)
PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.
In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)

Policy states 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.

115.376 (d)
PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

Policy states 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.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section XI. E&F, Page 23 - Discipline: Corrective Action for Contractors and Volunteers
2. Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
    a. Section III. H, Page 9 - Termination of Volunteer Services
3. Macon YDC Pre-Audit Questionnaire responses

Interview:
Interview with Facility Director

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.377 (a)
PAQ: Agency 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. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

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.

115.377 (b)
PAQ: The facility 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.

Policy states the facility 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.

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

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

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)

- If the agency prohibits all sexual activity between residents, 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.

The following evidence was analyzed in making the compliance determination:

Documents:
1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section I., Page 1 - Zero-tolerance policy
    b. Section XI. G-I, Page 23 - Discipline: Interventions and Disciplinary Sanctions for Residents
2. Georgia DJJ Policy 16.4, Pre-Hearing Confinement
3. Georgia DJJ Policy 16.5, Disciplinary Reports and Hearings and Attachment B
    a. Attachment B – Behavioral Infractions Grid
4. Behavioral Infractions Grid
5. Resident Disciplinary Report Form
6. Macon YDC Pre-Audit Questionnaire responses

Interviews:
1. Interview with Facility Director
2. Interviews with Medical and Mental Health Staff

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.
Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.
In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Three (3)
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0)

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.

115.378 (b)
In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.
In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (0)
2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

Macon YDC does not use isolation as a disciplinary sanction. The Facility director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of privileges. The 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. Isolation is not used as a disciplinary sanction.

115.378 (c)
The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The Facility Director stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)
PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any

rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

The Clinical Director stated if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.

115.378 (e)
PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Policy states the agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.378 (f)
PAQ: The agency prohibits disciplinary action for a report of 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.

Policy states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)
PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for residents. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
2.
    a. Section XII. A-C, Pages 23-24 - Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse
    b. Attachment F - Consent to Disclose Protected & Confidential PREA Related Information
3. Georgia DJJ Policy 11.1, Medical Intake Screening
4. Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination
5. Georgia DJJ Policy 12.10, Mental Health Screening
6. Georgia DJJ Policy 22.3, Internal Investigations
    a. Section III. O, Pages 6-7
7. SIR Codes Guide - B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening)
8. Consent to Disclose Protected and Confidential PREA Related Information
9. Georgia DJJ Office of Victim Services Card
10. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Residents who Disclosed Sexual Victimization at Risk Screening

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.381 (a)
PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100% (5 residents)

Policy states if an intake screening pursuant to 115.341 indicates that a residents has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow up meeting/session with a mental health or medical practitioner within 14 days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

Three (3) residents interviewed reported prior sexual victimization during risk screening. The residents confirmed they met with a mental health care practitioner within two weeks. One stated the meeting was a continuation of existing mental health services.

The auditor reviewed mental health follow-up notes for verification that youth are offered the opportunity to speak with a medical or mental health practitioner per the requirements of the standard.

115.381 (b)
PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100% (0 residents)

Policy states if the screening indicates a resident has previously perpetrated sexual abuse, the resident is offered a follow-up meeting with mental health services within 14 days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered with a psychologist. She confirmed the meeting would occur within fourteen (14) days.

115.381 (c)
PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Policy states 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.

115.381 (d)
PAQ: 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.

DJJ medical and mental health practitioners 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.

Medical and mental health staff confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section XII. D, Page 24 - Medical and Mental Care: Access to Emergency Medical and Mental Health Services
2. Georgia DJJ Policy 2.10, Payment of Youth Medical Expenses
3. Agreements for Victim Advocacy and Outside Support Services
4. Sexual Abuse Coordinated Team Response
5. Facility Coordinated Response to a Sexual Assault Incident
6. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with Residents who Reported a Sexual Abuse – N/A
3. Interviews with Security Staff and Non-Security Staff First Responders

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.382 (a)
PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health 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.

The Facility Director ensures resident victims of sexual abuse while incarcerated shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health care staff ensure resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

The Medical and Mental Health Staff stated the nature and scope of these services would be determined according to their professional judgment and policy and procedure.

115.382 (b)
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. Staff were knowledgeable of their first responder duties.

115.382 (c)
PAQ: Resident victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and 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.

Policy states if there is an allegation of a sexual assault within a 72-hour time frame, youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame.

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.

115.382 (d)
PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Treatment services are provided to victims at no financial cost. DJJ would be responsible for payment of medical and treatment expenses.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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.

The following evidence was analyzed in making the compliance determination:

Documents:

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

a. Section XII. E-G, Page 24 - Medical and Mental Care: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
2. Georgia DJJ Policy 22.3, Sexual Assault
3. Facility Medical and Mental Health Staff Qualifications
4. Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)
5. Macon YDC Pre-Audit Questionnaire responses

Interviews:
1. Interviews with Medical and Mental Health Staff
2. Interviews with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.383 (a)
PAQ: The facility offers 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.

Policy states the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). Victims of sexual abuse while confined in a secure facility will be offered tests for sexually transmitted infections as medically appropriate.

The auditor observed the facility has mental health and medical staff onsite.

115.383 (b)
The evaluation and treatment of victims shall 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.

The Medical and Mental Health Staff stated residents who have been victimized would be provided follow-up services. Nurses stated the facility would follow ER discharge notes and follow-up requirements. The Clinical Director stated mental health services would be provided.

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

115.383 (c)
The facility provides victims with medical and mental health services consistent with the community level of care.

The Medical and Mental Health Staff stated they consider medical and mental health services are consistent with the community level of care.

115.383 (d)
PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Policy states female victims of sexual abuse while confined in a secure facility will be offered a pregnancy test.

115.383 (e)

PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Policy states 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.

Nurses interviewed confirmed if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. These services would be provided immediately.

115.383 (f)
PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at the ER and/or upon return to the facility. The facility can screen for sexually transmitted infections.

115.383 (g)
PAQ: Treatment services are 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.

DJJ provides treatment services without financial cost to victims.

115.383 (h)
PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy states the facility will conduct a mental health evaluation of all known youth-on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Clinical Director confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments J&M
    a. Section XIII. A, Pages 24-25 - Sexual Abuse Incident Reviews
    b. Attachment J - Sexual Abuse Incident Review Team Meeting Minutes
    c. Attachment M - Sexual Abuse Coordinated Team Response
2. Sexual Abuse Incident Review Team Meeting Minutes Form
3. Requirements of a PREA Case
4. PREA COMSTAT Allegations Report
5. Georgia DJJ 2017 Annual PREA Report
6. Georgia DJJ 2018 Annual PREA Report
7. 2017 Survey of Sexual Victimization, State Juvenile Systems Summary Form
8. 2018 Survey of Sexual Victimization, State Juvenile Systems Summary Form
9. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with Facility Director
2. Interview with PREA Compliance Manager
3. Interview with Incident Review Team Member

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.386 (a)
PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded.
In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: Three (3)

Policy states at the conclusion of every sexual abuse investigation, unless unfounded, an incident review will be conducted.

The auditor reviewed Sexual Abuse Incident Review Team Meeting Minutes for verification.

115.386 (b)
PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: Three (3)

115.386 (c)
PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy states the PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners.

The Facility Director confirmed the facility has a sexual abuse incident review team. The auditor reviewed Sexual Abuse Incident Review Team Meeting Minutes for verification.

115.386 (d)
PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

DJJ uses the Sexual Abuse Incident Review Team Meeting Minutes form to document sexual abuse incident reviews. 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.

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. She confirmed the PREA Incident Review Team assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.

The PREA Compliance Manager confirmed if the facility conducts a sexual abuse incident review, the facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement. The PREA Compliance Manager is a member of the sexual abuse incident review team.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

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 auditor reviewed Sexual Abuse Incident Review Team Meeting Minutes for verification.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment K
   a. Section XIII. B, Page 25 - Data Collection
   b. Attachment K -Requirements of a PREA Case
2. Requirements of a PREA Case
3. PREA COMSTAT Allegations Report
4. Georgia DJJ 2016 Annual PREA Report
5. Georgia DJJ 2017 Annual PREA Report
6. 2017 Survey of Sexual Victimization, State Juvenile Systems Summary Form
7. 2018 Survey of Sexual Victimization, State Juvenile Systems Summary Form
8. Macon YDC Pre-Audit Questionnaire responses

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.387 (a)
PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

Policy states the agency will collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), in accordance with DJJ 8.5, Special Incident Reporting, DJJ 23. I, PREA, and Attachment K. The SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

The auditor reviewed Special Incident Reports and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (b)
PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2018 and previous years.

115.387 (c)
PAQ: The incident-based data collected shall 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.

Policy states the (Special Incident Report) SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

115.387 (d)
PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy states the agency will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387 (e)
The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

DJJ obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.387 (f)
Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

DJJ completed the Survey of Sexual Victimization Summary Form for 2018.

The auditor reviewed the 2018 Survey of Sexual Victimization Summary Form for verification.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. No corrective action is required.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section XIII. B. 2&3, Page 25, Data Review for Corrective Action
2. Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form
3. Survey of Sexual Victimization, 2018 State Juvenile Systems Summary Form
4. Georgia DJJ 2017 Annual PREA Report
5. Georgia DJJ 2018 Annual PREA Report
6. Macon YDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (PREA Coordinator)
2. Interview with the PREA Coordinator

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.388 (a)
PAQ: The agency reviews 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, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Policy states the Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training.

The PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The PREA Compliance Manager 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. The agency ensures that data collected is securely retained.

115.388 (b)
PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports for verification.

115.388 (c)
PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

Policy states the Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website.

The PREA Coordinator confirmed the Commissioner approves annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the Commissioner at https://djj.georgia.gov/prea-reports.

115.388 (d)
PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Policy states before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.

The PREA Coordinator stated all identifying information is redacted from the report

The auditor observed no personal identifiers were included in the annual report.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
    a. Section XIII. B. 4&5, Page 25, Data Storage, Publication and Destruction
2. Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form
3. Survey of Sexual Victimization, 2018 State Juvenile Systems Summary Form
4. Georgia DJJ 2017 Annual PREA Report
5. Georgia DJJ 2018 Annual PREA Report
6. Macon YDC Pre-Audit Questionnaire responses

Interview:

1. Interview with the PREA Coordinator

Site Review Observations:
Observations during on-site review of physical plant

Findings (by provision):
115.389 (a)
PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Policy states the agency will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection, in accordance with DJJ 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required 10 years, the agency will maintain data on all staff, contractors, volunteers, and/or interns who committed sexual abuse or sexual harassment of a youth for an additional five years after the staff, contractor, volunteer, and/or intern no longer work or are involved with the agency.

The 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. The agency ensures that data collected is securely retained.

115.389 (b)
PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Policy states the Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website.

The auditor observed the annual reports were published on the agency's website and approved by the Commissioner. https://djj.georgia.gov/prea-reports.

115.389 (c)
PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Policy states before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.

The auditor observed the annual reports were published on the agency's website. The auditor observed no personal identifiers. https://djj.georgia.gov/prea-reports

115.389 (d)
PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.

Policy states the agency will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection, in accordance with DJJ 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required 10 years, the agency will maintain data on all staff, contractors, volunteers, and/or interns who committed sexual abuse or sexual harassment of a youth for an additional five years after the staff, contractor, volunteer, and/or intern no longer work or are involved with the agency.

The auditor reviewed historical sexual abuse data from 2013 through 2018.

Corrective Action
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

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 residents? ☒ 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.

The following evidence was analyzed in making the compliance determination:

2. Macon YDC Pre-Audit Questionnaire responses
3. Interviews
4. Research
5. Policy Review
6. Document Review
7. Observations during onsite review of facility

During the three-year period starting on August 20, 2013, and the current audit cycle, 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 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.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

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. The review period is for prior audits completed during the past

three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

The following evidence was analyzed in making the compliance determination:

1. Macon YDC Pre-Audit Questionnaire responses
2. Policy Review
3. Documentation Review
4. Interviews
5. Observations during onsite review of facility

All Georgia DJJ PREA Audit Reports are published on the agency's website at: https://djj.georgia.gov/prea-reports.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

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.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham May 19, 2020

Auditor Signature **Date**

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

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.