

PREA Facility Audit Report: Final

Name of Facility: Augusta Regional Youth Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/23/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 02/23/ 2024

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	01/08/2024
End Date of On-Site Audit:	01/09/2024

FACILITY INFORMATION	
Facility name:	Augusta Regional Youth Detention Center
Facility physical address:	3485 Mike Padgett Highway, Augusta, Georgia - 30906
Facility mailing address:	

Primary Contact	
Name:	Sadiqua Hector
Email Address:	sadiquahector@djj.state.ga.us
Telephone Number:	404-683-8592

Superintendent/Director/Administrator	
Name:	Latoya Wilson
Email Address:	latoya.wilson@djj.state.ga.us
Telephone Number:	706-771-4910

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Raemell Bount
Email Address:	raemellblount@djj.state.ga.us
Telephone Number:	706-771-7931

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	58
Average daily population for the past 12 months:	60
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	13-18
Facility security levels/resident custody levels:	All
Number of staff currently employed at the facility who may have contact with residents:	62
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	Georgia Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	3408 Covington Highway, Decatur, Georgia - 30032
Mailing Address:	
Telephone number:	4045086500

Agency Chief Executive Officer Information:

Name:	Shawanda Reynolds-Cobb
Email Address:	shawandareynoldscobb@djj.state.ga.us
Telephone Number:	404-508-7200

Agency-Wide PREA Coordinator Information

Name:	Latera Davis	Email Address:	lateradavis@djj.state.ga.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

5

- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.342 - Placement of residents

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-01-08
2. End date of the onsite portion of the audit:	2024-01-09

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	60
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	51
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	19
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility houses male residents serving Burke, Columbia, Glascock, Jefferson, Jenkins, McDuffie, Richmond, Screven and Warren counties. These youth are sentenced to short term incarceration, awaiting court appointment, or awaiting assignment to a long-term incarceration facility. Most of the youth here will return to the community within a few months; however, a high majority have a history of multiple confinements in regional detention centers.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>62</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility has just recently hired a volunteer coordinator who is actively recruiting volunteers. The one volunteer approved just completed training in December. Contractors consist of two maintenance and five medical.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected youth that met any target categories and identified their current housing assignment. Then selected additional youth from each of the four housing units taking into consideration factors such as age, race, ethnicity, length of time in the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor experienced no barriers to completing the interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, medical staff, education staff, and JDCs indicated there were no residents at the facility who had a physical disability. The auditor observed youth while on the housing unit, during meals, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>6</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, medical staff, and JDCs indicated there were no residents at the facility who were blind or had a visual disability. The auditor observed youth while on the housing unit, during meals, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, medical staff, and JDCs indicated there were no residents at the facility who were deaf or hard-of-hearing. The auditor observed youth while on the housing unit, during meals, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, medical staff, education staff, and JDCs indicated there were no residents at the facility who were LEP. The auditor observed youth while on the housing unit, during meals, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, medical staff, education staff, and JDCs indicated there were no residents at the facility who identified as transgender/intersex. The auditor observed youth while on the housing unit, during meals, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, investigators, medical staff, education staff, and JDCs indicated there were no residents at the facility who had reported sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the Regional Administrator, facility Director, PCM, medical staff, education staff, and JDCs indicated there were no residents at the facility who had been placed in segregated housing for risk of sexual victimization. The auditor observed youth while on the housing unit who were confined to their rooms, but all were there for disciplinary reasons.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor oversampled youth who were on mental health caseload and/or have an IEP (individualized education plan), which represents the "cognitive disability" youth interviewed, to compensate for there being no youth at the facility for targeted categories of: LEP, segregated for being high risk, physical disability, transgender/intersex, and reporting sexual abuse at the facility.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>22</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	The auditor also interviewed the grievance coordinator, volunteer coordinator, and disciplinary hearing officer. Additional central office staff interviewed included the Health Services Director, Victim Services Manager, Ombudsman's Office Manager, and intel officer.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Included first responder duties questionnaire during random interviews since no one had responded to an incident.</p>
<p>SITE REVIEW AND DOCUMENTATION SAMPLING</p>	
<p>Site Review</p>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

Augusta Regional Youth Detention Center (RYDC) is located at 3485 Mike Padgett Highway, Augusta, Georgia 30906. The Facility has a 64-bed facility. Augusta RYDC provides temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement. In addition, youth who have been committed to the custody of DJJ are sometimes placed in an RYDC while awaiting treatment in a community program or a long-term facility. The Auditor conducted a complete facility tour consisting of administrative area, multi-purpose room (visitation/dining/activities), Alpha, Bravo, Charlie, Delta housing units; Intake area, Medical Department, School area, Kitchen. Cameras were noted in all areas including corridors except the bathrooms, showers, medical examination rooms, laundry, kitchen, administrative area, and mental health counselor offices. A clear, direct line of sight was observed everywhere and doors that were marked "No Youth Access" were controlled through restricted key access and had camera view placements at the area entrance doors; no residents are allowed in the administrative, laundry, or kitchen. The auditor had informal conversations with the control room officer and discussed the various camera views, the functionality of the cameras, and how determinations are made for facility and internal area entry at various access points. The auditor tested the phones in Bravo unit and found the phone live active and working. The phone allows the user to enter their identification number for a call to approved parties on their telephone list, or they may listen to the additional prompts for speed dial access. The auditor placed test calls to the Ombudsman's Office and to the RAINN Hotline using the speed dial numbers without the requirement to enter an access pin. All youth interviewed corroborated that the telephones are and have been in working order. The auditor toured all areas of the facility and held

informal conversations with staff and youth during the site inspection. The facility was clean and in good repair. The auditor's observation of interactions between residents and staff appeared easy and trusting. Staff were approachable and knew youth names, and were professionally friendly and courteous during interactions.

Documentation Sampling

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

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

Yes

No

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

The auditor reviewed all documentation provided by the facility during the Pre-Audit phase with the PAQ. After review, the auditor prepared an Issue Log requesting additional information and provided it to the PREA Specialist, along with a list of additional information to have prepared for day one of the audit which included shift rosters, employee lists, and youth housing lists. Documentation reviewed while onsite was flagged for the PREA Compliance Manager (PCM) to upload into the OAS as evidence and for retention purposes. All documents reviewed are identified in the Evidence Reviewed section for each standard's narrative. Below is a list of the Georgia Department of Juvenile Justice (DJJ) policies that were reviewed toward making compliance determinations. All documentation requested by the auditor before, during, and after the audit was provided promptly. Throughout the report the auditor references the policies by number only.

1.2, Organization Chart

2.10, Youth Medical Expenses

2.16, Contracts Administration

3.52, Background Investigations

3.80, Employee Progressive Discipline

4.2, New Employee on the Job Training

4.5, Staff Training Requirements

7.6, Video Monitoring Systems

7.10, Building & Equipment Maintenance

8.1, Security Management

8.15, Video Cameras

8.2, Administrative Duty Officer

8.20, Room Checks

8.22, Searches and Contraband Control

8.5, Special Incident Reporting

8.8, Use of Isolation

11.1, Medical Intake Screening

11.2, Nurse Health Appraisal and Physical Examination

11.30, Infection Control

12.10, Mental Health Screening

12.11, Mental Health Assessment

13.32, Special Education Services

14.3, Citizen and Volunteer Involvement
15.10, Language Assistance Services
15.11, Request for Services
15.2, Grievance Process
15.3, Youth Access to Court and Counsel
15.5, Youth Visitation
15.6, Access to Mail
15.7, Access to Telephone
15.9, Ombudsman
17.1, Admission to a Secure Facility
17.3, Custody and Housing Assessment
18.4, Work Activities for Youth
22.3, Internal Investigations
23.1, Prison Rape Elimination Act
23.2, Sexual Assault
23.3, LGBTI
Student Handbook
Other evidence reviewed is noted in the individual standards, or supplemental documentation and includes, but is not limited to:
DOC: Employee Criminal Background Check Spreadsheet
DOC: Employee PREA Training (Initial & Comprehensive) Spreadsheet
DOC: Accountability Statements: Staff Designation - Agency PREA Coordinator
DOC: Accountability Statements: Staff Designation -Facility PCM
DOC: Accountability Statements: Staff Designation - Facility Retaliation Monitor
DOC: Organizational Charts: Agency; Compliance Unit; Facility
DOC: Licensures: Anchor of Hope; Four Seasons of Love; Chenault Youth Services; Right Path Oasis Group; Living Our Lives;
DOC: Final PREA Reports: Living our Lives; Four Seasons;
DOC: Contracts: Gentle Loving Care; Four Seasons; Right Path; Anchor of Hope; Chenault Youth Services; Living Our Lives
DOC: Staffing Plan Deviations
DOC: List of Cameras and camera logs
DOC: Restricted Doors
DOC: Facility Staffing Plan
DOC: Facility Staffing Report
DOC: Memo regarding Staffing Ratios

DOC: Unannounced Rounds DOC
Training: Cross Gender Pat Search Video
Training: Cross Gender Pat Search Roster
Training: Cross Gender Pat Search Guidance
(TMG; BJA)
DOC: Post Orders
DOC: Verification of Deaf/HH Communication
Resources
MOU: Adastra Sign Language Services
DOC: Signage: PREA Reporting Posters
(English & Spanish)
DOC: List of Special Education Teachers and
Certifications
DOC: List of Employee Hire Dates; Initial and
5-Yr Backgrounds
DOC: List of Employee Initial and Refresher
Training
DOC: Child Protective Services Employment
Checks
DOC: Individual Background Checks
DOC: PREA Pre-Employment Questionnaire
Protocol
DOC: PREA Pre-Employment Completed
Questionnaires
DOC: Updates to Video Monitoring Systems
DOC: Facility Schematics
DOC: Synchronization Matrix
DOC: List of Medical and Mental Health Staff
DOC: MOU Children's Healthcare of Atlanta -
Stephanie V. Blank Center (Advocacy)
DOC: Georgia's Commercial Sexual
Exploitation of Children (CSEC) Response
Team Contact List (Advocacy)
DOC: (CSEC) Pamphlet (Advocacy)
DOC: First Responder Protocol
DOC: GBI Evidence Protocol
Website Review
Training: PREA Refresher Participant Roster
Training: Employee PREA Curricula
Training: Gender Responsive
Training: OJT Checklist and Manual
DOC: Signage: Staff PREA Poster
DOC: First Responder Cards (Staff)
DOC: Standards of Conduct Acknowledgement
Forms
DOC: List of Contractors and Volunteers
DOC: Background checks for Contractors

DOC: Training Acknowledgments for Contractors

DOC: Acknowledgment Statement re: No Volunteers at facility

Training: Contractor Training Records

DOC: Memo re: Resident Education Protocols

DOC: Posters- Break the Silence (English & Spanish)

DOC: Curricula - End Silence - Carlo's Question

DOC: GADJJ PREA Curriculum

DOC: Resident Education Modules for ages: 10-13; 14-18;

DOC: Resident Education Intake Flyers (English & Spanish)

DOC: Resident Education GA DJJ PREA Video (Commissioner)

DOC: Resident Education Student Handbook (English & Spanish)

DOC: Advocacy - Emotional Support Acknowledgment Statements

DOC: Resident Education PREA pamphlet (English & Spanish)

DOC: Resident Education Youth Safety Guide

DOC: Resident Education Youth Safety Tips Handout

DOC: Resident Education Youth Signed Training Acknowledgements

Training: 2020 PREA investigator training expectations

DOC: List of PREA Investigators

DOC: GBI Forensic Services Update, March 2023

Training: Specialized Training Curricula for OPS Investigators

Training: Certificates for Specialized Investigations Training

DOC: GBI Lab Support Overview

DOC: GBI Evidence Protocol

MOU: Augusta Medical College (Medical & Forensics)

Training: Verification of Medical/MH training completions

Training: Curricula for Medical/MH Specialized Training

DOC: Completed Risk Screenings (59)

DOC: PREA Screening User Guide

DOC: Transgender and Intersex Declaration Forms
DOC: Custody and Housing Screening Report
DOC: Reporting Consular & Trade Guide
DOC: Reporting See Something Say Something Brochure
DOC: Reporting Tip Submission Form/ Contacts
DOC: Grievance Log - Last 12 months
MOU: Children's Advocacy Centers (CAC) Child Enrichment - Augusta
DOC: Reporting Third Party Online Tipline
DOC: Facility Coordinated Response Plan
DOC: Victim Services Contact Card
DOC: Prior Victimization Allegation Reports
DOC: Consent Forms to Disclose Confidential PREA Information
DOC: Prior Victimization Report
DOC: Medical Staff Job Descriptions

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no incidents during the audit period.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There was (1) resident-to-resident sexual harassment allegation, submitted via grievance form. It was investigated and determined to not meet the criteria for a PREA allegation. Therefore, the investigation numbers is "0".

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 1.2, 23.1, 23.2; Memo - PREA Compliance Manager Appointment; Organizational Chart - Department of Juvenile Justice (Agency); Organizational Chart - DJJ Office of Professional Development (PREA); Facility Organizational Chart; Information Obtained from Interviews.</p> <p>115.311(a): The Georgia Department of Juvenile Justice (DJJ) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The DJJ strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the Department takes appropriate actions to reduce the risk of sexual abuse and sexual harassment within the DJJ facilities, contracted residential programs, and community service offices (CSO) by implementing the PREA Standards established by the United States Department of Justice (DOJ). The agency has a written policy (23.1) mandating zero tolerance toward all forms of sexual</p>

	<p>abuse and sexual harassment and it outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>115.311(b): The agency employs an upper-level, agency-wide PREA Coordinator, Latera Davis, Deputy Commissioner, Office of Professional Development and Standards. Deputy Commissioner Davis reports directly to the Commissioner, Shawanda Reynolds-Cobb. Based on an interview with the PREA Coordinator, she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all DJJ facilities. She employs support staff and directs designated facility PREA Compliance Managers (PCM) in the agency's compliance efforts.</p> <p>115.311(c): The facility has a designated PCM, Assistant Director of Programs (AD/P), Sadiqua Hector. AD/P Hector reports directly to the facility Director. The PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards based on her interview with the auditor and the auditor's observations during the site visit.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 2.16; Policy 23.1; Contracts with Four Seasons of Love Youth Home, LLC; Gentle Loving Care Center; Anchor of Hope House, LLC; Right Path Oasis Group Home, LLC; Living Our Lives Community Living LLC DBA LOL; Chenault Youth Services; Information Obtained from Interviews.</p> <p>115.312(a)(b): The agency has entered into or renewed (43) contracts for the confinement of residents. The auditor's review of these contracts and corresponding audit reports determined that the agency requires these contractors to adopt and comply with PREA standards. An interview with the agency contract administrator confirmed that contractors acknowledge that, in addition to self-monitoring requirements the agency will conduct announced or unannounced compliance monitoring to include site visit monitoring. Any contractor that fails to comply with Prison Rape Elimination Act (PREA), including PREA Standards and DJJ Department Policies will result in termination of the contract. Contractors must have all personnel sign a PREA Staff Acknowledgement Statement and keep the signed form in the employee’s file. Contractors/Community Residential Providers are responsible for providing an accurate count of DJJ residents to the DJJ Manager of Residential and Community Based Services. Community Residential Providers who have 51% or more DJJ residents will be subject to Department of Justice (DOJ) audits. There are currently (6) contracts that have met the criteria (whose population is 51% or</p>

	<p>greater DJJ residents) and all (6) were required to have a PREA audit in the 2nd year of the current PREA cycle. Community Residential Providers are responsible for contracting with DOJ Certified Auditors to conduct an independent audit with assistance for the Agency-wide PREA Coordinator every three years. Policy 23.2 establishes that the District Directors and Community PREA Compliance Managers will monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and will submit reports to Agency PREA Coordinator; The Regional Treatment Services Specialists will monitor and conduct internal audits of all Community Residential Providers for PREA compliance and will submit reports to the Agency PREA Coordinator. The auditor reviewed (4) internal audits and (2) external audits that were conducted during the audit period. Providers who have not yet met the criteria to require a PREA audit are still monitored for compliance through the agency's internal audit process based on an interview with the agency's contract administrator.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 7.6, 8.1, 8.2, 8.20, 23.1, and 23.2; 23.1 Attachment A; Secure Facility Staffing reports; 2022 Staffing Plan; 2023 Staffing Plan Review; Deviation Documentation; Facility Staffing Report; Restricted Area List; Unannounced PREA Rounds Logs; CCTV Logs and Locations; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>115.313(a)(b)(d): Policy 23.1 states that 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 following Policy 7.6, Video Monitoring Systems. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report (Attachment A) and submit its report by the 10th of December with the required signatures to the Agency PREA Coordinator. The facility provided staffing reports for the auditor's review which confirmed that the staffing plan provides adequate supervision for youth. The facility provided staffing plan reviews with the last review being done in November 2023. The annual reviews are conducted on the Facility Annual Staffing Report, Policy 23.1, Attachment A. This form indicates that the reviewing parties consider all required elements of provision (b) during the annual review. Additionally, the auditor reviewed (32) samples of reports, the 1st, 10th, and 20th for all months between January 2023 - November 2023, from the Secure Facility Staffing Report System that indicates compliance with</p>

staffing ratios. Secure Facility Staffing Reports from the prior 12 months and found any deviations properly documented and justified. Additionally, the auditor review more recent reports while onsite. An interview with the Regional Administrator confirmed that deviations from the staffing plan are documented daily into the Secure Facility Staffing Report System. During the site visit inspection, the auditor observed the number of security and non-security staff during both shifts and found them consistent with the staffing plan requirements. The auditor observed staffing ratios in the housing unit during waking hours and sleeping hours and found the appropriate ratios were maintained at 1:8 during waking hours and 1:16 during sleeping hours for all areas. The auditor observed that any potential blind spot was adequately addressed through the use of camera monitoring. All areas designated as "no detainee access" were observed, finding restricted key control access and camera monitoring for these areas. The control room officer monitors cameras throughout the facility throughout the shift and the Director and Assistant Directors also have camera view access on their computers to monitor periodically and as needed. Interviews with youth and line staff, and review of documentation in logbooks confirmed that supervision and frequency of cell checks in housing areas are made frequently. All youth are housed one per cell at this facility.

115.313(c): Policy 23.1 states that 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 documents this information daily in the Secure Facility Staffing Report System (SFS) located on the DJJ website. The reason(s) for ratio non-compliance is entered in the comment section. In the last 12 months, the facility indicates deviations from the staff ratios occurred (6) times. The facility documented the reasons for deviations were: weekend call-ins; staff resignations and increase in youth populations. During staff shortages, the facility indicates the use of staff on their off-days; requests staff from other facilities and the Duty Officer will work posts when needed. The Facility Director provided a memorandum addressing the staffing shortages experienced by the facility during the audit period. During the audit period there were (6) days when the facility only met 50% of staffing requirements. These were properly documented as required by this standard. In this memo she explained that recruitment efforts are ongoing through staff referrals, attendance at job fairs, and presence in the community. Additionally, the facility is approved to conduct "on-the-spot" interviews for walk-in candidates. The Administrative Duty Officers and facility leadership assist with coverage when needed.

115.313(e): Policies 23.1 and 8.2 require an Administrative Duty Officer (ADO) or facility Director to 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 after 12:30 am and no later than 4:30 am per month. Staff is prohibited from alerting other staff of such rounds. Staff members cannot conduct unannounced rounds during his/her assigned shifts. All such rounds must be documented using Attachment B, Unannounced PREA Rounds, and maintained in a binder for PREA

	<p>audits. The unannounced PREA rounds logbook or documentation is maintained in the main control room at all times for audits and PREA investigators' review. Staff is prohibited from alerting other staff of such rounds. The auditor reviewed (48) Attachment B forms and conducted interviews with line staff and youth verifying that unannounced rounds are consistently conducted.</p> <p>Based on the review of the evidence provided, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 4.5, 7.6, 8.22, 23.1 and 23.3; 23.1 Attachment C, Cross Gender Searches Documentation; LOP Showers; Post Orders Showers; Cross-gender and Transgender Pat Search Training Curricula; Guidance on cross-gender and transgender searches; Cross-gender Training Rosters; List of Non-Security Staff PREA Ratio Trained; Information Observed During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(e): Policy 23.1 states that youth in DJJ custody are not subject to discrimination based on race, religion, national origin, gender, sexual orientation, disability, or political views. Staff members of the opposite gender must announce their presence when entering a youth housing unit. Youth access will not be restricted to regularly available programming or other out-of-cell opportunities to comply with PREA provisions. No staff will search or physically examine a transgender or intersex youth to determine 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. The facility will not conduct cross-gender strip and body cavity searches of youth. Policy 8.22 establishes that cross-gender pat-down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. The facility indicates no cross-gender searches have been conducted in the last 12 months.</p> <p>115.315(d): Policy 7.6 states for reasons of privacy, CCTV will not be used to monitor showers and toilet areas; areas used for strip searches; individual cells; and medical exam and treatment rooms. The auditor's observation of these areas found there were no cameras present, thereby allowing privacy when the resident is in stages of undress. The auditor observed areas used to conduct strip searches which</p>

are in areas that provide the appropriate means to prevent opposite gender viewing. Interviews with random staff and residents confirmed that opposite-gender staff is never present during an unclothed search. All staff interviewed knew that an opposite gender strip search would only occur in exigent circumstances and must be documented in an incident report. Interviews confirmed that there had been no opposite-gender searches during the audit period. During interviews, staff and residents further confirmed that opposite-gender announcements are made upon entering a living unit. All residents stated during their interview that they could use the restroom, shower, and change clothes without being viewed by an opposite gender staff member. The auditor reviewed camera views from the central control and found no views were observable into areas where a resident may be undressed. During the site visit, the auditor observed opposite-gender announcements when entering a living unit, the shower area, and the medical unit.

115.315(f): Policy 23.1 states that DJJ staff responsible for searches will be trained in conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, 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 individual resident's specific needs and the facility's operational concerns. Under most circumstances, this will be a case-by-case determination, which may change throughout confinement and should take into consideration the gender expression of the resident. The facility uses information from Policy 23.3, Attachment A: Transgender/Intersex Declaration of Preference Statement, when deciding a case-by-case determination of staff gender during searches of Transgender or Intersex residents. The auditor reviewed the curricula for Cross-Gender and Transgender Pat Searches and found the content compliant with this standard. Additionally, the auditor reviewed the Cross-Gender Pat Search Training Video developed by The Moss Group, which is used to train the trainers who deliver the training at the academy. The facility indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs. Interviews with security staff confirmed that they received this training during their initial basic training at the academy. The facility indicated no transgender or intersex youth was housed at the facility during the on-site audit; however, records were reviewed by the auditor related to two transgender youth who were housed at the facility during the audit period. The files included a completed SOGIE Assessment indicating the youth's preference for searches was asked and documented.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: Policies 13.32, 15.7, and 15.10; Teaching Certificates; PREA Posters and Handouts (English/Spanish); DJJ Website Translations; Email Deaf Hard of Hearing ACA; Interpreter Contracts AdAstra, Lion Bridge, and Interpreter Unlimited; Observations During Site Visit; Information Obtained During Interviews.

115.316(a): Policy 15.7 requires each facility to be equipped with a telecommunication system that facilitates the transmission of messages, volume control, and the effective communication of juveniles and other parties with speech and hearing impairments. Youth who receive services for the Deaf/Hard of Hearing through Special Education or Section 504 will have access during and after school hours to assistive and adaptive technology (including TTY phone) as outlined in their Individualized Education Program (IEP) or Section 504 plan. The facility case manager (e.g., RTI Chair, Special Education teacher) will request the technology (TTY phone) through their local administrator, who will then receive the technology (TTY phone) from the Director of Special Education. Policy 13.32 states that the Department of Juvenile Justice-Georgia Preparatory Academy (DJJ-GPA) shall identify school-age students with disabilities and provide these students a free and appropriate public education in compliance with state rules and the Individuals with Disabilities Education Act (IDEA 2004). DJJ-GPA shall provide a continuum of special education services to ensure that students with disabilities are educated with their non-disabled peers to the maximum extent possible. Policy 23.1 states that the facility will use Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develops guidelines that will assist youth with disabilities in delivering PREA information. The guidelines include identifying staff responsible for services; processes for accessing services during regular hours, weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and Follow-ups. Interviews with the Director, PCM, and Lead Teacher confirmed that these services are available, although there have been no youth at the facility requiring these services within the audit period. The facility has (3) Special Education teachers and their teaching certifications were provided to the auditor for review. Random staff interviewed knew how to access communication services should they be needed. The facility indicates that no youth had physical, visual, or hearing impairments during the audit period. The Auditor interviewed (6) youths with a cognitive disability and they had a thorough knowledge of the facility's PREA program, and it was clear that staff had taken steps to ensure this population is afforded the opportunities to participate in all aspects of PREA. An interview with the agency head confirmed further that the agency has established procedures to provide youth with disabilities and who are LEP equal opportunity to participate and benefit from all aspects of the agency PREA program; these services are coordinated with the DJJ Office of Education. Additionally, the agency head spoke about the providers for services available through the community and through contract. An interview with the Lead Teacher confirmed she is aware of the resources available and agency protocols in place to

provide a youth with hearing, visual, cognitive, learning, or other disability accommodations with the PREA education.

115.316(b): Policy 15.10 states that the DJJ shall prohibit discrimination based on limited English proficiency. To ensure effective communication with all youth at all points of contact and meaningful access to all programs and services, language assistance services shall be provided to youth with limited English proficiency. Language assistance services will be free to youth with limited English proficiency (LEP). As needed, documents intended for youth (e.g., youth handbooks, help request forms, grievance forms, etc.) will be translated into Spanish. Other translations may be developed as needed. Oral communication with LEP youth will be provided by bilingual staff or through an interpreter. Each secure facility will give the youth with LEP the "I Speak" Form (Attachment B) at intake to identify the youth's language needs. The youth's specified language of proficiency will be documented in the Juvenile Tracking System. The facility's PREA intake posters are available in English and Spanish. Accommodations will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited LEP, deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. The facility will use Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develops guidelines that will assist youth with disabilities in delivering PREA information. The procedures should include but are not limited to the following: Staff responsible for services; Processes for accessing services to include weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and Follow-ups. Interpreter services may be provided by staff or through community interpreter services. Staff members may use the Language Assistance Service Providers contracted by DJJ as needed. Interpretation services may be provided in person, over the telephone, through video conferencing, or through social media such as email or texting using only DJJ-approved electronic communications devices or other appropriate technology. The Auditor reviewed the contracts between DJJ and AdAstra, Lion Bridge, and Interpreter Unlimited, and found multiple languages represented and services consistent with all provisions of this standard. An interview with the AOC confirmed the facility has not needed to use either of these contract services for interpretation within the audit period. The facility indicated that no LEP youth was assigned to the facility during the audit period. There were no LEP youth at the facility during the site visit for the auditor to interview and test the interpretation services.

115.316(c): Policy 15.10 further establishes that family members, children, friends, and untrained volunteers will not be used as interpreters unless specifically requested by the youth or youth's parent or legal representative and upon approval of the Juvenile Detention Counselor or Community Case Manager. Facility/program/office Directors will ensure that all staff is trained to access language assistance services. The agency has a Translations link on its public website that may be used by staff or other interested parties. The facility will prohibit the use of youth

	<p>interpreters, youth readers, or other types of youth assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, or the performance of first-responder duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented. Youth requiring interpretation services will receive services in accordance with Policy 15.10. The facility Director will ensure that the contact information for the interpretive service providers is posted in the intake area and the control room. During the site visit, the auditor observed this information posted in both areas as required. There were no instances where resident interpreters, readers, or other resident assistants were used or needed during the audit period. Random staff interviews confirmed they knew how to access interpreter services should they be required, and that other youth would not be used for interpretation barring exigent circumstances.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 3.52, 5,9,14.3, 23.1, and 22.3; 23.1 Attachment D; Initial Background Employee File Audit; DHS Division of Family and Children Services - Employee Case Histories; PREA Employee Acknowledgements; PREA Employment Questionnaire; Prior Employer Reference Checks; List of Employees and Contracted Staff 5-YR BG; Employee HR Files; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.317(a)(b): Policy 23.1 establishes that Facilities/Programs/Offices will not hire or promote anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. DJJ must determine if all prospective employees and employees being considered for promotions have any allegations of sexual assault, sexual harassment, and any civil/administrative liabilities for sexual misconduct before employment and promotion. Employees/Part-Time/Per Diem/Interns and individual contract persons must read and sign the Staff PREA Acknowledgement Statement (Attachment E). A copy will be maintained in the personnel file or the appropriate file. The HR Tech interview confirmed that candidates involved in a prior incident of any activities listed in provision (a) would not be hired and that anyone with a sexual harassment incident in their history would require special approval to be employed.</p> <p>115.317(c): Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed following Policy 3.52, Background Investigations. Policy 3.52 requires reference checks to be conducted</p>

following Policies 3.51 and 5.9. The Department makes its best effort 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. In the past 12 months, there were (37) new hires at the facility who may have contact with residents. The Auditor selected and reviewed (42) employee files and found that those employees also received a background check before being hired, at promotion, or within five years, as applicable. Additionally, the facility provided a tracking spreadsheet listing all employees, out of (65) employees: all of them indicated an initial background check was performed; (14) were employed more than five years; (17) had promotions with accompanied background checks; and the remainder were employed less than 5 years or had not promoted since initial hire. In addition, auditor's interview with the HR Tech confirmed that prior institutional employers are asked about any substantiated allegations of sexual abuse and any resignation during an investigation. This inquiry is identified as "question 8" on the Reference Check Form. Of the staff hired within the audit period, none indicated previous employment at an institution.

115.317(d): Policy 23.1 and 3.52 establishes that the Department shall perform a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth. Records were checked for (2) contractors confirming the required background checks was completed on both prior to hire.

115.317(e): Policy 23.1 and 3.52 establishes that criminal background record checks will be conducted at least every five years for all employees and contractors. The Auditor reviewed the Department's tracking spreadsheet listing all employees (65), the dates the initial background was completed, and any subsequent backgrounds necessary for promotions or to meet the 5-year requirements. All employees on the list were current with the required background checks. Records for (2) contract employees were reviewed and neither had been employed over five years.

115.317(f)(g): Policy 23.1 establishes that during the interview process, facilities/ programs will ask all applicants and prospective employees about previous sexual abuse misconduct. Additionally, each applicant must complete 23.1 Attachment D, PREA Pre-Employment Questionnaire, as a part of the interview process. The PREA Pre-Employment Questionnaire is now available to be completed in the agency's BCAS system for candidates selected for hire or promotion with DJJ. When candidates/employees/vendors are sent the background check link via BCAS, they will also be prompted (and required) to complete the PREA Pre-Employment Questionnaire questions. The form will be stored electronically within BCAS. If a candidate/employee/vendor selects "yes" to one or more questions on the PREA Questionnaire, the background check initiator will be notified via email. The Hiring Manager and/or HR Professional will still complete the required reference checks on all candidates selected for hire and capture this information accordingly. A disposition will be required for any of the "yes" responses and a determination will be evaluated at the Central Office level on eligibility for hire; however, if it is determined that the candidate has engaged in any of the stated behavior/activity, then they will not be eligible for hire. Staff or contractors who omit material

	<p>regarding sexual abuse and sexual harassment or provide materially false information will be terminated. The HR Tech confirmed that all new hires are informed of the continuing affirmative duty to disclose any such conduct and that material omissions regarding such misconduct or materially false information are grounds for termination during the initial orientation process and through policy review. The auditor reviewed (42) personnel files, all of them contained a completed PREA Questionnaire. All random staff and contractors interviewed were aware of their continuing affirmative duty to disclose any misconduct or encounters with law enforcement.</p> <p>115.317(h): Unless prohibited by law or DJJ Policies, the Department's Office of Human Resources, in coordination with the Office of Investigations and Office of Legal Services, provides information on substantiated allegations of sexual abuse or sexual harassment between a current or former employee and a youth upon receiving a request from an institutional employer. There is no current law that prohibits the agency from providing this information. The HR Tech stated they would provide the information available in their system but forward any requests for specific information about substantiated PREA cases to the Office of Investigations for a response. Interviews with the PREA Coordinator and Investigator confirmed that the agency 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 the employee has applied to work.</p> <p>Based on the review and analysis of the evidence, the facility and agency meet the requirements of this standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 7.1, 8.15, and 23.1; DJJ Facility Opening Synchronization Matrix; Facility Schematic; Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.318(a): Policy 23.1 establishes that the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse in addition to the requirements in Policy 7.1, Physical Plant Requirements when designing or acquiring a new facility or planning substantial expansion or modification of existing facilities. The policy further establishes that the agency will not consider open-bay living units to house youth. The Agency PREA Coordinator serves on the primary committee for PREA planning purposes. The facility accountability statement provided with the PAQ and a follow-up interview with the Director revealed no new facility or substantial expansions or modifications during the audit period. An interview with the agency head confirmed that during</p>

	<p>designing, acquiring, or planning modifications to facilities PREA standards are taken into consideration and incorporated by involvement of the agency's PREA coordinator. The goal is high visibility and direct lines of sight, while maintaining privacy for the youth during showers and in other areas where they may be in various stages of undress. The agency provided for the auditor's review a copy of the DJJ Facility Opening Synchronization Matrix for another facility to provide documented evidence that PREA standards are considered during major physical plant modifications.</p> <p>115.318(b): Policy 23.1 establishes that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The policy further establishes youth will not be recorded or viewed when showering, performing bodily functions, or changing clothing. In addition, CCTV will not be installed in youth rooms. The facility accountability statement provided with the PAQ and a follow-up interview with the Director revealed no camera upgrades were made within the audit period. The agency head explained during her interview that the agency uses technology to provide additional supervision and monitoring of staff and youth interactions; whether installing or updating newly installed monitoring technology the agency strives to have technology that will enhance the agency's ability to keep youth and staff safe.</p> <p>Based on the review and analysis of the evidence, the facility and agency has demonstrated compliance with all provisions of this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 2.10, 8.42, 22.3; 23.2; 23.3 and 23.1; 23.1 Attachment K; SANE Nurse Agency Utilization- FMEs; List of Medical & Mental Health Staff; Emergency Medical Treatment and Labor Act (EMTALA) Know Your Rights; MOU: Local Hospital Agreement; First Responder Instructions; MOU - Child Advocacy Center (CAC); GBI Property and Evidence General Information; Agreement DJJ & Children's Healthcare of Atlanta - FMEs; CSEC Response Contact Sheet and comprehensive guide; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): Policy 23.1 establishes the Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse following Policy 22.3, Internal Investigations. The agency follows the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. DJJ and the facility</p>

do not have other agencies investigating sexual abuse or sexual harassment allegations. The Auditor reviewed Policy 8.42, which outlines the agency's uniform evidence protocol; this evidence protocol combined with the agency's evidence protocol training has sufficient technical detail to aid responders in obtaining usable physical evidence. The agency's uniform evidence protocol is developmentally appropriate for youth. Additionally, the auditor interviewed the PREA Unit investigations supervisor and field investigations supervisor confirming these protocols are in place for all investigations. Interviews with (14) random staff confirmed all staff were trained on basic evidence preservation protocols and are well knowledgeable of their responsibilities. Evidence would be protected and preserved until the arrival of an investigator who would then proceed with collection and processing of evidence. These staff also understood that investigations were conducted by the Office of Investigations PREA Unit and were able to name the supervising investigator as the primary point of contact.

115.321(c): Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. Any youth reported or believed to have been sexually assaulted will be immediately referred to the on-site health care staff for an appropriate evaluation to determine emergency care needs. The youth will be sent to a local hospital for further examination, treatment, and forensic evidence collection if the incident occurred within the time limits determined by medical services staff, but no later than 72 hours. When on-site health care staff is unavailable, the youth will be transported to the local hospital for treatment following Policy 23.2, Sexual Assault. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at a local hospital. When SANEs or SAFEs are unavailable at the local hospital, a qualified non-DJJ medical practitioner will perform the forensic medical examinations. The facility will document the examination. Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with Policy 2.10, Youth Medical Expenses. Based on an interview with the PREA Coordinator and documented evidence, the agency partners with the Children's Healthcare of Atlanta/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. An interview with the agency's Medical Director found that no forensic examinations will be conducted at the facility or by facility medical staff; youth will be transported to the local hospital and arrangements and collaborative efforts by medical staff, PCM, Victim Services Office, PREA Coordinator, and the investigator will ensure that there is a SANE/SAFE nurse available to conduct the exam. The auditor placed a call to the Child Enrichment Children's Advocacy Center corroborating that a staff member or volunteer from the advocacy center that is certified to conduct a forensic interview and forensic medical exam would be dispatched to the local hospital to provide these services to youth for DJJ in the assigned region. The Interview also confirmed that these services include crisis intervention, sexual assault counseling, medical

	<p>advocacy or sexual abuse legal advocacy, as outlined in the MOU with DJJ. Policy 23.2 establishes that a qualified mental health professional (QMHP) will conduct a Behavioral Health Evaluation for incidents of sexual abuse to address the youth's current mental status. The QMHP will document all other clinical issues or concerns for youth on the mental health caseload in a crisis management progress note in JTS. The QMHP will generate a referral for a Mental Health Assessment for youth who are not on the mental health caseload. Mental health staff will provide appropriate follow-up care and treatment. During interviews with (2) mental health counselors at the facility the auditor had them explain their responsibilities to a victim after an incident and both were very knowledgeable of their duties as outlined in policy. There were no forensic medical exams conducted, or necessary during the audit period.</p> <p>115.321(d)(e)(h): Policy 23.1 establishes that the facility, through the DJJ Office of Contracts, will enter into a memorandum of understanding (MOU) with local rape crisis centers or community service providers that are able to provide youth with access to outside victim advocates for emotional support services related to sexual abuse. This is evidenced by a MOU between DJJ and Children's Advocacy Center dated 10/4/2022 and corroborated by interview with the Executive Director and Deputy Commissioner. Based on the auditor's review of the MOU, as requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The agency always makes available an advocate from a children's advocacy center and does not use agency staff members to accompany and support the victim through the forensic medical examination process and investigatory interviews.</p> <p>115.321(f)(g): The agency is responsible for investigating administrative or criminal allegations of sexual abuse and does not rely on another agency to conduct these investigations.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 8.5, 22.3, and 23.1; 23.1 Attachment K; 22.3; DJJ Website Search; Information Obtained from Interviews.

	<p>115.322(a)(b): Policy 23.1 establishes that Directors ensure that all allegations of sexual abuse or sexual harassment are referred for investigation following Policy 8.5, Special Incident Reporting. The Director of Investigations ensures that all claims of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations follows the procedures in Policy 22.3, Internal Investigations. Based on interviews with the facility Director, PCM, Investigator, and random staff, all allegations are referred for investigation, and referrals of allegations to the investigative body are documented. The facility indicated in the PAQ there were (2) allegations of sexual abuse or sexual harassment reported within the past 12 months; however, further conversation with the facility Director, PCM, and investigator supervisor confirmed that there were none. The agency's PREA policy is published on the website at https://djj.georgia.gov/prison-rape-elimination-act-prea. An interview with the agency head confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment by designated DJJ Office of Investigations, PREA Unit Investigators. These investigators are required to respond immediately to allegations of sexual abuse and sexual harassment in DJJ facilities. She further explained that when there is an allegation of sexual abuse or sexual harassment, the person reporting the allegation will contact the PREA unit supervisor. The investigator will assess the information provided with the initial report to determine if the allegation is PREA related incident. If the report is an allegation of sexual abuse or sexual harassment, an investigator will be deployed to conduct interviews. The investigation process includes but is not limited to interviews, file review, camera footage review, and collection of evidence. The investigation process follows the agency's comprehensive policies outlining investigative protocols which are based on the national sexual abuse protocol guidelines, national standards, and best practices.</p> <p>115.322(c)(d)(e): The agency is responsible for conducting administrative and criminal investigations into claims of sexual abuse and does not rely on a separate entity.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 3.22, 4.1, 4.5, and 23.1; 4.2 Attachment A; Attachment G, PREA Training Series; Director's PREA Statement; JCO On-Job Training Guide; Gender Responsive Training PowerPoint; PREA 2020 Training PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; PREA Initial & Refresher Completion Roster; PREA Staff Poster; Staff First Responder Cards; Staff</p>

PREA Acknowledgements; Standards of Conduct Acknowledgements; 2017 Annual PREA Compliance Training; Quarterly PREA Compliance Manager Training PowerPoints and Agendas; PCM Attendance Rosters; Observations During Site Visit; Information Obtained from Interviews.

115.331(a)(b)(c)(d): Policy 23.1 establishes that all staff must be able to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Staff is required to complete the PREA Training Series as listed in Attachment G, PREA Training Series annually, which is above and beyond the requirements of this standard. Through employee signature or electronic verification, employees document that they understand the training they have received. In addition to the required classroom and computer-based training, the OJT curricula include information about the resident's rights to be free from sexual abuse and sexual harassment. The OJT Training Guide packet verifies that employees who may have contact with residents receive comprehensive on-the-job training on the dynamics of sexual abuse and sexual harassment in juvenile facilities, common reactions of juvenile victims of sexual abuse and sexual harassment, 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, how to avoid inappropriate relationships with residents. The OJT curricula and the Gender Responsive training include communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains 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 and on relevant laws regarding the applicable age of consent. Employees receive PREA training through multiple courses: JCO On-job Training; Gender Responsive Training PowerPoint; PREA Training PowerPoint; Sexual Harassment Training; Modules 1-6 PREA Training Curricula. The agency provides all staff with Staff First Responder Cards to keep with them. The training resources provided reviewed by the auditor were found to be comprehensive and inclusive of all required topics outlined in this standard. Due to the extensive, multiple PREA training courses available and the annual training requirement for staff, the agency exceeds the provisions of this standard. The Auditor reviewed training records for (40) employees and verified they had the required initial PREA training. Additionally, the facility provided a spreadsheet including (65) employees, which is used by HR to track employee training and backgrounds. These records combined verify that all employees received initial training upon hire. Of these, (53) completed the refresher training through their annual in-service and the remaining were hired within the past 12 months and are not due for in-service yet. When reviewing the (40) HR files for background compliance, the Auditor observed they contained employee-signed acknowledgment forms indicating their knowledge of the PREA standards. Interviews with random staff confirmed they were knowledgeable to the PREA training provided and were able to articulate correctly the definitions of PREA, dynamics of sexual abuse and sexual harassment in juvenile facilities, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish

	<p>between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents, and their responsibilities as a first responder. In addition to the staff training, the PREA Coordinator's office holds ongoing quarterly training for facility PCMs. The auditor reviewed (6) training agendas and PowerPoints as well as attendance rosters. Interview with the agency's statewide PREA specialist confirmed that all PCMs are required to attend and take back the information to the facility level for dissemination to aid as refresher training.</p> <p>Based on the review and analysis of the evidence, the facility and agency are compliant with all requirements of this standard. Additionally, based on the extensive and comprehensive multiple PREA training courses provided to all employees, annual PREA training requirement, and ongoing quarterly PCM training, the facility and agency exceed the provisions of this standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 2.2, 4.1; 14.3, and 23.1; 2.2 Attachment F; Training Records; PREA Acknowledgement Forms; List of Contractors; Memo - No Volunteers; Information Obtained from Interviews.</p> <p>115.332(a): Policy 23.1 establishes that 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. There are (10) medical contract and (2) contract maintenance staff at the facility and (0) approved volunteers. The contract maintenance staff are responsible for ensuring that any service contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. These records are maintained by the PCM. Interviews with (4) contractors and (1) service contractor confirmed their awareness of the agency's zero tolerance for sexual abuse and sexual harassment, and their duties and responsibilities should they become aware of an incident.</p> <p>115.332(b)(c): Policy 23.1 establishes that the level and type of training provided to volunteers, interns, and contractors is based on the services they provide and their level of contact 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 how to report sexual abuse. Volunteers complete the online PREA training and Policy 14.3, Citizen and Volunteer Involvement, Attachment C, Volunteer/Guest Consent, and PREA Acknowledgement. Contractors and Interns who have contact</p>

	<p>with residents must complete PREA training as required by Attachment G, PREA Training Series previously outlined in 115.331. The HUB E-learning System (CBT) tracks PREA Training and at the end of the lesson and captures electronic signature that the contractor/volunteer/intern understands the training they have received. The on-site Training Coordinator verifies that all staff completed the required training according to the level of contact and within the established time frames. The auditor reviewed training documentation for (11) contractors who received training within the audit period. The contractors and volunteers who have contact with residents receive the same comprehensive training annually that the staff is required to take, which is above and beyond the requirements of this standard. Additionally, the auditor reviewed the contractor acknowledgement statement for a contractor interviewed during the on-site audit.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard and exceed provision (b) of this standard by ensuring that interns and volunteers receive the same comprehensive training as staff.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 13.32, 15.4, 18.30, 23.1, and 22.1; 22.1 Attachment C; 23.1 Attachment H; Female & Male Break the Silence Poster English/Spanish; Training Curricula by Age; RYDC Student Handbook (English & Spanish); Training Curricula End Silence, Youth Speaking Up About Sexual Abuse in Custody; Intake Flyer English/Spanish; Youth Safety Guide (PREA); Youth Safety Tips Poster; PREA Poster; Youth Poster No Means No English/Spanish; Video: PREA Youth Education; Commissioner's Video; Youth Orientation Statements; Protocol for Educators; Teacher Certifications; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.333(a)(b)(e): Policy 23.1 establishes during the intake process, youth will receive 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. Based on an interview with the Intake Officer, within the first two hours after arrival, each youth is shown the Commissioner's Video on sexual abuse prevention and given the intake packet, which includes PREA handout materials in an age-appropriate format. The Agency PREA Coordinator authorizes all materials used during orientation and during the comprehensive training. The auditor reviewed the training and informational literature and curriculum used to convey the PREA message to youth and found it comprehensive and age-appropriate. The youth are allowed and even encouraged to ask questions about the video and information provided and is asked to sign the PREA</p>

Acknowledgement Statement (Attachment H) documenting this orientation has occurred. The auditor reviewed the Commissioner's Video and the informational handouts, available for both genders and various age ranges. The facility indicates that (349) residents were received in the past 12 months, and all received the required information at intake. Policy 23.1 establishes within 72 hours of the intake process, 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 facility indicates that (151) residents received the comprehensive PREA training within 72 hours of arrival. The materials inform the youth of the agency's protocol for responding to such incidents. The auditor reviewed records for (56) youth and found signed Youth Acknowledgement Statements verifying that residents received and understood the age-appropriate orientation on the date of arrival. Of these records, (53) youth received comprehensive PREA education within 10 days of arrival. All youth are informed during their initial meeting with a counselor about the emotional support services that are available to them using an outside community resource; signed training records for (82) youth documented the PREA education is provided to youth within 10 days of their arrival. These signed Acknowledgement Statements are scanned into the youth's JTS file.

Interviews and documentation revealed that the facility exceeds this standard due to youth being provided initial education within (2) hours of arrival; a comprehensive education within 24 hours of arrival; the comprehensive education by either the counselor or education within 72 hours of arrival; residents who are housed longer than 45 days are enrolled in an additional comprehensive PREA group; and youth are periodically required to take a PREA booster class. Interview with the PCM and counselor confirmed that any youth involved in a PREA incident will be re-educated. A mock education session was provided for the auditor by the PCM. It was explained that the initial comprehensive education is provided in a one-on-one setting and that the PREA class is a group setting provided by education. Providing the education one-on-one allows the staff to ensure the youth understands the information being provided and any learning disabilities or other comprehension barriers can be addressed. Interviews with residents confirmed they were informed of the zero-tolerance policy and how to report incidents of sexual abuse or harassment during intake upon arrival at the facility. They were well informed on their rights to be free from sexual abuse and sexual harassment while at this facility, and the various methods that could be used to make reports including by phone, in person, verbally, in writing, or using a third party. All you stated that they have contact with a friend or relative on the outside regularly and understood that they could have them make a report on their behalf. These interviews further confirmed that they were aware of the emotional support services in the community that are available to victims of sexual abuse. They all understood that they can safely make a report and participate in an investigation without being retaliated against. The facility maintains documentation of each youth's participation in the orientation, and the facility case manager documents the youth's participation of the comprehensive education in the youth's record within the computerized management system, JTS.

	<p>115.333(c): Between December 17, 2012 - December 19, 2012, the designated PREA training was delivered to all youth housed at a DJJ facility and documented by signed PREA Acknowledgement Forms as a baseline for the agency's initial PREA roll-out. The same intake and orientation process is repeated each time a youth transfers from another facility.</p> <p>115.333(d): Policy 23.1 establishes that 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 as outlined in Policy 13.32, Special Education Services. In addition, accommodations will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. Interview with the PCM and education staff confirmed that accommodations will be made for any youth as required. There were no youth at the facility within the audit period who had a hearing or vision disability. Youth with learning or cognitive disabilities are worked with one-on-one to deliver the training in a manner to ensure their understanding. There have been no LEP youth at the facility within the audit period.</p> <p>115.333(f): Policy 23.1 establishes that the facility Director will ensure key PREA information is continuously available or visible to youth through posters, student handbooks, or other written formats. The auditor observed the "Break the Silence" poster, "No Means No" poster, "Youth Safety Tips" poster, and "Zero Tolerance How-To-Report" poster (English and Spanish) placed throughout the facility in readily accessible and conspicuous locations such as the housing units, multi-purpose room, education, and medical. Additionally, handout literature was observed in the library, education, and staff offices. Conversations with youth and staff confirmed that these posters are posted at all times and not just because of the audit. They explained that if someone removes a poster that another will be posted right away. The PCM stated she monitors these postings on a regular basis to ensure they remain accessible.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the facility exceeds provision (a) of this standard.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.42; 22.1, 22.3, and 3.22; 3.22 Attachment B; GBI Evidence Protocol; GBI Operations Support; Investigations: Modules 1-6 Investigation Training; PREA Training Matrix; DOJ Letter - Investigator Training</p>

	<p>Requirements; List of PREA Investigators; Investigator Training Records; Information Obtained from Interviews.</p> <p>115.334(a)(b)(c): Policy 23.1 establishes that 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 the District Attorney's Office for prosecution following Policy 22.3, Internal Investigations. All PREA investigators must complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" within 60 days after the hire date. The DJJ Office of Investigations has a PREA Investigative Unit to Investigate PREA allegations statewide comprised of a Team of five investigators and an investigator supervisor. The auditor reviewed the training records provided for all (6) investigators to indicate their completion of basic PREA and annual refresher training and certificates documenting their completion of the NIC investigator's training. Interviews with the PREA Investigation Unit Supervisor and with a unit assigned investigator confirmed that all Investigators in the unit have the required specialized investigations training and additional specialized training including Fundamentals of Criminal Investigations, Interviews and Interrogations, Commercial Exploitation of Children, Child Sexual Abuse Prevention, PREA Management Training, Sexual Assault Investigations, Crime Scene Processing, Responding to Sexual Assaults, Victim Assistance Training, Investigation and Prosecution of Child Abuse, Investigation and Prosecution of Child Abuse, Investigations of Crimes Against Children, and Crime Scene Photography. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b). Additionally, (14) additional investigators of the Office of Investigations received specialized training as confirmed by auditor's review of the certificates provided.</p> <p>115.334(d): The agency is responsible for conducting investigations related to sexual abuse; therefore, the facility meets this standard through non-applicability.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard and exceeded provision (b).</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 23.1; List of Medical and Mental Health Staff; List of Mental Health Staff; Augusta Medical College Contract; NIC PREA Certificates; PREA

	<p>Training Matrix; Modules 1-6 PREA Training; Information Obtained from Interviews.</p> <p>115.335(a)(c): Policy 23.1 establishes that the Office of Medical Health Care Services full, part-time, and all contract staff is required to complete the National Institute of Corrections (NIC) online training PREA: Medical Health Care for Sexual Abuse Victim in a Confinement Setting, and the Office of Behavioral Health Services full, part-time, and all contract staff is required to complete the NIC online training PREA: Behavioral Health Care for Sexual Abuse Victim in a Confinement Setting, within 60 days after hire date. Documentation of completion is maintained in the staff file for this training. There are (10) medical and mental health staff who regularly work at the facility. The facility indicates that 100% of the medical/mental health staff have received the required training. Training records were provided for these staff, verifying they received the initial PREA and refresher training and the designated specialized training. The established training curriculum meets all topic requirements of this standard. Interviews with the Health Services Managing Director, Nurse Manager, and two Mental Health Counselors confirmed their knowledge of the topics covered in the specialized training for medical and mental health.</p> <p>115.335(b): The facility/agency staff does not conduct forensic medical exams.</p> <p>Based on the review and analysis of the evidence, the facility and agency has demonstrated compliance with all provisions of this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 11.1, 11.2, 12.10, 15.6, 17.1, 17.3, 23.1, and 23.3; PREA Screening Reports (PSR); Custody and Housing Reassessment; Transgender/ Intersex Declaration; PREA Screening Report User Guide; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.341(a): Policy 23.1 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the PREA Compliance Manager will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Facility Director, Lieutenant Level or higher designee, and PREA Compliance Manager review the PREA screening report to make the final determination of the youth's vulnerability to victimization. When a youth is admitted to a secure facility, the youth is screened for vulnerability to victimization and sexually aggressive behavior before room assignment. The PREA Compliance Manager reviews room assignments by staff to determine a youth's potential for victimization or predatory behavior and ensures that they are placed appropriately. All youth are afforded a single occupancy room. Policy 17.3</p>

establishes that a Housing Assessment is completed for all youths before assigning them to a room. This assessment is used to determine the appropriate housing placement within the facility and is used for both assessment and reassessment. The Custody Assessment is used in conjunction with the Housing Assessment to ensure the safe placement of youth. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each youth upon admission and then again every 90 days or more often when required. The facility indicates that (349) youth entered the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The Auditor reviewed records for (59) residents and found that all had risk assessment completed. However, the records indicated that all had not been completed within the required 72 hours. According to a memo from the facility Director dated November, 2023 and a subsequent interview, an internal audit revealed that the facility was non-compliant with completing the risk screenings within 72 hours with the reason being that only (1) staff was certified to complete them. The Director put a Corrective Action in place to ensure risk screenings are completed within 72 hours by designating and training (2) additional staff and a protocol that the ADP/PCM will monitor for continued compliance. During the on-site audit, the auditor requested additional screening records and observed improvement in the practice; however, the records reviewed were at a 70% compliance rate for the 72 hour time-frame. As a result, the auditor requested an extended monitoring and for the facility to provide additional records during the post-audit period. During the post audit period the facility provided the auditor with a list of new arrivals since the on-site audit. There were (20) youth who had been processed in intake between January 7-February 8, 2024. The PSR was provided for auditor's review for these (20) residents and the auditor found that they were all completed within 72 hours. The Auditor reviewed the Custody and Housing Assessments for (53) residents and found them compliant with the agency's policy requirements and that periodic reassessments are conducted.

115.341(b)(c): Policy 23.1 states that youth vulnerability assessments will be conducted and documented by generating the PSR. The Auditor reviewed the PSR form and the User Guide for completing the screening and found the instrument to be objective and to ascertain the required information delineated in this provision, including prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the youth's perception of vulnerability; and any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths. Interviews with the intake officer, medical and behavioral health, JDC, and PCM confirmed that all questions from the risk screening instrument are covered with each youth based on their

	<p>assigned sections, the collective information is computed to determine a youth's risk level.</p> <p>115.341(d): Policy 23.1 establishes that the youth's information will be ascertained through conversations with the youth during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or Juvenile Tracking System (JTS). Information from the screening and other resources is populated into the youth PSR. Interviews with the PREA Coordinator, PCM, JDCs, medical staff, and behavioral health staff confirmed that information is entered into the system at each level of interview and assessments conducted upon the youth's arrival to a facility, to include information obtained from reviewing court records, case files, and behavior records, which collectively produces the PSR and subsequently determines the youth's risk for sexual vulnerability or aggressiveness.</p> <p>115.341(e): Policy 23.1 establishes that the facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and instructions from the PCM. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. During staff interviews, the auditor confirmed that all staff is aware of the sensitivity of this information and the need to distribute it to only those parties with a need to know, and as dictated by policy or situation requirements. During interviews with youth, the auditor observed that they felt comfortable talking to staff and believed that sensitive information would not be exploited.</p> <p>Based on the review and analysis of the evidence, the facility is compliant with all provisions of this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 15.11, 17.3, 18.4, 23.1, and 23.3; 23.3 Attachment A; 23.3; SOGIE Forms; Custody and Housing Assessments and Re-Assessments; Transgender/Intersex Declaration; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.342(a): Policy 23.1 establishes that the PCM will disseminate the PREA Screening Report (PSR) results to the facility management team on a need-to-know basis. An interview with the PCM confirmed she had implemented a system that ensures that staff members working directly with the youth are advised of the status of at-risk youth or youth posing a risk to others. The facility treatment team members and program and supervising staff continually review the youth's</p>

adjustment within the facility. All information obtained during these reviews is used to make housing, bed, program, and work assignments to keep all youth safe from sexual abuse. Interviews with programming and security staff confirmed that staff works closely together to communicate and share necessary information that can impact the safety of youth and staff at the facility. The auditor reviewed the Custody and Housing Assessments for (59) youths to assess the housing and placement needs of the youth initially and periodically. These are conducted at least every 90 days, or more frequently for cause.

115.342(b)(h)(i): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility shall clearly document the basis for the facility's concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. The facility does not have a designated isolation area, the resident would be segregated in his/her assigned room. Interviews with medical and mental health staff confirmed that they make rounds at least once daily, if not more frequently, for any youth in isolation status, regardless of the reason. Interviews with the Director, PCM, security staff, and JDCs confirmed that youth would not be denied any services during isolation status, but if exigent circumstances existed where services were unable to be provided, they would be appropriately documented. The facility indicated on the PAQ and during interviews that no residents were placed in isolation status for being at risk of sexual victimization during the audit period.

115.342(c): Policy 23.1 establishes that each youth in a secure facility will be housed based on their custody and housing assessment. Custody and housing assignments are not based solely on the youth's sexual orientation or gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments and screenings. The facility makes individualized determinations about how to ensure the safety of each youth. LGBTI youth are not placed in particular housing, bed, or other assignments solely based on such identification or status, nor does the facility consider LGBTI identification or status as increasing the risk of being sexually abusive. Although there were no transgender or intersex residents housed at the facility during the on-site audit, the facility provided files for (2) transgender youth who were housed at the facility during the audit period. Each file included: Transgender Declaration Preference Form; SOGIE Assessment; PREA Acknowledgment Statement; Certificate of PREA Education; Emotional Support Notification; Orientation Acknowledgment Statement; Consent to disclose confidential information, a PSR, and a Custody and Housing Assessment. In addition to the risk assessment, the facility was able to provide additional resources (TG Declaration and the SOGIE assessments) to determine housing, bed and program assignments.

115.342(d)(e)(f)(g): Policy 23.1 establishes that when assigning a transgender or intersex youth to a male or female facility, staff considers 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. Such placements and programming assignments are reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration is given to the youth's views concerning their safety. Interviews with the PREA Coordinator, Classification Director, Director, PCM, JDCs, and medical and behavioral health staff confirmed that each youth is assessed individually and given a treatment plan that considers all information available to staff and the youth's own perception of safety and needs when making decisions about where they will be housed. No youth at the facility identified as LGBTI during the audit for the Auditor to interview. Policy 23.3 further establishes that placement and programming assignments for transgender or intersex youth will be reassessed at least every 30 days, or as needed, based on the safety and well-being of the youth, by the PCM and the facility leadership team in consultation with the youth's treatment team to review any threats to safety experienced by the youth. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's gender identity but on the youth's safety and well-being. All housing decision reviews are documented in JTS. Since policy requires that transgender or intersex youth be reassessed at least every 30 days, this exceeds provision (e), which requires the reassessment to occur at least twice yearly. Transgender and intersex youth will be allowed to shower separately from other youth based on interviews with staff. The facility showers allow for individual showers and only one resident is allowed in at a time. Although there were no transgender or intersex residents housed at the facility during the on-site audit, the facility provided (2) transgender files from previous transgender youth and the files included: Transgender Declaration Preference Forms; SOGIE Assessment; PREA Acknowledgment Statements; Certificate of PREA Education; Emotional Support Notification; Orientation Acknowledgment Statement; Consent to disclose confidential information. Interviews with the ADP/PCM explained that the Treatment Team is a multi-discipline committee, including central office members, that convenes to discuss, among other topics, housing and programming needs of residents. Once a transgender or intersex resident is identified, the committee convenes to guide decisions surrounding the transgender's SOGIE form requests and preferences as well as housing and programming placements. The auditor interviewed other participating members of the committee and found that factors considered when making housing decisions include review of the risk assessment (PSR), Transgender Declaration Form, SOGIE assessment, and an interview with the youth to understand their own individual concerns.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the Auditor finds that the agency exceeds based on the requirement for programming and placement reassessments of transgender and intersex youth monthly, which exceeds the twice-per-year requirement of the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: Policies 8.5; 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1, and 17.1 Attachment A; Ombudsman Call Report; Consular and Trade Offices Contact Information/Manual; Outside Advocacy Services Pamphlet; See Something Say Something Pamphlet; MOU: DJJ and Children's Advocacy Centers (CAC); Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.

115.351(a): The DJJ provides multiple internal ways for youth to report sexual abuse, retaliation by other youth or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to an incident of sexual abuse that is easily understood, private, and secure. Youth assigned to a secure facility may report sexual abuse or seek relief against retaliation by completing a Help Request Form; using the grievance process; telling a counselor, community case manager, medical or mental health staff, Director or Assistant Director, Parent/Guardian, Chaplain or Minister, facility PREA Compliance Manager, or any trusted adult; calling the external toll-free number to the National Sexual Abuse Hotline; Calling the DJJ Office of Victim Services, toll free at 1-866-922-6360; writing to the DJJ Ombudsman Office at the Central Office or calling toll free at 1-855-396-2978. Written correspondence is also an acceptable avenue for residents to report sexual abuse and harassment outside the facility and agency. To comply with the standard, the facility ensures that youth's correspondence addressed to the designated external reporting entity remains unopened. The Auditor observed multiple postings throughout the facility, in common areas, and in each housing unit, which included these various reporting methods. In addition to signage, reporting method information is available through pamphlets, the resident handbook, and other written material. The auditor reviewed a call report from the Ombudsman Manager, indicating their office received no PREA-related reports within the prior 12 months. The auditor's test of the phone system found the phones were in working order and gave specific prompts to reach the various entities where the caller could make a complaint. The auditor completed a successful call to the Ombudsman's Office, Victim Services Office, and RAIN. Residents are not charged for calls to these offices, and the caller may remain anonymous if they choose. Interviews with youth confirmed they were knowledgeable of the variety of ways they could make a report of sexual abuse and harassment.

115.351(b): DJJ provides multiple ways for residents to report abuse or harassment to a public or private entity or office not part of the agency. These resources include Victim Services Office, CAC Child Enrichment, Ombudsman, and the National Sexual Assault Hotline. Policy 23.1 establishes that 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 as confidential as possible. The methods established for this purpose include calling the external toll-free number to the National Sexual Abuse Hotline;

Calling the DJJ Office of Victim Services, toll-free at 1-866-922-6360; writing to the DJJ Ombudsman Office at the Central Office or calling toll-free at 1-855-396-2978. As a part of civil immigration resources, the facility maintains a copy of the United States Department of State Consular Notification and Access book, which was provided to the Auditor for review along with contact information. The Auditor verified this information is made available at the facility for youth who are non-citizens. The facility also has a pamphlet with the toll-free number for the U.S. Immigrations and Customs Enforcement (ICE).

115.351(c)(d): Policy 23.1 establishes that all Facilities/Programs/Offices shall comply with DJJ 8.5, Special Incident Reporting when reporting sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports, occurring on DJJ or DJJ-contracted property. Policy 8.5 states that all staff, volunteers, interns, and contractors having first knowledge of an incident or receiving a report of an alleged incident will report immediately as outlined in the specific protocols and follow up with a written report (SIR). The staff member filing the SIR will verbally report the incident to their immediate supervisor. The staff member will record the supervisor's name on the SIR as being notified of the incident. The staff supervisor will provide a verbal report to the Director or designee as soon as possible when the incident includes a situation alleging any PREA-related incident, including allegations of sexual harassment and retaliation. Random staff interviews confirmed all were aware that they would accept reports made verbally, in writing, anonymously, and from third parties and prompt notification would be made to their supervisor with the report being put into an SIR before their shift ended. The Auditor's review of Policy 15.4 and interviews with staff confirmed that youth can possess writing utensils.

115.351(e): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents by using the Stop Crime Online, the Intelligent Tip Line Form, or a third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. Staff is informed of these procedures through policy and training. The auditor completed a test of the Tip Line by completing the online form and an intel officer responded promptly and explained any PREA complaints received through the TIP Line would be forwarded to the Office of Investigations PREA Unit. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may also be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.stat.ga.us or by calling 1-855-396-2978. The auditor placed a call to the Ombudsman's Office and sent an email. The call was returned and the email was responded to promptly. The manager explained that the email and phone is monitored 8:00 a.m. to 4:30 p.m., Monday-Friday. Random staff (14) interviews confirmed they are aware they may go outside of their chain of command should they feel it is necessary and privately report sexual abuse and sexual harassment of youth.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 15.2 and 23.1; 15.2 Attachment A; 115.352 PREA Accountability Statement; ARYDC Student Handbook English and Spanish; Grievance Log 2022-2023; ARYDC Student Handbook English and Spanish; Grievance 11/24/2023; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Youths are allowed to submit a grievance regarding an allegation of sexual abuse and/or sexual harassment at any time, regardless of when the incident is alleged to have occurred. 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. Policy 15.2 Grievance Process indicates a directive clarifying that any grievance that involves PREA shall follow the procedures in Policy 23.1, Prison Rape Elimination Act, rather than the procedures of Policy 15.2, Grievance Process. The facility indicated no sexual abuse or sexual harassment related grievances were received during the audit period; however, during interviews with the grievance coordinator it was revealed that a resident had submitted a sexual harassment complaint on a grievance form. The facility clearly documented that this complaint was forwarded immediately upon receipt to the agency's Office of Investigations, PREA Unit for investigation. Review by the PREA Unit Investigator determined the complaint did not meet the definition of a sexual harassment and closed. Based on the FAQ published July 19, 2022, interview with the PREA Coordinator and PCM, and language in the agency's grievance process policy, the agency is exempt from 115.352. Grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of retrieval, and assigned for investigation following agency protocols.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 15.11, 15.3, 15.5, 15.6, 15.7, 15.9, and 23.1; 23.1 Attachment F; 2021 CSEC Response Pamphlet; Consular and Trade Offices Contract Information/Manual; CSEC Response Contact Sheet and Comprehensive Assessment; First Responder Guide; Help Requests; Outside Advocacy Services Pamphlet; Staff First Responder Cards; Youth Consent to Disclose Protected and Confidential PREA Information; MOU Children's Healthcare of Atlanta; MOU</p>

Children's Advocacy Centers (CAC) Child Enrichment (Augusta); Observations During Site Visit; Information Obtained from Interviews.

115.353(a)(b): Policy 23.1 states that the facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, and for youth detained solely for civil immigration purposes, immigrant services agencies. During orientation at each facility, staff informs youth of the extent to which such communications will be monitored. The facility allows reasonable communication between the youth and these organizations in as confidential a manner as possible. Upon arrival at each DJJ facility, youth are advised that while in DJJ facilities, they are under constant supervision by staff and other electronic equipment. Youths are further advised that DJJ is required by law to report all allegations of abuse as mandatory reporters. Interviews with JDCs confirmed they will arrange an unmonitored phone call with an advocate if the youth requests. Contact information for all advocacy resources available to youth is posted on the housing units and other common areas. During the site review, the auditor observed posted signage throughout the facility with instructions, including phone numbers and mailing addresses, for civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services. The information was found to be readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Signage was posted in all areas frequented by persons confined in the facility, including housing units, multi-purpose room, education area, counselor's offices, medical, and the gym. Additionally, the signage was found to be age-appropriate reading level. During resident interviews, all youth referred to the signage posted and were able to explain to the auditor about the availability of emotional support services. An interview with the designated administrative staff who handles mail explained that the youth may correspond by mail confidentially with their attorney, legal guardian, or an outside advocate. Youth explained they could write a letter to anyone on the outside and put it in the designated box for processing, although none has used the mail service. A request for envelopes, writing utensils, and paper can be made through any staff. They understood that they could talk with a mental health counselor at the facility, but also knew that there were child advocacy groups available in the community for their use as well. One of the youth interviewed services are being provided by the outside agency and these calls are facilitated through the caseworker or mental health counselor. DJJ does not house youth who may be held for civil immigration purposes. The outside emotional support service contract is accessed by the resident making a request through staff at the facility or by contacting the Ombudsman's Office. The auditor successfully placed a call to the Ombudsman's Office and confirmed that they would facilitate putting a resident in contact with advocacy services upon request. Interviews with medical and mental health staff, case workers, ADP/PCM, and the Director confirmed that staff informs youth during intake and before giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including

	<p>any limits to confidentiality under relevant federal, state, or local law. All youth were aware that disclosure of any kind of abuse would have to be reported by staff. The auditor contacted the Child Enrichment Advocacy Center in Augusta and spoke with the Executive Director. She explained that a designated staff member would contact them directly if their services were needed. We reviewed the services outlined in the MOU and the Executive Director confirmed that these services are available. She also stated there had been no request for services within the audit period. Any special accommodations to ensure communication (Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills) would be arranged by the DJJ.</p> <p>115.353(c): Policy 23.1 states that each facility must establish an MOU with the nearest Rape Crisis Center to offer youth the required services. DJJ partners with Georgia's Commercial Sexual Exploitation of Children (CSEC) for advocacy services statewide. As the CSEC Response provider for the state of Georgia, the CSEC Response Team, a program of the Children's Advocacy Centers of Georgia (CAC), provides direct services for victims in the form of assessment, intensive case management, and advocacy; and facilitates training and outreach to help build infrastructure and community capacity at their 52 child advocacy centers. The Child Enrichment Advocacy Center of Augusta is the designated provider for this facility for emotional support services. DJJ also partners with Children's Healthcare of Atlanta, Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations, behavioral health assessments and counseling, and medicine and distance learning. In addition, the National Sexual Assault Hotline (RAINN) will provide phone counseling services through the posted hotline number. Youth interviewed by the Auditor knew about these services and how to access them.</p> <p>115.353(d): The facility provides youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in Policy 15.3, Youth Access to Courts and Counsel; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; and Policy 15.7, Access to Telephone and corroborated during interviews with the facility Director, PCM, case managers and Regional Administrator.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 8.5; 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1, and 17.1 Attachment A; Ombudsman Call Report; Consular and Trade Offices

	<p>Contact Information/Manual; Outside Advocacy Services Pamphlet; See Something Say Something Pamphlet; MOU: DJJ and Children's Advocacy Centers (CAC); Third-Party Tip Line Pamphlet; Agency Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.354(a): Policy 23.1 establishes that a staff, parent/guardian, youth in the community, or a residential community placement may use Stop Crime Online, the Intelligent Tip Line/Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.state.ga.us or by calling 1-855-396-2978. In addition, this information is found on postings at the facility's main entrance and in visiting areas, as well as on the agency's public website. The TIP-Line was set up to provide another channel for reporting sexual abuse, sexual harassment, staff misconduct and policy violations. Information shared on the DJJ TIP-Line can include victims' names and identify their alleged assailants, so the TIP-Line can actually result in arrests and prosecutions. If our staff or public partners have something important to report and they want to keep it anonymous, all they have to do is fill out the email form on the TIP-Line site. The auditor placed a test call from the facility housing unit phone, from outside the facility, and sent an email directly to the ombudsman's office, and completed the TIP form. The hotline was answered by an automated system with a prompt to leave a message. The auditor received confirmation that the test by all methods was received, and had it been an actual report, would have been sent directly to the Office of Investigations, PREA Unit. A report provided by the Ombudsman's Office confirms there were no 3rd party reports received on behalf of a youth regarding sexual abuse within the audit period.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.5, 8.9, and 23.1; 8.5 Attachment B; 8.5 Attachment J; Georgia Child Protective Services Memo; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a): The facility requires all staff to report immediately, following policies 8.5 and 8.9, 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</p>

or retaliation. All staff and practitioners must report sexual abuse to designated supervisors or the PREA Unit Field Supervisor. Interviews with (14) random staff, and (4) supervisors confirmed they were all aware of the agency's requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Additionally, they understood this includes any retaliation, staff neglect, or violation of responsibilities that may have contributed to an incident. None of the staff interviewed had received these types of reports within the audit period but knew their responsibilities and explained what steps they would take to report the incident. Staff explained they were trained on these procedures and how to comply with mandatory reporting laws when they were hired and during their on-the-job training.

115.361(b)(d)(e): Policy 8.9 establishes that the DJJ shall utilize a standardized process for reporting and responding to child abuse allegations. All suspicions of child abuse, child neglect, youth-on-youth sexual penetration, youth-on-youth sexual contact, penetration by staff/contractor/volunteer/intern, and staff/contractor/volunteer/intern sexual contact involving any DJJ youth shall be reported immediately in compliance with Georgia law. Any sexual contact between staff and youth, regardless of whether it is consensual, is prohibited and is subject to administrative sanctions and criminal prosecution. Policy 23.1 establishes that upon receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and the alleged victim's 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 caseworker 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 the allegation. Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors. Interviews with the Medical Director, Nurse Manager, and two mental health professionals confirmed that limitations of confidentiality is explained prior to each assessment and session; as a mandatory report, they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. When completing the required SIR, all staff must complete the JPPS/Court notified and Parent/Guardian notified sections. According to Policy 8.9, reportable incidents to the Department of Family and Children Services (DFCS) must be made within 24 hours. An interview with the facility Director confirmed that upon notification of a sexual allegations, she will notify the Regional Administrator, DJJ PREA Investigations Unit, The Department of Family and Children Services (DFACS), and the Georgia Mandated Reporter Form will be completed. Additionally, the youth's parent or legal guardian will be notified in accordance with DJJ policy. She further stated if a juvenile court retains jurisdiction over the victim, the allegation would be reported to the juvenile's attorney or other legal representative of record. The facility indicated no sexual abuse or sexual harassment allegations reported to have occurred at the facility during the audit period. In cases where youth reported prior sexual abuse during intake, an SIR was

	<p>completed, and notification was made according to the state's mandatory reporting laws and DJJ policy as outlined above. The facility Director also explained that these allegations would be reported immediately, usually within an hour of becoming aware of the incident and collecting the pertinent information for an informed notification, but never more than 24 hours. During an interview with the ADP/PCM she explained that as mandatory reports a Child Abuse Reporting Form is completed once staff learns of an incident and a call is made to DFACS as well as a call and email is sent to the Office of Investigations. Parents and legal guardians are notified unless there is official documentation that they should not be. If the victim is under the guardianship of the child welfare system the youth's caseworker would be notified within 24 hours; and the juvenile's attorney or other legal representative would be notified within 14 days if the juvenile court retains jurisdiction.</p> <p>115.361(c): Policy 23.1 establishes that staff is 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, and all staff interviewed were knowledgeable of this requirement. In addition, policy 8.5, Attachment J provides a specific Chain of Command Notification list and protocol for incidents to ensure the parties who need to be made aware of an incident are notified. Random staff and supervisory staff interviewed were well trained on the prohibition to share information related to a sexual abuse report to anyone outside of the need-to-know parameters and understood there would be disciplinary consequences if they violated this policy.</p> <p>115.361(f): All allegations of sexual abuse on DJJ property, in DJJ custody, or a residential program contracted by DJJ, including third-party and anonymous reports, must be reported to and will be administratively and criminally investigated by the DJJ Office of Investigations. The facility indicated no sexual abuse or sexual harassment allegations were made during the audit period. The auditor confirmed all third-party reports will be forwarded directly to the PREA Investigations Office during an interview with the facility Director.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.7, 8.9, 23.1, and 23.2; 18.7 Attachment B; Youth Safety Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): Policy 8.7 establishes that the DJJ shall ensure that all youth have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Staff will ensure that youth who make such notifications are protected</p>

	<p>by utilizing the least restrictive alternative and that the situation is addressed as soon as possible. Each youth is afforded a single occupancy secure room. An interview with the agency head found that when a resident is subject risk of imminent sexual abuse, the facility is trained to respond immediately, with no delay, make an initial assessment which includes speaking with the youth. This assessment will determine if a change in housing, facility, treatment, or services provided is needed. In the interim, the PREA Compliance Manager will monitor the situation. The initial assessment, which includes speaking with the youth, will determine if there should be changes in housing, facilities, treatment, and services. The facility Director explained that a notification of the threat will immediately be made to the Regional Administrator and a request for transfer the youth to another facility will be made if the youth cannot be housed safely at the current facility. The youth will be separated from the threat, mental health will be notified, medical will be notified, and the shift will be briefed on the situation. The (14) random staff and (4) supervisory staff explained that they would separate the youth from the danger and secure them in either their room or in a staff area under direct staff supervision awaiting further direction from the facility Director. Staff are trained to respond to reports of substantial risk of imminent sexual abuse immediately. The facility reports that no instances were reported that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Policy 23.1 establishes that upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Director of the facility that received the allegation will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation. The facility will document that it has provided the required notification. The facility indicated that they had not received an allegation that a youth was abused while confined at another facility. An interview with the facility Director confirmed there had been no allegations reported of this nature, but if a report is received then she would notify the Director of the other facility and the Office of Investigations.</p> <p>115.363(d): The agency policy requires that allegations received from other agencies or facilities are investigated following the PREA standards. The facility</p>

	<p>indicated that no allegations were received from other facilities claiming sexual abuse or sexual harassment occurred at this facility. Interviews with the agency head and facility Director confirmed that the allegations would be forwarded to the Office of Investigations, and it would be investigated, regardless of where it was alleged to have occurred.</p> <p>Based on review and evaluation of the stated evidence, the facility and agency are compliant with all requirements of this standard.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 23.2 Attachment A; Facility Coordinated Response Plan; Staff First Responder Cards; 115.364 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.364 (a)(b): Policy 23.1 establishes that the staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation. The first direct care staff member to respond to the allegation will take immediate action to protect and ensure the victim is safe and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; request that the alleged victim, and ensure that the abuser, does not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating if the abuse occurred within a period that still allows for the collection of physical evidence; and, if the first staff responder is a non-direct care staff member, ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff. As there were no allegations of sexual abuse reported within the audit period, there were no staff who had acted in a role as a first responder to interview. The auditor interviewed (14) random staff (10-security/4-non-security) and asked them to explain what they would do if they were the first person to learn that a youth has allegedly been the victim of sexual abuse. All (14) staff were able to walk the auditor through the first responder steps as outlined in the DJJ 23.1 policy and according to the training they have received from the agency. They all knew to keep the alleged victim separated from the alleged perpetrator and how to preserve/protect evidence. All said that they would immediately notify the security supervisor on duty and then get the victim to medical. While the agency provides staff with 1st Responder Pocket Cards, none of the staff interviewed needed to refer</p>

	<p>to the card while explaining their responsibilities.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 115.365 PREA Acknowledgement Statement; Facility Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.365(a): Policy 23.1 establishes that the facility will use the Sexual Abuse Coordinated Team Response (23.1, Attachment M) to respond to all sexual incidents. This plan outlines the procedures and specific duties of the First Responders, Control Room Operator, Medical Staff, Mental Health Staff, Administrative Duty Officer, Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members. The Auditor reviewed a signed and approved Attachment M, Sexual Abuse Coordinated Team Response form, and found it complete and comprehensive; this plan has been reviewed and signed by the designated team members and the agency's PREA Coordinator with the last review being conducted in February, 2023. Interviews with the Regional Administrator, the facility Director and these team members confirmed a thorough knowledge of their roles and responsibilities in response to a sexual abuse incident.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; 115.366 PREA Accountability Statement; Information Obtained from Interviews.</p> <p>115.366(a): Policy 23.1 establishes that 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</p>

	<p>with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Based on interviews with the Agency Head and the PREA Coordinator, the auditor further confirmed that DJJ is not involved in collective bargaining.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment L; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Policy 23.1 establishes that facility Directors, facility PCMs, 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. After a resident report of alleged sexual abuse or sexual harassment, designated staff must complete the 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. Monitoring for retaliation shall start immediately once an allegation of sexual abuse or sexual harassment has been made. Policy 23.1 further establishes that retaliation monitoring shall last at least 90 days. Monitoring termination can only occur before 90 days if the investigation has determined that the allegation is unfounded, or the person (youth/staff) is no longer at the site. Monitoring can occur beyond 90 days if there is reason to believe retaliation or fear is an ongoing concern or if there are any extenuating circumstances. The PCM is the designated retaliation monitor for the facility, but all of the Treatment Team will participate and provide information during the monitoring period. An interview with the PCM confirmed that during monitoring the conduct and treatment of a resident or staff who reported sexual abuse and sexual harassment is observed; she monitors for disciplinary reports, housing or program changes, or any negative performance reviews. With staff, she will monitor for any reassignments of duties. An interview with the agency head confirmed the agency/facility will monitor the situation and remove any parties that are involved in inciting fear among staff or youth. If the local staff are not able to conduct the monitoring, the agency PREA Coordinator or the Director of the Office of Victim Services will conduct the monitoring. If retaliation is found to occur, then it will be immediately forwarded to the Office of Investigations. The facility Director explained that measures taken to protect youth from retaliation might include housing changes, transfer to another facility, increased CCTV monitoring, instituting a Special Management Plan, and no contact orders. The facility indicated no sexual abuse or sexual harassment allegations were made during the audit period;</p>

	<p>therefore, no monitoring was necessary.</p> <p>Based on a review and analysis of the evidence, the facility and agency have met all requirements of this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5, 8.7, 8.8, 23.1, and 23.2; 115.368 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility must clearly document the basis for the facility’s concern; the reason(s) why no alternative means of separation can be arranged, and a weekly determination of whether there is a need for continuing separation from the general population. This weekly meeting is a function of the Treatment Team which also invites parent involvement. Medical and mental health make daily visits with youth who are on any type of segregated housing status for any reason. The facility indicated no incidents where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the audit period. In addition, interviews with the Regional Administrator, Director, PCM, JDCs, and security staff clearly articulated to the auditor that the facility does not place youth in segregated housing/isolation based on an allegation of sexual. There is no isolation/segregation unit at the facility so no designated staff to interview for this purpose. There were no residents held in isolation status during the past 12 months.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5; 22.1; 22.3; and 23.1; 23.1, Attachment K, Requirements of a PREA Case; 115.371 PREA Accountability Statement; Specialized Training for Investigations Curricula; Specialized Investigation Training Certificates;</p>

Observations During Site Visit; Information Obtained from Interviews.

115.371(a)(c)(d)(k): The agency has a policy related to administrative and criminal investigations. Multiple policies cover the procedures used to effectively ensure investigations are completed promptly, thoroughly, and objectively. Policy 23.1 establishes that 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 the DJJ Office of Investigations. Investigations will be conducted following the agency's Policy 22.3, Internal Investigations, and Policy 8.42, Crime Scene Preservation. Policy 23.1, Attachment K, outlines the requirements of a PREA case and provides guidance for descriptions and definitions and the investigation requirements based on the type of allegation reported. Additionally, Policy 23.1 establishes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. During interviews with the Office of Investigations PREA Unit supervisor and field investigations supervisor the auditor confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data in the course of their investigation. Interviews are conducted with alleged victims, suspected perpetrators, and witnesses and investigators review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the 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 facility indicated no sexual abuse or sexual harassment allegations were made during the audit period. The auditor confirmed zero incidents report during interviews with the facility Director and investigators.

115.371(b) Agency policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. 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 the District Attorney's Office for prosecution. Documentation of each investigator's training is maintained by the Office of Investigations. The Office of Investigations has a specialized unit to handle PREA investigations consisting of (5) investigators and (1) investigator supervisor. All (6) investigators have completed the NIC Investigating Sexual Abuse in a Confinement Setting training. Additionally, (14) additional certificates were provided for review to indicate that all investigators complete the specialized training.

115.371(e)(g)(h)(i): Policy 23.1 establishes that the investigator will produce a final investigative report within the established timeframes for the completion of the investigation unless time is extended in writing by the Commissioner or designee. 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 physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. DJJ employees are required to cooperate with investigative efforts and compelled interviews will only be conducted after

	<p>consultation with prosecutors. When the quality of evidence appears to support a criminal prosecution, Investigators are required to submit the case for administrative action or referral to District Attorney’s Office for prosecution. An interview with the Office of Investigations PREA Unit supervisor and the field investigations supervisor confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. The supervisor also confirmed that there were no substantiated cases referred for the prosecution at this facility during the audit period.</p> <p>115.371(f): Policy 23.1 establishes that 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. An interview with the PREA Investigations Unit Supervisor and the field investigations supervisor confirmed that credibility assessments for victims, suspects, and witnesses are being made based on the facts presented and not based on their status as a resident or staff. Both were able to explain methods for determining the credibility of a witness.</p> <p>115.371(j): Policy 23.1 establishes that DJJ will retain all written investigations and 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. This was further confirmed during an interview with the PREA Investigations Unit Supervisor.</p> <p>115.371(k):</p> <p>115.371(m): The DJJ Office of Investigations conducts its own investigations and outside agencies are not responsible for investigating sexual abuse that occurred within the facility; therefore, this provision is not applicable.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment K; 115.371 PREA Accountability Statement; Information Obtained from Interviews.</p> <p>115.372 (a): Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview</p>

	<p>with the Office of Investigations PREA Unit Supervisor confirmed that the investigators use a preponderance of evidence standard when substantiating a case. The facility indicated no sexual abuse or sexual harassment allegations were made during the audit period, which was confirmed during an interview with the Investigator.</p> <p>Based on the review and analysis of the evidence, the facility and agency has demonstrated compliance with this standard.</p>
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115.373	Reporting to residents
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	Evidence Reviewed: Policy 23.1; 23.1 Attachment I; Information Obtained from Interviews.
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	<p>115.373(a)(e): Policy 23.1 establishes that the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. There were no sexual abuse investigations closed during the audit period at the facility; therefore, no resident notifications were made. An interview with the facility Director and (2) investigators determined that once an investigation is concluded, the Office of Victim Services is responsible for generating the notification to the resident of the outcome. The auditor interviewed the Office of Victim Services Director and confirmed that a representative from their office will make the notification to the victim of the outcome of the investigation. There were no notifications processed during the audit period.</p>
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	115.373(b): The DJJ Office of Investigations conducts all investigations, therefore, the facility meets this standard through non-applicability.
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	<p>115.373(c)(d)(f): The review of the Resident Notification of Investigation Outcome form, confirms that the facility notifies the alleged victim whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p>
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	Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 3.80 and 23.1; 115.376 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.376(a)(b)(c)(d): Policy 23.1 establishes that staff will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency's sexual abuse or sexual harassment policies, following Policy 3.80, Employee Progressive Discipline. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be 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. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation would be reported to the appropriate law enforcement agency and any relevant licensing bodies unless the activity was clearly not criminal. There were no substantiated sexual abuse allegations involving staff at this facility during the audit period, nor any violations of the policies relating to sexual abuse or sexual harassment. Interviews with the agency head, PREA Coordinator, Regional Administrator, Investigators, and facility Director confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously and are dealt with swiftly.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 14.3 and 23.1; 115.377 PREA Accountability Statements; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.377(a)(b): Policy 23.1 establishes that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer following 14.3, Citizen and Volunteer Involvement, the facility will take appropriate remedial measures and</p>

	<p>consider whether to prohibit further contact with youth. There were no substantiated cases involving volunteers or contractors or violations of related policies within the audit period. Interviews with the agency head, PREA Coordinator, Investigator, and Director confirmed that contractors and volunteers who violate sexual abuse policies would be terminated from access to the facility and reported to law enforcement as applicable and any relevant licensing body when required.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.8, 23.1, and 16.05; 16.05; 115.378 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.378(a)(d)(f): Policy 23.1 establishes that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre adjudicated youth will not be placed in a treatment program for sexually harmful behavior. The Director of the Office of Investigations refers youth for criminal prosecution when appropriate. There were no disciplinary actions for sexual abuse to review because there were no substantiated allegations perpetrated by a resident during the audit period. The facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility offers counseling services for youth with sexually abusive behavior, and these are not tied to any rewards-based behavior management system to access treatment. There were no substantiated allegations; therefore, no youth were disciplined or received counseling for this purpose.</p> <p>115.378(b): Policy 8.8 governs the use of isolation for youth. Before placing a youth in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. Youth in isolation will be observed, and behaviors documented at irregular 15-minute intervals or following any suicide precautions that are in place for the youth. A medical services staff shall be notified immediately when any time a youth requires isolation. Notification will include a verbal assessment of the youth to medical services staff. Behavioral health and nursing staff will evaluate the youth for clinical stability following each 4-hour reauthorization which will be documented in an Isolation Consultation</p>

progress note. Interviews with mental health and medical staff confirmed that visits to youth in isolation are performed at least daily but generally more frequently. The policy requires that youth have access to legally required educational programming, special education services, and daily large-muscle exercise. Interviews with the facility Director, PCM, JDCs, and security staff confirmed that youth placed in isolation are monitored strictly by the established policies, and they are allowed daily large-muscle exercises. The facility provided the Behavioral Infractions Grid used to determine codes and severity ratings of infractions and to determine sanctions appropriate to the offense. No youth received disciplinary sanctions for sexual abuse within the audit period.

115.378(c): Policy 16.5 establishes that the hearing officer will consider extenuating circumstances when imposing sanctions, such as age, mental condition, prior record of conduct, etc. If the youth is on the mental health caseload, his primary clinician should be present at the hearing to act as an advocate when possible. If it is determined that the youth cannot understand the proceedings or present a defense because of disability, the hearing officer will appoint a staff member to act as an advocate. An interview with the disciplinary hearing officer and behavioral health practitioner confirmed these procedures are implemented at the facility; no disciplinary proceedings were held for sexual abuse infractions by a youth within the audit period.

115.378(e): The agency uses the disciplinary procedure for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility had (1) substantiated allegation of a youth inappropriately touching a staff member in a sexual nature. An SIR was completed, and a disciplinary report was written.

115.378(g): The agency uses the disciplinary procedure for consensually engaging in sexual activities. The facility provided the Behavioral Infractions Grid indicating sexual activity among youth is prohibited and violates the facility rules. While non-coerced sexual activity among youth is prohibited, these acts are not considered sexual abuse by the agency for investigative purposes.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 8.5, 11.1, 11.2, 12.10, 22.3, and 23.01; 23.01 Attachment F; 8.5 Attachment I; 115.381 PREA Accountability Statement; Mental Health Evaluations for B6P Coded SIR; Consent to Disclose Protected & Confidential PREA Related Information; Victim Services Brochure; Observations During Site Visit; Information Obtained from Interviews.

115.381(a)(b): Each youth entering a facility, whether a new admission or a transfer from another facility, will receive a medical screening, mental health screening, and PREA risk screening. Policy 23.1 establishes that if the youth discloses prior sexual victimization or sexual abuse during intake, medical/mental health screening, or health history, whether it occurred in a facility setting or the community, staff will ensure the youth is referred for medical and mental health services within 72 hours of the screening. Staff must address the youth's prior sexual victimization and document the youth's response in the JTS notes. The facility indicated on the PAQ that 100% of those who reported prior victimization received follow-up services. Youth are screened by medical within two hours of arrival during intake. An interview with the Medical Director, HSA, and (2) mental health counselors found that referrals to mental health for youth with history of sexual victimization is made within 72 hours and the youth is seen within 14 days after the referral. The auditor reviewed mental health evaluations for the (12) youth who disclosed prior sexual victimization during their intake screening (B6P Codes); these evaluations clearly documented the referrals were made in a timely manner and who was notified as a result of the information being disclosed. Youth interviews further confirmed that upon disclosure of prior sexual victimization to a staff member, they were seen by medical and then later were seen by mental health practitioner for an evaluation.

115.381(c)(d): If a youth discloses prior sexual victimization or abuse during a medical evaluation, mental health assessment, or at any time, the staff will report the abuse according to Policy 8.9, Child Abuse Reporting. For youth over 18, staff obtains informed consent from the youth before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others providing care and treatment who need to know. Each youth, during intake, signs the Consent to Disclose Protected & Confidential PREA Related Information that explains mandatory reporting laws and limitations of confidentiality; the auditor reviewed (54) signed forms. The facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. During interviews with the PCM, intake clerk, mental health staff, and medical staff, they auditor confirmed that information obtained during the intake and screening process is protected and only disseminated under strict guidelines, within mandatory reporting guidelines, and when needed to further the individual's treatment.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: Policies 2.10 and 23.1; 23.1 Attachment M; 23.2 Attachment A; 115.382 PREA Accountability Statement; MOU CAC Child Enrichment of Augusta; Information Obtained from Interviews.</p> <p>115.382(a)(b)(c): Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy 23.1 establishes that the facility Director will ensure that victims of sexual abuse, while confined, shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, following professionally accepted standards of care where medically appropriate. If there is an allegation of a sexual assault within a 72-hour time frame, the youth will be sent to the Emergency Room for any necessary treatment, an examination, 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. An interview with the agency's Medical Director confirmed that a resident who experiences sexual abuse will be taken to the local hospital Augusta University Medical Center for treatment. Interviews with the facility Director, PREA Coordinator, medical staff, and the investigator supervisor explained that an advocate from the local CAC will be dispatched to the local hospital to ensure that a SANE/SAFE examiner is available. The auditor corroborated by phone call to University Hospital of Augusta that a youth confined to Augusta RYDC would receive timely, unimpeded access to emergency medical treatment. An interview with the Nurse Manager confirmed that youth would be offered timely information access to sexually transmitted infections prophylaxis at the local hospital, then the facility will provide follow-up treatments according to the physician's orders. These services will be provided timely and consistent with professionally accepted standards of care. No youth received emergency medical treatment for sexual abuse within the audit period.</p> <p>115.382(d): Policy 23.1 and 2.10 collectively establish that forensic medical examinations and treatment services are offered without financial cost to the youth. This was further confirmed through interviews with the nurse manager.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 2.10, 23.1, and 23.2; NIC PREA Certificates; Practitioner Credentials; List of Medical and Mental Health Staff; Observations During Site Visit; Information Obtained from Interviews.

115.383(a)(b)(c)(f): Collectively, policies 23.1 and 23.2 establish that 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). Any youth believed to have been sexually assaulted shall be immediately referred to the onsite health care staff for initial screening. Appropriate first aid or emergency care will be provided, and then the youth will be sent to a hospital for further examination, treatment, and forensic evidence collection, as appropriate. Medical services staff will deliver follow-up care and treatment. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offer pregnancy prophylaxis. Policy 23.1 states that the facility Director will ensure that victims of sexual abuse, while confined, shall be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care, where medically appropriate. Medical services staff will provide appropriate follow-up care and treatment. The youth's physical and emotional status will be assessed at the follow-up appointment. The provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed. The facility has Qualified Mental Health Providers who provide ongoing assessments and treatment for victims of sexual abuse. Interviews with medical and mental health staff confirmed that evaluations and treatment of sexual abuse victims, including follow-up care, regardless of where the abuse occurred, will be provided to youth at a standard comparable to community service levels; additionally, when necessary, they will make referrals for continued care after the youth leaves the facility. Interviews with medical and mental health staff confirmed that evaluations, treatment, and referrals are offered timely and according to community level standards.

115.383(d)(e): The facility houses male only. However, the agency policy provides that female victims of sexual abuse will be offered a pregnancy test. If pregnancy results from sexual abuse while confined, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the medical department. This provision is applicable to the agency, but not the facility.

115.383(g): Policies 23.1 and 2.10 establish that forensic medical examinations and treatment services are offered without financial cost to the youth.

115.383(h): 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, based on policy review and interviews with mental health staff. This time frame exceeds the 60-day requirement of this standard. In addition, interviews with mental health staff confirmed that a behavioral health evaluation would be conducted with a known abuser within 24 hours of being notified. Interviews with (2) mental health counselors confirmed that youth who have a history of perpetrating sexual abuse receive an evaluation and are referred for treatment if the evaluation deems it necessary.

Based on the review and analysis of the evidence, the facility and agency have

	demonstrated compliance with all provisions of this standard.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment J; 23.1 Attachment M; 115.386 PREA Accountability Statements; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c): Policy 23.1 establishes that each facility and community residential provider will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. 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. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. There were no allegations of sexual abuse reported during the audit period. The review team consists of the Director, Assistant Director, Captain, Mental Health Practitioner, Lead Nurse, Lieutenant, and Counselor.</p> <p>115.386(d)(e): The Sexual Abuse Coordinated Team Response (23.1, Attachment M) provides directions consistent with the requirements of this standard for the Incident Review Team. The Auditor reviewed the Sexual Abuse Incident Review Team Meeting Minutes (23.1, Attachment J), which provides the designated team in reviewing the case. This form requires the team to consider all actions delineated in 1-5 of provision (d). The completed form constitutes the written report of the team's findings and any improvement recommendations. This report is submitted to the Director and PCM. An interview with the Regional Administrator and PCM confirmed that any reasonable recommendations made by the PREA Incident Review Team would be implemented. Interviews were conducted with (4) incident review team members (PCM, Captain, Mental Health Counselor and the Lead Nurse) and they were all knowledgeable about their responsibilities as a review team member.</p> <p>Based on the review and analysis of the evidence, the facility demonstrated compliance with all provisions of this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K; PREA Annual Report - 2022; SSV Report 2022; DJJ Website Search; Information Obtained from Interviews.

	<p>115.387(a)(b)(c)(d)(e)(f): Policy 23.1 establishes that 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), following Policy 8.5, Special Incident Reporting. The SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. 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. The auditor was provided the most recent SSV requested by DOJ (2022) for review. An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. She further confirmed the SSV is completed and submitted to the DOJ as requested. The most recent Annual Report is for the 2022 reporting year and is consistent with all requirements of this standard. The yearly comparison report began in FY2013 and has been produced consistently since inception.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.5 and 23.1; 2022 Annual Report; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.388(a)(b): Policy 23.1 establishes that 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 and maintain a current link on the DJJ website to provide PREA information to the public. The auditor reviewed the 2022 Annual Reports and found they include a comparison of the current year's data and corrective actions with those from prior years. The yearly comparison report began in FY2013 and has continued consistently since inception. Specific information from all reports is redacted to prevent any threat to the safety and security of secure facilities, community residential programs, court service offices, and youth and staff. The PREA Annual Report contains no information concerning staff and youth personal identifiers. Additionally, the Annual Report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.388(c)(d): Policy 23.1 establishes 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. Before making aggregated sexual abuse data publicly available, the agency removes all personal</p>

	<p>identifiers. Interview with the PREA Coordinator and review of the 2022 Annual Report confirmed it was approved by the Agency Head prior to publishing. Additionally, a web search found the 2022 Annual Report published on the agency's public website.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.389	Data storage, publication, and destruction
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policies 5.1; 23.1; DJJ Website; 2022 PREA Annual Report; 2022 SSV; Information Obtained During Interviews.</p> <p>115.389(a)(c)(d): Policy 23.1 establishes that the agency will maintain sexual abuse data collected under 115.387 for at least ten years after the date of its initial collection, following Policy 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required ten years, the agency will maintain data on all staff, contractors, volunteers, and interns who committed sexual abuse or sexual harassment of youth for an additional five years after the staff, contractor, volunteer, and intern no longer work or are involved with the agency. According to the PREA Coordinator, all data collected is securely retained in the agency's computer database with restricted access. Paper files are stored securely locked filing cabinets in a secured room with limited access.</p> <p>115.389(b): The requirement for PREA compliance and data collection at the community sites began in 2023; therefore, no sexual abuse data collected from contracted facilities prior to 2023.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: DJJ Website Search; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): The agency ensured that each facility operated by the agency or by</p>

	<p>a private organization on behalf of the agency was audited at least once during the most recent PREA cycle. Also, approximately one-third of each facility type was audited each year, to include community contracted group homes. The last PREA Audit for this facility was conducted on March 8, 2021 with a final report date of May 4th, 2021. Based on the projected schedule and interview with the PREA Coordinator, each facility will be audited at a rate of one-third per year during the current audit cycle.</p> <p>115.401(h): The auditor was provided a complete tour of the facility and surrounding grounds and allowed access to all areas.</p> <p>115.401(m): A private office near the housing units was provided to the auditor for the purpose of conducting interviews with residents. The room was comfortable and allowed the auditor to privately interview each individual.</p> <p>115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility on November 8, 2023 with posting instructions. These notices were posted per the auditor's instructions on November 9, 2023 and photos of the postings were provided to the auditor by email for verification of posting. These postings were observed by the auditor during the site visit posted in the areas required. The auditor further verified that the youth and staff interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the auditor confidentially. During interviews with the mail staff and PCM, the auditor confirmed that youth can correspond with the Auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Website Search; Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through a search of the agency's public website and an interview with the PREA Coordinator that Final Audit Reports of all DJJ facilities are posted on the agency's website at https://djj.georgia.gov/prea-reports.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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
115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to 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
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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
115.352 (b)	Exhaustion of administrative remedies	

	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.)	na
	Does the agency always refrain from requiring an 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.)	na
115.352 (c)	Exhaustion of administrative remedies	
	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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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.)	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.)	na
115.352 (e)	Exhaustion of administrative remedies	

	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.)	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.)	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.)	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.)	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.)	na
115.352 (f)	Exhaustion of administrative remedies	
	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.)	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.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	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.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following 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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes