

PREA Facility Audit Report: Final

Name of Facility: Cadwell Regional Youth Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 06/17/2024

Date Final Report Submitted: 11/14/2024

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 R. Shaver	Date of Signature: 11/14/2024

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	04/30/2024
End Date of On-Site Audit:	05/01/2024

FACILITY INFORMATION	
Facility name:	Cadwell Regional Youth Detention Center
Facility physical address:	2839 Railroad Avenue, Cadwell, Georgia - 31009
Facility mailing address:	

Primary Contact

Name:	Gary Darrisaw
Email Address:	garydarrisaw@djj.state.ga.us
Telephone Number:	478-689-4750

Superintendent/Director/Administrator	
Name:	Gary Darrisaw
Email Address:	garydarrisaw@djj.state.ga.us
Telephone Number:	478-689-4750

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

Facility Health Service Administrator On-Site	
Name:	Jimmy Boone
Email Address:	jimmyboone@djj.state.ga.us
Telephone Number:	478-689-4750

Facility Characteristics	
Designed facility capacity:	56
Current population of facility:	51
Average daily population for the past 12 months:	50
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
<p>Age range of population:</p>	11-19 year old
<p>Facility security levels/resident custody levels:</p>	All
<p>Number of staff currently employed at the facility who may have contact with residents:</p>	56
<p>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</p>	1
<p>Number of volunteers who have contact with residents, currently authorized to enter the facility:</p>	1

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

Agency Chief Executive Officer Information:	
<p>Name:</p>	Shawanda Reynolds-Cobb
<p>Email Address:</p>	shawandareynoldscobb@djj.state.ga.us

Telephone Number:	404-508-7200
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Agency-Wide PREA Coordinator Information			
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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:	
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10	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.312 - Contracting with other entities for the confinement of residents • 115.331 - Employee training • 115.332 - Volunteer and contractor training • 115.333 - Resident education • 115.334 - Specialized training: Investigations • 115.367 - Agency protection against retaliation • 115.371 - Criminal and administrative agency investigations
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	<ul style="list-style-type: none">• 115.373 - Reporting to residents• 115.386 - Sexual abuse incident reviews
Number of standards met:	
33	
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:	2024-04-30
2. End date of the onsite portion of the audit:	2024-05-01

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:	Stepping Stone Child Advocacy and Sexual Assault Center Children's Healthcare of Atlanta/Stephanie V. Blank Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	56
15. Average daily population for the past 12 months:	50
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	54
19. 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:	1
20. 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:	34
21. 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
22. 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
23. 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
24. 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:	0

<p>25. 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>1</p>
<p>26. 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>4</p>
<p>27. 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>4</p>
<p>28. 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>29. 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>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. 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>54</p>
<p>31. 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:</p>	<p>5</p>

<p>32. 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:</p>	<p>11</p>
<p>33. 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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected youth that met any target categories and identified their current housing assignment. Then selected additional youth from each of the housing units taking into consideration factors such as age, race, ethnicity, and length of time in the facility.</p>

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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38. 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):	<p>The auditor met no barriers to completing the interviews and ensuring representation. As there were 50 youth assigned to the facility on day one of the audit, the auditor was required to conduct interviews with at least 5 random interviewees but oversampled the female population to ensure adequate representation, resulting in 9 random interviewees.</p>
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Targeted Inmate/Resident/Detainee Interviews

39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
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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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
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<p>41. 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>8</p>
<p>42. 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>42. 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>42. 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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>43. 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>43. 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>43. 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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>44. 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>44. 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>44. 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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>45. 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>0</p>
<p>45. 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>45. 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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>46. 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>1</p>
<p>47. 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>1</p>
<p>48. 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>1</p>
<p>49. 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>49. 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>49. 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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate any youth was placed in isolation/segregation for risk of sexual abuse. Agency policy prohibits this practice.</p>
<p>50. 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 with cognitive disabilities to offset there being no residents who had a hearing or vision disability, were placed in isolation/segregated housing for being at high risk for victimization, with a sexual orientation of gay, lesbian, or bisexual, or who were limited English proficient. Additionally, some youth qualified for multiple targeted categories. Because of the small female population at the facility, the auditor oversampled targeted youth to ensure the female population was adequately represented in the samples.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>54. 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>Officers were selected from all shifts.</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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>32</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. 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>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

60. 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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Central Office Classification Director; Central Office Human Resources; Ombudsman Office Manager; Medical Managing Director; Victim Services Director; PREA Specialist; Food Service Worker; Education Supervisor; Administrative Operations Manager.
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. 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
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2

<p>62. 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 type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
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<p>63. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>64. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>65. 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>
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66. 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
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The Cadwell Regional Youth Detention Center (RYDC) was audited by Sharon Ray Shaver, Certified DOJ PREA Auditor for juvenile facilities on April 30-May 1, 2024. Cadwell RYDC is located at 2839 Railroad Avenue Cadwell, GA 31009. The facility has a 56-bed capacity with 46 male and 8 female youth residents assigned during the site visit. The facility provides temporary, secure care and supervision to youth between the ages of 11-19 who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement from Ben Hill, Bleckley, Dodge, Irwin, Jeff Davis, Johnson, Laurens, Montgomery, Pulaski, Treutlen, Wheeler, and Wilcox Counties. 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 inspection consisting of the administrative area and offices, chow hall, kitchen, control room, health services, five housing units, school, programming area, inside and outside recreation areas and intake. The facility had 311 cameras at the time of the audit. These cameras supplement direct supervision practices and are located every area of the facility where youth have access with the exception of showers and restrooms. The Auditor observed placement and views for these cameras confirmed that none allowed viewing of youth in areas where they may be undressed, showering, or using the restroom. There are three observation cells containing cameras for use by mental health. The Auditor's observation of the camera locations and positioning and observations during the site inspection found that there are no viewing obstructions, and no areas were identified that did not allow direct line of site either by staff viewing or camera viewing. Cameras are monitored by the main control room officer. Additionally, the facility Director and Assistant Director have access to view these cameras from their office computers.

which allows them to monitor and spot check critical areas throughout the day and night. The Auditor's site visit included observations of staff line of sight, blind spots, areas where youth are not allowed, indirect supervision practices, including camera placement and viewing. A clear, direct line of sight was observed everywhere and doors that were marked "No Youth Access" were controlled through restricted key access and these doors were observable by camera views; no residents are allowed in the administrative, laundry, or kitchen. The Auditor had informal conversations with the control room officer during the site inspection and discussed while observing the various camera views, the functionality of the cameras, and how determinations are made for facility and internal area movement through various access points. The Auditor tested the phones in all units and found the phone 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. Speed dialed numbers do not require the entry of the youth's identification number to place a call. The Auditor placed test calls to the Office of Victim's Services, 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 conversations also confirmed that if the phones become inoperable, once reported, service is promptly restored. The Auditor toured all areas of the facility and held informal conversations with staff and youth during the site inspection and learned that the facility is perceived as a safe place to live and work. The facility was clean and in good repair. The Auditor observed professional and engaging interaction between staff and youth. The interim report was published on June 17, 2024, at which time the facility exceeded ten standards,

115.311, 115.312, 115.331, 115.332, 115.333, 115.334, 115.367, 115.371, 115.373 and 115.386, and was out of compliance with six standards, The Auditor worked closely with the agency's PREA Specialist and facility staff to develop the Corrective Action Plan (CAP). The facility provided documentation throughout the corrective action period of implementation of the CAP, and the corrective action period ended early on November 6, 2024. After careful review and analysis of the evidence provided, the Auditor concluded that the facility had demonstrated compliance with the six standards found non-compliant during the initial audit and exceeded ten standards previously noted above.

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.

70. 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

71. 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; the auditor listed each policy referenced below including the policy title. All other documentation reviewed is noted in the individual standards sections and referenced in the narratives.

- 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

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.

72. 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	6	0	6	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	7	0	7	0

73. 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	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	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.

74. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	3	3
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	4	3

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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	9
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<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. 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)
93. 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)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no staff-on-resident harassment allegations, therefore, no files to review. There were no cases referred for prosecution or investigated criminally. The audit review period was January 1, 2023-April 30, 2024.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. 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

Non-certified Support Staff

96. 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

97. 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
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 1.2, 23.1, 23.2; Organizational Chart - Department of Juvenile Justice (Agency); Organizational Chart - DJJ Division of Professional Development (PREA); Cadwell RYDC 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 auditor's review of the policy, interviews with staff and residents, and observations</p>

	<p>during the site visit conclude that the facility takes the agency's zero-tolerance policy very seriously and cultivates a reporting culture by responding promptly and appropriately to allegations of sexual abuse and sexual harassment.</p> <p>115.311(b): The agency employs an upper-level, agency-wide PREA Coordinator, Latera Davis, Deputy Commissioner, who oversees the Division of Professional Development and Standards; she is a direct report 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 Compliance Managers in the agency's compliance efforts. Interactions occur through verbal, written, and electronic communications and through routine meetings. If there are issues with complying with a PREA standard, the PREA Coordinator will consult the Agency's Executive Leadership, policy managers and facility staff to resolve concerns. Regular and on-going communication is held with the PREA Coordinator's office and field staff for support and compliance assessments. The auditor reviewed PowerPoint presentations, agendas, and training documentation as evidence that the PREA Coordinator's office regularly meets with the PREA Compliance Managers (PCM) to keep them current with PREA matters.</p> <p>115.311(c): The facility has designated the Administrative Lieutenant, Sharon Heggs, as the PCM. The PCM reports directly to the captain, although she has a direct line of communication to the facility Director in PREA matters based on an interview with the facility Director. An interview with the PCM learned that with the help and support of the facility Director and staff team efforts, she feels she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard; additionally, the agency has exceeded based on the agency's allocation of statewide PREA staff to support the field.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policies 2.16, 20.1, 20.24, 23.1; DJJ Unannounced Virtual Audit Tool for Four Seasons, Chenault Youth Services, Right Path Oasis Group Home, Inc., and Living Our Lives; 2023 PREA Audit Four Seasons; 2023 PREA Audit Living Our Lives; RBWO Services Contracts: Right Path Oasis Group Home, Living Our Lives Community Living, Anchor of Home House, Gentle Loving Care, Four Seasons of

Love Youth Home; Unannounced Virtual Audit Four Seasons; Unannounced Virtual Audit Chenault; Comprehensive Audit Living Our Lives Community Living LLC DBA LOL; Chenault Youth Services; Information Obtained from Interviews.

115.312(a)(b): Policy 2.16 establishes that the Department of Juvenile Justice administers all contracts through two central processing points, the Office of Contracts and the Office of Procurement to ensure that the Department adheres to all local, state, and federal contracting laws, standards and guidelines and monitors all contracts for compliance. Policy 23.1 establishes that new contracts or contract renewals with public and private entities for the confinement of youth as well as contracts for professional services for youth will include the entity's obligation to adopt and comply with PREA standards. All contractors to include Residential Providers must ensure that all PREA incidents are reported to DJJ Office of Investigations. Policy 23.1 further establishes that 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. Policies 20.1, Community Quality Assurance Monitoring and 20.24, Community Residential Programs policies further direct monitoring of these contractors for PREA compliance. Based on information provided with the PAQ and confirmed through email with the Contracts Administrator, the agency has entered into or renewed (43) contracts for the confinement of residents since the last PREA audit. The Auditor's review of (6) contracts provided, (2) PREA Audit Final Reports; and (6) DJJ Unannounced Virtual Audit Reports confirmed that the contractor must fully adopt and comply with PREA standards as a condition of maintaining a contract with DJJ for housing youth in their custody. These contractors are established providers of Youth Care Services for a Child Caring Institute (CCI) Base for a Child Placing Agency (CPA) Room, Board and Watchful Oversight (RBWO). An interview with the Agency Contract Administrator and PREA Coordinator confirmed that DJJ contractors acknowledge that, in addition to self-monitoring requirements the Department 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. Community Residential Providers who have 51% or more DJJ residents will be subject to Department of Justice (DOJ) audits. Community Residential Providers are responsible for contracting with DOJ Certified Auditors to conduct an independent audit with assistance of the Agency-wide PREA Coordinator at least once each audit cycle.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. The agency exceeds based on the multi-level approach to monitoring compliance with contract facilities.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 7.6, 8.1, 8.2, 8.20, 23.1, and 23.2; Director's Accountability Statements, 115.313; 23.1 Attachment A; Secure Facility Staffing Reports; 2023 Staffing Plan Review; Secure Facility Shift Reports; Restricted Area List; Unannounced PREA Rounds Logs; CCTV Logs; Cameras and Locations; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: Corrective Action Memorandum; Corrective Action Memo, PREA Coordinator; SFS Report 04/01/2024-11/06/2024; Follow-up Interviews.</p> <p>115.313(a)(b)(c)(d): Policy 23.1 establishes 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. Policy 23.1 also 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).</p> <p>The auditor reviewed the facility's Annual Staffing Report, (documented on Policy 23.1, Attachment A) dated November 28, 2023. Additionally, the facility provided the prior year's report indicating that the annual review of the staffing plan is conducted consistently. The annual review was conducted by the Assistant Director of Security, the PCM, and the Facility Director. The Plan was reviewed and approved by the Regional Administrator, the Assistant Deputy Commissioner of Secure Facilities, and the Agency PREA Coordinator. The staffing plan is based on a bed capacity of 56. As evidenced by the annual report review and the Director's Accountability Statement, and confirmed during the auditor's interview with the Director, the management team took into consideration: 1) Generally accepted juvenile detention and correctional/secure residential practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); 6) The composition of the resident population; 7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated</p>

incidents of sexual abuse; and 11) Any other relevant factors when conducting the annual review. The documented annual staffing plan review indicated that additional direct security staff are needed to meet the required ratio for staff to youth of 1:8 awake and 1:16 sleep. The Director explained that recruitment and retention efforts were aggressively employed and that the vacant security positions are being filled. Some staff were on FMLA leave at the time the staffing review was conducted, and they have returned to work since. The Director advised the facility was able to maintain the required ratios by utilization of specially trained non-security staff, holdovers from other shifts, and callbacks or assistance from other facilities. During the site visit the auditor observed staff to youth ratios in various areas throughout the facility on first and second shifts and found the facility met the required staffing ratios. The facility enters the daily staffing into the agency's Secure Facility Staffing Report System which is the database to track staffing deviations and compliance with the required ratios. The auditor reviewed the Secure Facility Staffing Report for January 1, 2023-December 31, 2023, and the Secure Facility Shift Reports for the 1st, 10th, and 20th of each month in 2023. The reports indicate deviations from the staffing plan occurred 44% of the time within that period. Each time a deviation occurred the comments indicated how the posts were covered but did not document a justification for the deviation. During the Post-Audit Phase, the auditor requested the Secure Facility Staffing Report for January 1, 2024-May 2, 2024, and found the facility had a shift compliance of 58.28%. Based on a review of the documentation provided it appears the facility does not maintain the required ratios and meeting its staffing plan consistently. Provision (b) establishes that deviations should be under limited and discrete exigent circumstances and the staffing reports do not support that the facility is maintaining the required staffing. Additionally, the auditor requested training records for the non-security staff who are trained to augment security staff shortages and assist with youth supervision to maintain the ratio, but training records were not provided before the end of the Post Audit Phase.

The facility has a complement of 311 cameras that allow monitoring all areas of the facility where youth are allowed except for those areas where they may be undressed, showering, or using the restroom. These cameras are monitored by the main control room officer. Additionally, the facility Director and Assistant Directors have access to view these cameras from their office computers which allows them to monitor and spot check critical areas throughout the day and night. The auditor's site visit included observations of staff line of sight, blind spots, areas where residents are not allowed, indirect supervision practices, including camera placement and viewing. The auditor's observation of the camera locations and positioning found that there were no viewing obstructions, and no areas were identified that were not adequately covered by a camera. The auditor reviewed (40) pages of logbook entries between January 1, 2023-December 31, 2023, indicating that the CCTV cameras are checked multiple times per week to assess operability. Inoperable cameras are noted in the logbook and a work order is entered so the camera can be repaired. The auditor observed multiple entries on consecutive days where the same cameras were reported inoperable, which indicates the facility is operating without the benefit of camera coverage that has been calculated into the facility's staffing plan. The auditor reviewed a list prepared by the facility of all areas

with restricted access where youth are not allowed. During the site visit the auditor checked each of the (18) locations and determined that the proper signage was posted and that access to these areas are covered by video monitoring.

Corrective Action Taken (a)(b)(c): The facility provided a written corrective action plan. The plan explained that the Cadwell RYDC Director and PREA Compliance Manager will develop, implement, and document an approved staffing report that provides adequate levels of staffing. The facility will maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during sleep hours. The facility will include JDCs and Teachers that have had the PREA ratio training as needed and in accordance with the requirements of this standard, which will be documented in the SFS. The facility will document this information daily in the Secure Facility Staffing Report (SFS). The Regional Administration will ensure that the facility Director and PCM bring the facility into compliance. Additionally, the PREA Coordinator provided a memorandum regarding the facility's corrective action to support their efforts and to reinforce the expectation of compliance. During the corrective action period it was determined that there was an agency-wide issue with the way facility staff had been entering data into the SFS reporting system which was skewing the numbers and creating non-compliant ratios on the SFS reports. After an interview with the Agency's PREA Specialist the auditor learned that specialized training for all designated staff agency wide was conducted on utilization of the SFS system to ensure consistency and accuracy for reporting daily facility staffing. The SFS Report for April 1 2024 through November 6, 2024, indicated the facility maintained 99.7% compliance with staffing ratios and meeting the facility's approved staffing plan. Clear documentation was entered on the dates where deviations from the staffing plan occurred. The facility has satisfied the requirements of the corrective action plan.

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 audits. The unannounced PREA rounds logbook, or other related documentation is maintained in the main control room at all times for audits and PREA investigators' review. The auditor reviewed (43) 23.1 Attachment B, Unannounced Rounds forms completed between January 1, 2023-March 31, 2024, and found that intermediate-level/higher-level supervisors conduct and document unannounced rounds on all shifts, day and night, to identify and deter staff sexual abuse and sexual harassment. Interviews with random staff confirmed they are aware that they are prohibited from alerting other staff when these unannounced rounds occur. Interviews were conducted with the Administrative Lieutenant/PCM, ADS and ADP who explained their process for making unannounced rounds which was in alignment with the requirements of provision (e) of this standard.

	<p>After the corrective action period, a systematic review and analysis of the evidence concluded 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> <hr/> <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; Post Orders Showers; Cross-gender and Transgender Pat Search Training Curricula; Guidance on cross-gender and transgender searches; BJCOT Certificates; Sexual Orientation Gender Identity Expression (SOGIE) Assessment; Transgender Declaration of Preference; Information Observed During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(d)(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. 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. 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 facility indicates no cross-gender searches have been conducted in the last 12 months; therefore, no documented logs exist for the auditor's review. The auditor reviewed all camera views in the facility and found none that viewed an area where there is an expectation that a resident would be unclothed, including into the youths' cells. 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 auditor's review of the local shower operating procedures found it requires showers be monitored by same-gender staff.</p> <p>Interviews with (12) random staff, (3) supervisors, and facility leadership confirmed that there no opposite-gender searches were conducted during the audit period, which was further corroborated during interviews with youth. Random staff interviewed confirmed that only exigent circumstances would require cross-gender</p>

strip searches and visual body cavity searches and that they would require a supervisor's approval. They were aware that any searches of this type would be documented on a log and an SIR completed. Residents denied ever being unclothed in full view of non-medical, opposite gender staff. Random staff interviews also confirmed that staff is aware of the policy that prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The auditor interviewed (19) residents consisting of (6) females and (13) males and confirmed that they have never been searched by an officer of the opposite gender and that staff of opposite gender always announce their presence when entering resident housing unit. There was (1) transgender/fluid youth at the facility during the site visit to interview. The auditor used the Transgender, Intersex, Gay, Lesbian, and Bisexual Residents Interview Guide during the interview. The youth explained she was asked about her safety when first admitted to the facility and after disclosure of gender identify asked if she preferred living on a unit with females or males. The youth stated that she felt more comfortable being on a male unit. The youth was placed in general population. All youth are afforded a single room at Cadwell RYDC, and each room is equipped with its own shower. The only unclothed body search that has been conducted was upon arrival at the facility and routine when all the other youth are searched during a housing unit search. She did not think that any search was conducted to determine her gender. Based on interview with the youth and review of the SOGIE Assessment and Transgender Declaration of Preference form found in the youth's file records, the youth preferred to be searched by a male officer. The auditor reviewed the resident's file and found documented evidence of communications between facility staff and the transgender youth since her stay. This information is further documented in 115.342. The facility Director stated all shifts are staff so that same-gender searches are always conducted.

During the site visit, the auditor observed areas used to conduct strip searches and pat-down searches and assessed whether opposite-gender staff can watch the conduct of a strip search, absent exigent circumstances. Unclothed body searches are only conducted in the youths' cells or in the intake area and always by same gender staff. The auditor observed that searches are obstructed from cross-gender viewing and that breasts, genitalia, or buttocks are not readily distinguishable. The auditor also reviewed camera views from the central control and found no views were observable into areas where a resident may be undressed, taking a shower, using the toilet, or during an unclothed body search. This was also confirmed through informal conversations with staff who stated they have never encountered a time when they observed a youth undressed. During the site visit, the auditor observed opposite-gender announcements being made when entering a living unit, the shower area, and the medical unit. Conversations with staff found they all make their appropriate opposite gender announcements and have not participated in or observed any opposite-gender strip searches or viewing at the facility. During the site visit, the auditor observed opposite-gender announcements when female staff entered a living unit and the medical unit. Cadwell RYDC youth rooms are all equipped with a toilet, sink, and shower. Toilets are installed in a position so that viewing is partially obstructed by the bed and youth are provided a safety shower

	<p>curtain to provide privacy but allows the officer to account for the youth.</p> <p>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 training for Cross-Gender and Transgender Pat Searches Slides; Cross-Gender Pat Search Training Video; Limits to Cross-Gender Viewing and Searches Training; Guidance on Cross-gender and Transgender Searches Facilitator Guide and found the content to adequately train staff on procedures for conducting proper searches. 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 and this was verified by the auditor's review of the cross-gender searches staff training roster. Interviews with (12) random staff confirmed that staff received this training during their initial basic training at the academy and were knowledgeable of the policy as well as local procedures for searching youth, including transgender and intersex youth. This module is a part of the overall JCO training received at the academy which is completed prior to graduation and certification as an officer. The facility provided (5) certificates for new officers who completed JCO training at the academy in 2023.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 13.32, 15.7, 15.10, 23.1; Teaching Certificates; Intake Flyers (English & Spanish) PREA Posters and Handouts (English/Spanish); Rights of Youth; DJJ Website Translations; Email Deaf Hard of Hearing ACA; Contracts with Ad Astra; Lionsbridge; Interpreters Unlimited; Observations During Site Visit;</p>

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 develop 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.

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 English proficient (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 develop 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. The Department's website has translation services via Google translation in seven languages. The auditor reviewed the contracts with DJJ and Ad Astra, Lionsbridge, and Interpreters Unlimited for Translation, Interpretation and Sign Language Solutions. The facility provided the auditor with the teaching certificate for the Special Education Teacher. The facility indicated that no LEP youth was assigned to the facility during the audit period, which was also confirmed during an interview with the Lead Teacher. Additionally, during the on-site audit, there were no youth housed who met this targeted category.

The auditor obtained a youth roster by housing unit from the facility on day one of the site visit. The auditor also requested a list of all youth with a disability and who are identified as LEP. The facility provided the requested lists with the following findings: hearing impaired (0); vision impaired (0); physical disability (1); receiving mental health services (34); on a special education plan (13); LEP (0). Based on the auditor's observations during the site visit, informal conversations with staff and residents during the site visit, and a review of the demographics noted on the youth roster, the auditor found no evidence to contradict the targeted categories listed as none. For interviews in these targeted categories, the auditor randomly selected youth from the targeted categories (8-cognitive disability; 1-physical disability). In addition to utilizing questions from the Juvenile Resident Survey found on the PRC website when conducting these interviews, the auditor used asked questions from the targeted resident questionnaires. All (9) youth confirmed that they were informed about the zero tolerance for sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment during intake by the intake officer on the day of their arrival. They told the auditor that the information was explained to them in a one-on-one setting by the officer going over the zero-tolerance form at the intake desk and then was provided the additional education and watched a video with the JDC on the next day. These youth explained to the auditor that the information was clear and that each of the staff members had explained the information in a manner that they understood. Based on documentation in these youth's files and conversations with the youth, JDC, and intake officer, no special accommodation was required during the delivery of the PREA education.

The agency holds multiple interpreting contracts where an interpreter may be used to deliver the PREA information or for translating written documents. The auditor confirmed that all youth received the intake education in a method in which they understand, regardless of disability or language barriers. The JDC explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking youth in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters are available, if needed. Skilled educators/staff are involved in providing the required information to youth with cognitive or functional disabilities which was corroborated during interviews with the Lead Teacher and Special Education Teacher. The facility provided teaching certificates for (6) teachers

indicating (3) of them were certified Special Education. Informal conversations with staff and youth confirmed initial PREA education is provided during intake and reviewed again during orientation. The collective of all interviews confirmed the agency ensures that residents are educated regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, as outlined in the documentation review of this standard. The PCM provided the auditor the instructions for accessing the interpretation services. If youth require interpretation services they will coordinate with their JDC who will bring them to their office and access the service. The housing unit telephones provide speed dialing instructions in both English and Spanish.

An interview with the Agency Head confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She also spoke about the procedures in place to ensure meaningful and full access to the agency's sexual safety efforts and resources. An interview with the intake officer revealed that she delivers the initial PREA information to youth upon arrival and explained that she makes every effort to ensure that the information is delivered in an appropriate manner so that youth understand. She stated she has not had a youth that required special services in order to provide the information. Interviews with the Special Education Teacher and PCM confirmed that there were no youth housed at the facility who required interpreter services during the audit period all aspects of the PREA program.

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 (JDC). Facility Directors are required to 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. Policy prohibits the use of youth 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, the performance of first-responder duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented. The auditor observed the contact information for the interpreter service providers posted in the intake area, control room, medical department, and counselors offices for use by staff as needed. There were no instances where resident interpreters, readers, or other resident assistants were used or needed during the audit period. The auditor learned through interviews with staff that interpretation services will be made readily available to residents with the assistance of education, medical, mental health, or counseling staff when needed. Random staff (12) interviews confirmed they knew how to access interpreter services should they be required. They also confirmed the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English

	<p>proficiency when making an allegation of sexual abuse or sexual harassment was prohibited.</p> <p>A systematic review and analysis of the evidence concluded 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> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 3.52, 5,9,14.3, 23.1, 22.3; 23.1 Attachment D; Initial Background Employee File Audit; PREA Employment Questionnaire; List of Employees and Contracted Staff 5-YR BGs; Email re: Electronic PREA Questionnaires; Child Protective Services Memo; Observations During Site Visit; Information Obtained During Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: CAP Memorandum; Memorandum, Office of Human Resources Director; New Hire Packets (4); Follow-up Interviews.</p> <p>115.317(a)(b)(f)(g): 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. Policy 23.1 establishes that during the interview process, facilities/programs will ask all applicants and prospective employees about previous sexual abuse misconduct. 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 PREA Pre-Employment Questionnaire is now available to be completed in the Background Check Application System (BCAS) for candidates selected for hire or promotion with DJJ. When candidates/employees/vendors are sent the background check link via BCAS, candidates will also be prompted (and required) to complete the PREA Pre-Employment Questionnaire questions. The form is stored electronically within BCAS and includes the following questions 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in such activity. Staff or contractors who omit material regarding sexual abuse and sexual harassment or provide materially false information will be terminated. The auditor reviewed (13) randomly selected</p>

personnel files and observed completed PREA Employee Questionnaire forms in each file to indicate that applicants were asked directly about any misconduct outlined in provision (a).

An interview with the HR Tech II confirmed the facility considers prior 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. The interview confirmed that candidates involved in a prior incident of sexual harassment would require special approval to be employed or promoted and that the decision would be made out of central office. The agency's database is checked for incidents of sexual harassment prior to promoting an internal candidate. She explained that employees are required to disclose any previous misconduct and 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. She further confirmed that employees are screened by DHS for CPS involvement. During interviews with (12) randomly selected employees the auditor confirmed that they are aware of their continuing affirmative duty to disclose any misconduct as outlined in provision (a) of this standard as well as omissions and presentation of materially false information is grounds for termination.

115.317(c)(d)(e): Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed. Policy 3.52 requires reference checks to be conducted by making 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. 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. The Auditor reviewed the procedure from the Georgia Department of Human Services confirming the facility employees are screened for Child Protection Services (CPS) involvement.

The facility provided (7) examples of medical contractor background checks that were approved before hire with the PAQ during the PRE-Audit Phase. Of the documents provided, (5) had current background checks with (2) being 5-year checks; (2) did not have an updated 5-year check. During the site visit, the auditor reviewed additional contractor files and found out of (3) maintenance contractors, (1) was current and (2) were past the five-year requirement; (2) other contractors had evidence of contractor training but no evidence of background clearance. The auditor also requested and reviewed additional contractor records (5) and found this sample supported background checks were conducted prior to enlisting services. The auditor reviewed personnel records for (13) employees and found that background clearance was obtained for all (13) with (2) files indicating a promotion within the last 12 months and an updated background clearance was conducted at the time of promotion. The auditor reviewed the facility's Employee Personnel File Audit which is used to track the five-year background checks and found background checks had been updated on 12/31/2023 for all (54) employees. Of personnel files

reviewed, (4) applicants indicated they had prior employment at a correctional facility. These (4) files contained completed Reference Check forms. For (3) employees the response to the question about substantiated sexual abuse stated "none"; for (1) the response was N/A; for (1) only one of the two institutional employers were checked. The HR Tech II explained that the N/A noted was intended to be noted as none. She further explained that for the employee who had only one reference check, the employee's most recent job during the application process was with DJJ; therefore, the check should have been done during that hire. Additionally, during the auditor's interviews with random staff, (1) officer indicated prior employment at a correctional facility which was found to not be disclosed on her application; therefore, no reference check was conducted with that employer. The auditor also observed that these reference checks are being made with the contact person that the applicant lists, such as their direct supervisor; it is highly unlikely that a frontline supervisor will have sufficient knowledge regarding incidents of sexual abuse and the subsequent investigative results if one had occurred. Based on the auditor's review of these records, the facility is out of compliance with contractor background checks under provisions (d)(e). Based on the auditor's evaluation of the prior employment reference checks and related interviews, the facility is non-compliant with provision (c) subsection (c).

During an interview with the HR Tech II, she explained the agency performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees, those who are being considered for promotions and contractors who may have contact with residents prior to employment or services rendered and every 5-years for eligible employees. This interview also confirmed, these checks are initiated by the facility HR. She explained the agency also performs background checks on contract employees, but these are initiated by the Central Office program office. Background checks for contract service providers are completed at the local facility by the business office staff. Background checks on contractors and employees are completed at least every five years. An interview with Central HR confirmed that employees are screened by DHS for CPS involvement and through the sex offender registry.

After a systematic review and analysis of the evidence, the auditor concluded the facility was out of compliance with provisions (c)(d)(e). As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to, 1) implement a practice consistent with Federal, State, and local law, make 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; 2) implement a practice of conducting a criminal background records check and consulting with applicable child abuse registries before enlisting the services of any contractor who may have contact with residents; 3) implement a practice to ensure criminal background records checks be conducted at least every five years of contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Corrective Action Taken: The facility provided a written corrective action plan for the

auditor's review. This plan explained that the Cadwell RYDC Director and PREA Compliance Manager will ensure staff receive background clearance prior to onboarding at Cadwell RYDC. The agency has generated a spreadsheet to track contractor hire dates and background clearance dates. A proposal has been submitted to add CGL contractors to DJJ intranet site to ensure that background clearance is in a central location. The Regional Administrator will ensure that the facility Director and PCM bring Cadwell RYDC into compliance with standard 115.317 by December 2024. Additionally, the Agency's PREA Coordinator provided the auditor with a memorandum from the Agency's Director of Human Resources dated November 4, 2024, regarding PREA Background Checks. This memorandum explained that in 2022, the Office of Human Resources' Criminal History Unit (CHU) ran background checks for the entire agency to be in compliance with PREA standards. However, to ensure that no one was missed, CHU will restart the 5-year cycle beginning the 1st of the 2025 calendar year and conclude no later than the end of the first quarter of 2025. This will be the restart of running background checks for the entire agency every five years. This process will also include contractors for the agency. To ensure the process does not leave anyone out, a detailed employee report will be sent to CH from the manager of the Office of Human Resources Operations Unit. This report will include all the full-time and part-time staff for the agency. Additionally, each Secure Facility and Community Supervision Office will be contacted by CHU to obtain a list of all contractors working for the agency. All agency employees and contractors will have their background checks run every 5 years to ensure compliance with PREA Standards. New hires have their background checks conducted at the time of hire and then again during the 5-year PREA check window, even if the hire date is within a year of the agency-wide PREA background re-check window. In addition, all internal candidates will have their backgrounds run at the time promotion. The facility hired (4) new employees between May 1-October 31, 2024. The auditor reviewed these new hire packets and found that three had prior institutional experience. The HR Tech documented on the reference check form that the prior institutional employer was contacted for information about substantiated allegations of sexual abuse and sexual harassment and any resignations during an investigation for sexual abuse or sexual harassment. The facility has satisfied the corrective action plan.

115.317(h): Policy 5.9, Personnel Records states that requests for reference information concerning current and former employees from outside DJJ or state government will not be honored and that all such reference checks shall be directed to the Office of Human Resources (OHR). The auditor spoke with an OHR representative, the PREA Coordinator, and the Office of Investigations PREA Unit Supervisor and learned in coordination with the OHR, Office of Investigations and Office of Legal Services, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment or information about a resignation during investigation upon receiving a request from the requesting employer and authorization of the prior employee. There were no samples of these requests received for auditor's review. An interview with the HR Tech II confirmed that if a request is received for information on substantiated allegations on a prior employee, she would send the request to Central HR to provide the requested

	<p>information. There were no requests received within the audit period.</p> <p>After the corrective action period, a systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions 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; 2023 Cameras Statement; DJJ Facility Opening Synchronization Matrix; Facility Schematic Layout; 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.</p> <p>The facility indicates no new facility or substantial expansions or modifications during the audit period. An interview with the Agency Head confirmed that during 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. The agency has not acquired a new facility since the last PREA audit. The facility accountability statement provided with the PAQ and an interview with the facility Director confirmed no substantial expansions or modifications were made at the facility during the audit period. An interview with the PREA Coordinator confirmed that she is consulted with facility planning and modifications of existing facilities projects.</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 Agency Head explained during her interview that the agency uses technology to provide</p>

	<p>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. An interview with the facility Director explained that no camera updates were conducted within the audit period. The electronic monitoring system is checked multiple times each week to ensure it is working properly. Any system problems encountered are immediately reported for repair. The auditor reviewed samples of the equipment checks logs that are conducted to ensure that the cameras are in working condition.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have 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; Local Hospital Agreement with Fairview Park Hospital (Dublin, GA); First Responder Instructions; MOU - Child Advocacy Center (CAC) - Stepping Stone (Dublin, GA); GBI Property and Evidence General Information; Partnership Children's Healthcare of Atlanta/Stephanie V. Blank Center; 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 investigations follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. DJJ and the facility 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, The agency's uniform evidence protocol is developmentally appropriate for youth. Interviews with the Agency Head, PREA Coordinator, and PREA Unit Investigations Supervisor confirmed that DJJ Office of Investigations is the designated law enforcement agency for investigating allegations of sexual abuse that occurred in a DJJ facility. They further explained that the agency's uniform evidence protocol is consistent with that of the Georgia Bureau of Investigations (GBI), and developmentally appropriate for youth. Interviews with (12) random staff confirmed their knowledge of the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The staff was able to articulate the evidence procedures outlined in the facility's Coordinated Response Plan, and PREA</p>

policy. Staff confirmed they would implement the first responder protocols if they were the first person to be alerted that an inmate had allegedly been the victim of sexual abuse, and they would report the incident through their chain-of-command and only to staff on a need-to-know basis.

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 (Fairview Park Hospital, Dublin) for emergency examination and treatment although this hospital does not have SAFE/SANE staff. Sexual assault examinations would be conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the Stepping Stone Child Advocacy and Sexual Assault Center. 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. There were no forensic medical exams conducted in the past 12 months. The facility provided the comprehensive assessment information from Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team which indicates partner agencies to provide Forensic Medical Exam to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. The agency also partners (no MOU required) 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.

Cadwell RYDC has no SAFE/SANE staff. The auditor spoke with Emergency Room staff at Fairview Park Hospital and confirmed that they do not have SAFE/SANE staff and do not conduct forensic medical examinations at their hospital. The auditor spoke with a representative with Stepping Stone Child Advocacy and Sexual Assault Center who confirmed they have an exam room at their center and provide SAFE/SANE who are trained to care for children and teens who are victims of sexual abuse. She also confirmed there have been no SAFE/SANE exams conducted for any resident from Cadwell RYDC in the audit period. An interview with the facility Director and HSA confirmed that emergency medical needs would be provided at Fairview Park Hospital and Stepping Stone Child Advocacy and Sexual Assault Center would be contacted for the forensic medical examination. The auditor further corroborated through review of the agreement between Cadwell RYDC and Fairview Park Hospital and the MOU between DJJ and Stepping Stone Child Advocacy and Sexual Assault Center. The auditor also contacted the Children's Healthcare of Atlanta/Stephanie V. Blank Center and confirmed SAFE/SANE services are available for DJJ assigned youth.

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. The mailing addresses and telephone numbers, including toll-free hotline numbers of local, state, or national victim advocacy groups or rape crisis organizations, will be posted in the facility or otherwise made available to youth who are victims of sexual abuse. The mailing addresses and telephone numbers of immigration service agencies will be provided to youth who have been sexually abused and are being detained solely for civil immigration purposes. The facility enables reasonable communication between youth and these organizations and agencies in as confidential a manner as possible. It is the responsibility of the facility Director to ensure that all youth victims of sexual assault will receive the same level of care as if they were in a community setting. All victims will be immediately referred for outside medical testing and evaluation. Upon release from a secure facility, the Community Case Manager will provide the youth with follow-up referrals for services in the community. The facility Director will provide youth access, upon request from youth, request or recommendation from SANE, SAFE, or medical services staff, to external medical and mental health victim services for sexual abuse incidents. The CSEC's Comprehensive Assessment processes include advocacy services through a local child advocacy center; Intensive case management services; referrals to appropriate community resources; placement assistance. The auditor reviewed the MOUs between DJJ and Stepping Stone Child Advocacy and Sexual Assault Center. If requested by the victim, a victim advocate or a qualified agency staff member will accompany the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

Interviews with the PREA Compliance Manager and Agency's PREA Coordinator confirmed if a youth requests a victim advocate one will be provided through Stepping Stone Child Advocacy and Sexual Assault Center or Children's Healthcare of Atlanta/Stephanie V. Blank Center. Additionally, the DJJ Office of Victim's Services will be contacted to assist in coordinating the advocacy services. An interview with (2) DJJ Investigators confirmed that youth are offered an advocate prior to investigatory interviews which was corroborated through the auditor's review of documented notes in the investigation case files. There were no residents who reported sexual abuse that required emergency medical services or a forensic medical examination to interview. The auditor interview (1) resident who reported sexual harassment and she told the auditor that the PCM gave her information about the victim advocate, and she declined. She said that PCM told her if she changed her mind to let her know and she would help her make contact.

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.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 456">Evidence Reviewed: Policies 8.5, 22.3, 23.1; 23.2; 23.1 Attachment K, Elements of a PREA Case; 22.3; DJJ Website Search; Investigative Case Files; Information Obtained from Interviews.</p> <p data-bbox="280 497 1477 1200">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. The facility indicates there were (0) sexual abuse or sexual harassment allegations reported within the past 12 months with the PAQ during the Pre-Audit Phase; however, during the site visit and interviews with the Investigators, PCM, facility Director, and PREA Specialist it was determined there were (8) PREA incidents reported. All incidents were referred for investigation and investigated Administratively. No incident involved a criminal element. The auditor's review of the case files (8) confirmed that all allegations were reported to DJJ Office of Investigations PREA Unit and investigated. The case files reviewed also confirmed that the facility documents all allegations in a Special Incident Report according to the requirements of agency Policy 8.5. The agency's PREA policy is published on the website at https://djj.georgia.gov/prison-rape-elimination-act-prea.</p> <p data-bbox="280 1240 1477 1608">An interview with the Agency Head and PREA Coordinator confirmed that an administrative and/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. An interview with (2) PREA Unit Investigators confirmed that all allegation of sexual abuse and sexual harassment are referred to their office for evaluation and investigation. If deemed to meet the criteria for a PREA case a criminal and/or administrative investigation is immediately initiated.</p> <p data-bbox="280 1648 1453 1890">115.322(c)(d)(e): Policy 22.3 establishes that DJJ Office of Investigations is the investigative authority for PREA related cases involving youth in DJJ custody and under supervision. An interview with the Agency Head, Agency's PREA Coordinator and PREA Unit Investigations Supervisor confirmed that 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 data-bbox="280 1930 1461 2002">A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 4.1, 4.5, 23.1; 4.2 Attachment A; Attachment G, PREA Training Series; Director's PREA Statement; Annual PREA Compliance Training; JCO On-Job Training Guide; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; PREA Initial & Refresher Completion Rosters; PREA Staff Poster; Staff First Responder Cards; Staff PREA Acknowledgements; Standards of Conduct Acknowledgements; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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. All staff is required to complete the PREA Training Series (6 hours of training) as listed in Attachment G. The Training Matrix, 4.5 Attachment A outlines that all levels of staff must complete PREA Refresher training each year, which includes the same topics. The annual refresher training requirement 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 curriculum includes 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 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 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. All employees receive PREA training through multiple courses reflected in Modules 1-6 PREA Training Curricula including Overview of the Law and Your Role; Residents' Right to be free from sexual abuse and sexual harassment, and retaliation; Professional Boundaries; Prevention and Detection of Sexual Abuse; Response and Reporting of Sexual Abuse and Sexual Harassment; and Respectful and Professional</p>

Communication with Youth during. These modules capture all topics that are required of provision (a.1-11). Staff First Responder Cards are issued to employees after the initial training is received in the academy. The auditor observed large color signage, *PREA Is Good Safety & Security*, posted throughout the facility as a constant reminder to staff of the importance of the agency's zero tolerance policy. Due to the extensive, multiple PREA training courses available and the annual refresher training requirement for staff, the agency exceeds the provisions of this standard. The facility provided a training roster and completion certificates indicating all new staff hired between January 1-December 31, 2023, completed Modules 1-6 PREA Training. The facility provided a training roster and completion certificates indicating all staff (56) completed the refresher training through their annual in-service for the period of January 1-December 31, 2023; the certificate is issued after the employee has electronically signed the acknowledgement of the training received in the CBT system. Additionally, the facility provided a sample of (47) signed Standards of Conduct and Ethics Policy and PREA employee acknowledgment forms (23.1 Attachment E) for the staff hired in 2023.

Interviews with (12) random staff confirmed they received initial training during academy and refresher training yearly. Staff were knowledgeable about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures; the residents' right to be free from sexual abuse and sexual harassment; residents' and employees' right to be free from retaliation for reporting sexual abuse and sexual harassment or cooperating with a PREA investigation; the dynamics of sexual abuse and sexual harassment in juvenile confinement; the common reactions of juvenile victims of sexual abuse and harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with Georgia law related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.

CORRECTIVE ACTION DURING POST-AUDIT PHASE: Based on informal discussions with staff and formal interviews regarding transgender and bisexual residents, the auditor identified misconceptions among staff with regard to LGBTIQ issues. Additionally, there seemed to be limited understanding about the requirements set forth in DJJ Policy 23.3, LGBTI. The auditor discussed this deficiency with the PREA Specialist and facility Director during the out-briefing and recommended that all staff attend a retraining on the agency's policy 23.3. The facility provided a roster of (51) staff including the medical and maintenance contractors indicating they attended a refresher training covering Policy 23.3, LGBTI on May 8, 2024.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. Due to the extensive, multiple PREA training courses available and the annual refresher training requirement for staff, the agency exceeds the provisions of this standard.

115.332	Volunteer and contractor training
	<p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 542">Evidence Reviewed: Policies 2.2, 4.1; 14.3, and 23.1; 2.2 Attachment F; 14.3 Attachment C; CGL Engineering Contract; Cosmetology/Barber Contract; Contractor/Volunteer PREA Acknowledgement Forms; Contractor Training Records; List of Contractors; Memo - No Volunteers; Updated Volunteers; Information Obtained from Interviews.</p> <p data-bbox="280 577 1453 698">Evidence Reviewed During Corrective Action Period: Training Records for Medical Contractors; Training Records for Maintenance Contractors; Facility's CAP; "No New Contractors Memo"; Follow-up Interviews.</p> <p data-bbox="280 734 1469 1482">115.332(a)(b)(c): 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. Policy 23.1 also 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 must complete PREA training as required by Attachment G, PREA Training Series previously outlined in 115.331. The HUB E-learning System tracks PREA Training. The PCM verified that all staff completed the required training according to the level of contact and within the established time frames. The contractors and volunteers receive the same comprehensive training annually that the staff is required to take, which is above and beyond the requirements of this standard.</p> <p data-bbox="280 1518 1477 1845">The facility provided a list of (4) contractors (3-maintenance/1-barber) who regularly work in the facility (7) contract medical who may have contact with residents. The facility initially reported with the PAQ during the Pre-Audit Phase that there were no volunteers approved; however, during the site visit it was determined that the facility had (5) volunteers approved to provide services. Medical services are provided through a contract with Augusta University. The auditor reviewed certificates of completion for the (7) contracted medical staff who regularly work at the facility and found they had completed the annual refresher in 2023.</p> <p data-bbox="280 1881 1445 2087">The auditor reviewed the contractor file for the barber and found a signed acknowledgement form that the training was completed within the past year and also conducted a telephone interview to verify that he is knowledgeable about the training. He stated he has to refresh the training every year. The auditor reviewed signed PREA acknowledgement forms for the (5) volunteers indicating their</p>

understanding of the zero-tolerance policy. Additionally, the auditor interviewed (2) volunteers by phone during the Post-Audit Phase who verified receipt of training annually on volunteer responsibilities with PREA and was able to explain the zero-tolerance policy and how to make a report of sexual abuse or sexual harassment. Volunteer packets were requested and reviewed by the auditor for (4) volunteers. The auditor interviewed (1) maintenance contractor who confirmed he had PREA training, and the auditor found that he was knowledgeable about the zero-tolerance for sexual abuse and sexual harassment and how to report these incidents. The auditor requested training records for the (3) maintenance contractors and found that only (1) had received the required initial training but had received no refresher training and the other (2) had received no PREA training. Electronic signatures are captured within the agency's computer-based training system indicating that the user understands the information covered during training.

After a systematic review and analysis of the evidence concluded the facility was out of compliance with provision (a). As a result, the facility/agency was required to implement a practice of ensuring that all 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. While the facility provided corrective action for the (3) contractors who were missing training during the Post-Audit Phase, the auditor requested monitoring of any additional contractors hired during the 180-day corrective action period to ensure procedures have been implemented and institutionalized. Additionally, the auditor requested the agency provide current year general training records for all medical staff.

Corrective Action Taken: During the Post-Audit Phase, the facility provided training certificates as evidence that the required training was completed by all (3) maintenance contractors within the week following the site visit. The facility also provided a written corrective action plan that explained that the Cadwell RYDC Director and PREA Compliance Manager will 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 abuse prevention, detection, and response policies and procedures. The Regional Administrator will ensure that the facility Director and PCM bring Cadwell RYDC into compliance with standard 115.332 by December 14, 2024. The facility provided documentation from May 2024-September 2024, indicating that no new contractors had been hired at the facility. The agency provided current training records for the medical staff indicating they have all completed the current year's annual training which includes the PREA refresher. The facility has satisfied the corrective action plan.

After the corrective action period ended, the systematic review and analysis of all evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the agency exceeds provision (b) of this standard by establishing policy and ensuring that interns and volunteers and full-time facility contractors receive the same comprehensive training as staff.

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115.333 Resident education	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 13.32, 15.4, 18.30, 22.1, 23.1; 22.1 Attachment C; 23.1 Attachment H; Female & Male Break the Silence Poster English/Spanish; Training Curricula End Silence, Youth Speaking Up About Sexual Abuse in Custody (age appropriate/various); Student Handbook (English & Spanish); Training Curricula End Silence, Youth Speaking Up About Sexual Abuse in Custody; Zero Tolerance! Report Sexual Abuse Intake Notification, English/Spanish; Youth Safety Guide (PREA); Youth Safety Tips Poster; PREA Poster; Youth Poster No Means No English/Spanish; DJJ Commissioner's Video and SharePoint Link for Facility Access; Youth Orientation Acknowledgement Statements; Youth Training Acknowledgement Statements; Education PREA Letter December 13, 2012; Teacher Certifications; Contracts with Ad Astra; Lionsbridge; Interpreters Unlimited; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.333(a)(b)(e): Policy 23.1 establishes 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 during the intake process. Policy 23.1 further 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 auditor reviewed the Commissioner's Video and the agency informational handouts, available for both genders and various age ranges. The materials inform the youth of the agency's protocol for responding to such incidents. The Agency PREA Coordinator authorizes all materials used during orientation. training aids and informational literature and curriculum used to convey the PREA message to youth during intake and orientation and found it comprehensive and age-appropriate and gender appropriate. The facility maintains documentation of each youth's participation in the orientation, and the facility case manager documents the youth's participation in a JTS PREA communications note. In addition to the initial notification about PREA and the comprehensive education the agency also offers PREA Class to youth who are going to be assigned to the facility for longer periods of time. The auditor reviewed the gender specific six-part curriculum for this course which includes Introduction to PREA, Reducing Your Risk, Targets, Boundaries, Protective Measures, and Putting it All Together. The course provides scenario-based content that is discussed with the youth by the instructor in a classroom setting. Each youth has a worksheet and completes the worksheet for each Part as the class proceeds in order to provide a self-assessment in helping them understand what behaviors or activities may increase their risk for sexual victimization and what they</p>

can do to increase their risk of being safe from sexual abuse and sexual harassment. This course exceeds the minimum requirement of provision (b).

The facility reported on the PAQ that (274) residents were admitted and given PREA information at intake as well as comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incident within 30 days of arrival. The auditor clarified with the facility Director about the 30 days being outside of the requirement and learned that this was a typographical error and that it was intended to be 10 days. The auditor reviewed completed Youth Acknowledgement Statements for (185) youth and Orientation Acknowledgements for a sample of (153) who completed comprehensive PREA education between January 1, 2023 through January 31, 2024. These documents represented a sample of the youth population at the time the PAQ was completed and provide verification that all youth receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. These signed Acknowledgement Statements are scanned and retained into the youths' JTS files. During the site visit the auditor requested (20) youth files for review. These youth were selected randomly from the housing rosters printed on the first day of the audit and based on youth who were interviewed for targeted categories, housing unit assignment, length of stay, age, ethnicity, race, gender, and length of stay. Of these (20) records reviewed, (19) contained signed documentation that they received the required information during intake. Only (1) youth file contained a record that the information was provided but it was beyond the intake date. Additionally, these verified that comprehensive training was delivered by the JDC to the youth as follows: (9) on the same day; (8) on the following day; (2) on the second day; and (1) on the third day; all (20) within 72 hours. Additionally, the facility provided the case note documented for each youth by their JDC indicating that they provided comprehensive PREA education. The auditor observed certificates for the (20) youth whose files were reviewed indicating they have all completed the PREA Class in addition to the initial notification during intake and the comprehensive education. Based on these findings the facility exceeds this standard.

The auditor obtained a youth roster by housing unit from the facility on day one of the site visit. The auditor also requested a list of all youth with a disability, are identified as LEP, who identify as LGBTI, who have disclosed prior sexual victimization during risk screening, have made a report of sexual abuse or sexual harassment at the facility, who have been placed in isolation for being at risk for sexual abuse. The facility provided the requested lists with the following findings: hearing impaired (0); vision impaired (0); physical disability (1); receiving mental health services (34); on a special education plan (13); LEP (0); reported prior victimization (1); LGB (0); TG/IS (1); reported allegation at facility (1). Based on the auditor's observations during the site visit, informal conversations with staff and residents during the site visit, and a review of the demographics noted on the youth roster, the auditor found no evidence to contradict the targeted categories listed as

none. For interviews, the auditor randomly selected (9) youth from various demographics, housing units, age, and length of time at facility for interviews; and randomly selected (10) youth from the targeted categories (8-cognitive disability; 1-physical disability; 1-transgender; 1-reported prior sexual abuse; 1-reported allegation at facility). The auditor utilized questions from the Juvenile Resident Survey found on the PRC website when conducting these interviews and documented them on a modified questionnaire form. Interviews with (19) residents (6/female, 1/TG female, 12/male), whose files were also reviewed, confirmed that they were all informed about the zero tolerance for sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment during intake by the intake officer on the day of their arrival. They told the auditor that the information was explained to them in a one-on-one setting by the officer going over the zero-tolerance form at the intake desk. Some of the youth said they had learned about PREA during a previous admission at this or other DJJ facility also. Additionally, these interviews confirmed that all youth had watched the Commissioner's video within 72 hours of arrival when they met with their JDC in a one-on-one meeting in the counselor's office; they all stated that the video included information about PREA and other information about their rights. They all explained to the auditor that when they met with their JDC that they had the PREA information explained by the JDC which included the following topics: prohibition of any form of sexual activities between youth, between youth and staff, between youth and volunteers or interns; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the youth has a right to be free from sexual abuse and sexual harassment; methods that youth may use to report any incident of sexual abuse or sexual harassment or retaliation. The auditor asked each resident to explain what they had learned from the video, presentation, and what they had been told by staff about the zero tolerance for sexual abuse and sexual harassment and their rights. Each used their own words to describe what they remembered and conveyed the information to the auditor based on their communication capabilities. Overall, the auditor felt that they all had a good understanding on their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Additionally, they understood the facility rules about PREA, various methods to report an incident, and what would happen if they reported an incident.

As there were no new arrivals during the site visit, an interview with the intake officer covered a simulation of the intake process for the audit. She explained that during the intake processing each resident is given information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in an age-appropriate fashion during intake by the intake officer. She tells them if anyone does anything that makes them feel uncomfortable they need to tell the officer or any other staff member they feel comfortable talking to. She also explained that they are informed about the PREA speed dial numbers available on the unit phones where they can make a call anonymously. She explained that as she covers this information she makes attempts to remain engaged with the youth closely while presenting the information to ensure that the resident appears to be understanding the information that is being provided. She asks open-ended questions and gives

the youth ample opportunity to ask questions. Once this part of the process is completed the youth are taken to medical for the next stage of intake processing if medical staff are onsite, otherwise that portion happens the next day. She further explained that the JDC shows the youth the video and delivers the remainder of the comprehensive training. The auditor interviewed (1) JDC and the Assistant Director of Programs who supervises the JDCs. They both explained that generally JDCs try to complete the orientation on the date of arrival but can't always get to it based on the time of the day the youth arrives; otherwise, orientation is completed on the following day, but never no more than within 72 hours, barring any unusual circumstances. During the orientation the JDC meets with the youth one-on-one in their office. They explained that generally they play the Commissioner's Video which covers the comprehensive topics on sexual abuse prevention. Once the video is completed the JDC asks if the youth wants to discuss anything from the video or if they have any questions. The next step is the JDC reads/explains the following topics: prohibition of any form of sexual activities between youth, between youth and staff, between youth and volunteers or interns; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the youth has a right to be free from sexual abuse and sexual harassment; methods that youth may use to report any incident of sexual abuse or sexual harassment or retaliation. The methods of reporting covered include a) completing a help request form; b) using the grievance process; c) dropping a note in the Director's box; d) telling a counselor, youth probation or parole officer, medical staff, or mental health staff Director or Assistant Director, parent or guardian, chaplain or minister, or any trusted adult; e) tell the legal counselor; f) using the RAINN/National Sexual Abuse Hotline, 800 numbers listed on PREA posters, GA Network to End Sexual Assault (GNESA), GA DJJ Victim Services, GA Ombudsman Office, GA Department of Human Services/Division of Family and Children Services; g) writing a confidential letter to an outside organization. After presentation of this information the JDC asks the youth to sign the PREA Youth Acknowledgement Statement indicating they understand the PREA information provided. Each youth receives a Student Handbook from the JDC and the Facility Rules that they keep with their belongings and that includes sexual safety/PREA information they can read later. The agency publishes the Student Handbook in English and Spanish and can be translated into other languages upon request. At the end of the orientation, they are asked to sign the orientation form which also notes that the youth have received the comprehensive training. During the site visit there was one new arrival, however, she had arrived earlier in the day and the processes were completed prior to the auditor's arrival. The auditor spoke with the youth confirming that the PREA information was provided to the youth during intake according to the simulation presented by the intake officer to the auditor; the youth had not received the comprehensive education when the auditor spoke with the youth; however, the youth's records were provided to the auditor post audit and verified that she received the comprehensive training and orientation the next day.

115.333(c): Based on a memorandum and interview with the Agency's PREA Coordinator, 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. Youth interviews confirmed that all residents, including those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment as described in the documentation review of this standard.

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, accommodation 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. The facility had no LEP youth assigned during the site visit, nor within the last 12 months; therefore, the auditor did not test the facility's access to interpretation services. The auditor reviewed the (3) contracts for services with Ad Astra; Lionsbridge; Interpreters Unlimited and found them to be current. The auditor has utilized these services at other DJJ facilities where they were needed to conduct interviews and found that they work directly from an open phone line. The contact information for the interpreter services was found in the main control room, medical department, and JDCs offices. The auditor confirmed during an interview with the PCM, medical staff, JDCs and the facility Director that youth would be provided an interpreter if needed, whether they ask for it or not and these communications are documented in the youth's file notes. The facility Director and Special Education Teacher explained that if the facility receives an LEP youth, a system will be implemented to ensure that the resident has reasonable and prompt access to an interpreter as needed. All reporting methods via telephone have English and Spanish options available. Youth are able to anonymously report and confidentially access emotional support services through the phone by speed dial. Informal conversations with staff confirmed interpretation services would be accessed in a private location. Youth do not have direct access to the interpreter services but can easily access them by making a request to their JDC, a teacher, or any other staff they feel comfortable asking. Interviews with the PCM, the Lead Teacher and the Special Education Teacher confirmed that accommodation will be made for any youth as required.

The agency holds multiple interpreting contracts where an interpreter may be used to deliver the PREA information or for translating written documents. The auditor confirmed that all youth received the intake education in a method in which they understand, regardless of disability or language barriers. The JDC explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking youth in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters are available, if needed. Skilled educators/staff are involved in providing the required information to youth with cognitive or functional disabilities which was corroborated during interviews with the Lead Teacher and Special Education Teacher. The facility provided teaching certificates for (6) teachers

	<p>indicating (3) of them were certified Special Education. Informal conversations with staff and youth confirmed initial PREA education is provided during intake and reviewed again during orientation. The collective of all interviews confirmed the agency ensures that residents are educated regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, as outlined in the documentation review of this standard.</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. During the site visit the auditor noticed that all DJJ sexual safety posters delineated in the evidence review above were displayed in the intake area so that youth see these upon arrival. Additionally, the auditor observed the "Break the Silence" poster, "No Means No" poster, Sexual Abuse and Sexual Harassment are Never Okay poster, and "Zero Tolerance How-To-Report" poster placed throughout the facility in readily accessible and conspicuous locations. These locations include each housing unit, multi-purpose room, education, facility entry, staff areas, main corridor, administration area, recreation area, and medical. Additionally, handout literature was observed in the library, intake, PCM's office, education, and staff offices. The auditor observed all signage to be colorful and extra large in size so they can be easily read/accessed by all youth from a distance. Signage is provided in English and Spanish and may be translated into other languages when needed. Samples of the signage displayed at the facility is located on the agency's public website at https://djj.georgia.gov/prison-rape-elimination-act-prea. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the facility. Informal conversations with staff and youth verified that signage is visible throughout the facility on a continuous basis and not just due to the 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 exceeded by provided additional comprehensive training through the PREA Class to residents who will be assigned to the RYDC for longer stays.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	<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>

Requirements; List of PREA Investigators; Investigator Training Records; Information Obtained from Interviews.

Evidence Reviewed During Corrective Action Period: Investigator Training Records; Follow-up Interviews.

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 four investigators and a supervisor. Interviews with the PREA Investigation Unit Supervisor and with the PREA Unit Field Supervisor confirmed that all investigators in the unit have the required specialized investigations training and basic PREA training. The auditor reviewed the specialized training records provided for all (5) investigators to indicate their completion of the NIC investigator's training, 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 specialized training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b). The general PREA training records provided for the investigators were not current, so the auditor requested current training records for all (5) investigators. This documentation was not received by the end of the Post Audit Phase; therefore, the auditor could not confirm compliance with provision (a). A systematic review and analysis of the evidence concluded the facility was out of compliance with provision (a). As a result, the facility/agency entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility/agency was required to provide documentation indicating that investigators have completed the general training provided to all employees pursuant to § 115.331.

Corrective Action Taken: The agency provided current training records for all investigators satisfying the corrective action plan.

115.334(d): Policy 22.3 establishes that DJJ Office of Investigations is the investigative authority for PREA related cases involving youth in DJJ custody and under supervision. An interview with the Agency Head, Agency's PREA Coordinator and PREA Unit Investigations Supervisor confirmed that the agency is responsible for conducting administrative and criminal investigations into claims of sexual abuse and does not rely on a separate entity.

	<p>After the corrective action period, a systematic review and analysis of the evidence concluded 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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1; List of Medical Staff; List of Mental Health Staff; Augusta Medical College Contract; NIC PREA Certificates; PREA Training Matrix; Modules 1-6 PREA Training; General Training Certificates; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Corrective Action Plan; Training Records; Follow-up Interviews.</p> <p>115.335(a)(c)(d): 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. The auditor's review of the established training curriculum found it meets all topic requirements of this standard.</p> <p>The facility indicates that 100% of the medical/mental health staff have received the required training. The auditor was provided a list of all medical and mental health staff and contractors who regularly work at the facility and subsequent training records. The auditor's review of these records found specialized training certificates for the NIC PREA: Medical Health Care for Sexual Abuse Victim in a Confinement Setting for each medical contractor; however, there was no evidence of specialized training provided for the mental health staff. General training records were reviewed for mental health staff verifying they received the PREA refresher training mandated for employees under § 115.331 and general training records were reviewed for medical contract staff verifying they received the PREA refresher training mandated for contractors under § 115.332.</p> <p>Interviews with medical and mental health staff verified receipt of general PREA and specialized training regarding sexual abuse and sexual harassment. The training received covered topics such as how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual</p>

	<p>harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency were out of compliance with provisions (a)(c) found out of compliance. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility/agency was required to ensure the agency maintains documentation showing that all medical and mental health practitioners have completed the required specialized training and provide evidence that the mental health staff have completed the required specialized training. Additionally, the auditor requested the current (2024) general training records for all medical staff.</p> <p><u>Corrective Action Taken:</u> The facility provided the auditor with a written corrective action plan that explained that the Cadwell RYDC Director and PREA Compliance Manager will ensure that Medical and Mental Care Staff and all contract staff complete the National Institute of Correction (NIC) online training PREA: Behavioral Health Care for Sexual Abuse Victim in a Confinement Setting” within 60 days after hire date. The Regional Administrator will ensure that the facility Director and PCM bring Cadwell RYDC into compliance with standard 115.313 by December 14, 2024. The auditor was provided documentation by the facility that confirms all full-time and part-time medical and mental health staff have completed the required specialized and general training. The facility has satisfied the corrective action plan.</p> <p>After the corrective action period, a systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 11.1, 11.2, 12.10, 15.6, 17.1, 17.3, 23.1, 23.3; Director's PREA Accountability Statements; PREA Screening Reports (PSR); Custody and Housing Reassessment; Transgender/Intersex Declaration of Preference Statement (blank); Youth Records; PREA Screening Report User Guide; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Facility's CAP; Completed PSRs; Follow-up 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</p>

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 ensure that they are placed appropriately. All youth are afforded a single occupancy room. The facility indicated on the PAQ that (254) 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 all were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. Policy 17.3 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 auditor reviewed a sample of (178) PSRs that arrived at the facility during the audit period and found that (115) were completed within (72) hours and (63) were completed over 72 hours for a compliance rate of 65%. The auditor also reviewed (96) random Custody and Housing Assessments that verified relevant information is updated for assessment purposes periodically, every 90 days, throughout the residents' assignment to the facility. An interview with the PCM found that she reviews all information collected during the intake assessments including court documents and historical information from prior incarcerations, then finalizes the PSR. Since the PSR cannot be completed until after three separate screenings are completed (Mental Health Screening, Medical Intake, Medical Health Appraisal), sometimes there is a delay in her ability to finalize the PSR. The auditor reviewed records for (20) randomly selected youth, with (19) being the same youth interviewed as noted in 115.333. Of these records, (13) were completed within 72 hours and (7) were completed but not within the 72 hours for a compliance rate of 60%. Interviews with the intake officer, PCM, and medical staff confirmed residents are screened upon admission to the facility or transferred from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Interviews with (19) youth verified that they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at this facility during intake. Some said they recall the intake officer asking and others said the nurse. All youth told the auditor that these interviews were conducted privately without anyone else able to hear their responses. Interviews with (4) staff (2-medical, 2-intake/security) staff who conduct the risk screening found that if a youth arrives to the facility when no medical staff are onsite, trained security staff will conduct that portion of the assessment and then medical will follow up with the youth the next day. During the site visit, the

auditor observed a simulated risk screening performed by a nurse and the intake officer. The auditor verified the screening process occurs in a setting that ensures as much privacy as possible and all youth are assessed upon arrival, even if they have been at the facility prior or if they are transferring in from another DJJ facility.

After triangulation of the review and analysis of the evidence, the facility was found out of compliance with provision (a), specifically, the requirement to conduct the risk screening within 72 hours. The facility had a compliance rate of 65% completion of the PSR within 72 hours based on the random sample of documents reviewed. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop and implement procedures to ensure the PSR is completed within 72 hours of the youth's arrival. The auditor and PREA Specialist coordinated with the facility to develop a specific corrective action plan to address these issues and identify documentation required for compliance review during the corrective action period.

Corrective Action Taken: The facility provided a written corrective action plan that explained the Cadwell RYDC Director and PREA Compliance Manager will ensure that as soon as possible within 72 hours of a youth's arrival to the 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, or higher-level designee, and PREA Compliance Manager will review the PREA screening report to make the final determination of youth's vulnerability for victimization. The Regional Administrator will ensure that the facility Director and PCM bring Cadwell RYDC into compliance with standard 115.341 by December 14, 2024. The auditor requested PSRs for youth who were admitted to the facility between April 1, 2024 through October 31, 2024, which were provided by the facility. Of the 86 youth who admitted to the facility through October 31, all but 3 had their risk assessment completed within 72 hours and the other 3 were completed but beyond 72 hours. An interview with the PCM found that the PSRs for these three youth had been reviewed and placed appropriately but there was a technical issue with finalization of the report on these dates. After triangulation of the evidence, the auditor finds the facility has met substantial compliance with this standard.

115.341(b)(c)(d): Policy 23.1 states that youth vulnerability assessments will be conducted and documented by generating the PSR. Policy 23.1 also 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. 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. The auditor interviewed (4) staff (2-medical, 2-intake/security) who are responsible for obtaining the information from youth used to complete the assessments and entering it into the database which ultimately produces the PSR. Each staff member interviewed explained that the PSR collects data from three different levels. Collectively all questions from the risk screening instrument are covered with each youth based on their assigned sections, the collective of information is computed and pulls information from the Custody and Housing Assessment to determine a youth's risk level. The auditor observed documented comments entered into the PSR indicating a review of the information and evaluation of the data collection results. This final review is conducted by the PCM. An interview with the PREA Coordinator and PCM also explained that information is entered into the system at each level of interview and during 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.

On the PREA Screening Report the Purpose is stated as "What the Vulnerability screening (PREA Screening Report) does is to allow staff a manner of determining on or soon after intake those residents who may be potentially at risk of violence or sexual aggression by reviewing risk factors that are linked to victimization, bullying, or abuse. As the result of the screening, staff has a means to communicate among security, nursing staff, school staff, and counseling staff that a newly admitted youth may have risk factors that bear consideration in room assignment (e.g., not placed in a room with a resident who scores as at risk for sexual aggressive or violent aggressive behavior), school desk assignment (e.g., not placed immediately near a student with intermittent aggression) or nursing staff (in order for nursing staff to notice cuts, abrasions, bruises, or other markers of abuse or victimization.)"

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. User access is highly controlled and unauthorized attempts to access the information in the PSR by someone other than an authorized PREA officer will result in a message display of "User does not have permission to access PREA Screening Report".

After the corrective action period, a systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 15.11, 17.3, 18.4, 23.1, and 23.3; Custody and Housing Assessments; 23.3 Attachment B, Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment; 23.3 Attachment A, Transgender/Intersex Declaration; Case Files; 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. The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy 17.3 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 auditor reviewed the (48) Custody and Housing Assessments provided with the PAQ prior to the site visit which confirmed that the facility conducts the initial assessment and reassessment every 90 days. During the site visit the auditor reviewed documented initial assessments and reassessments (PSR/Custody & Housing) in (20) randomly selected youth's files further verifying that these assessments are conducted initially and periodically. It should be noted that during the audit 115.341 is found non-compliant with the PSRs not being completed within the required timeframe; however, the assessments are being completed for each youth and the results are being used to keep potential victims separated from potential aggressors.</p> <p>An interview with the Intake Officer, facility Director, PCM, and other treatment team staff confirmed implementation of 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 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. The specific information collected is not shared with line staff, only the youth's risk as it relates to management and security decisions. Interviews with programming and security staff confirmed that staff work closely together to communicate and share necessary information that can impact the safety of youth and staff at the facility. The PSR pulls information from a variety of sources and interfaces with information entered into the Custody & Housing Assessment (explained in 115.341). The PSR calculates risk potentials which are 1) vulnerability, 2) sexual abuse behavior, 3)</p>

violent aggressive behavior. As the youth's Custody & Housing Assessment is conducted, based on additional information or every 90 days, the risk level can change based on any additional information presented and the youth's institutional behavior. The auditor reviewed notes from the youth interviews, the current housing roster, initial screening forms (PSR), Custody & Housing Assessment reports and information collected from conversations with staff. Based on analysis of this data, the auditor verified that youth housing and programming decisions use the information from these assessments. The facility has (3) housing units dedicated to male youth and (1) housing unit dedicated to female youth. In cases where youth cannot be separated by unit, youth with a risk for vulnerability are placed near the officer's station. In cases where a youth is potentially vulnerable, but also potentially sexually aggressive, that youth is housed near the officer's station. Youth attend programming, education, and recreation with their unit; therefore, daily movement does not allow for the housing units to mix. On special occasions the facility may have a full facility activity at which time additional staff are present to provide more supervision during the activity; otherwise, the youth don't mix.

115.342(b)(h)(i): Policy 23.1 states 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 indicated on the PAQ and during interviews that no residents at risk of sexual victimization were placed in isolation. As there were no youth placed in isolation for sexual safety purposes, no documentation was available for review. During interviews with the facility Director, medical and mental health staff, JDCs, security line staff and supervisors and the PCM the auditor learned that that no youth has been placed in isolation for being at risk for sexual victimization, nor would this be considered a normal practice; however if there were no other means of keeping the youth safe, they 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. 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. The facility indicated on the PAQ and during interviews that no residents at risk of sexual victimization were placed in isolation. As there were no youth placed in isolation for sexual safety purposes, there were no residents interviewed specifically for this purpose; however, the auditor asked the (1) transgender youth during interview if a placement in isolation/segregation had occurred when she informed staff of her gender identity and she stated no. Additionally, the auditor's review of case files verified that no alleged victim was placed in isolation/segregation status based on reporting an allegation of sexual abuse.

115.342(c)(d)(e)(f): 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. 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. Policy 23.3 requires that if a youth identifies as a LGBTI youth, the SOGIE Assessment (23.3 Attachment B) will be completed within 2 hours to assist with a custody and housing assessment. Additionally, the policy requires when a transgender or intersex youth has been identified, the youth will complete the Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) which will be used to guide housing decisions along with other management decisions. 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, the agency exceeds provision (e), which requires the reassessment to occur at least twice yearly; however, the facility demonstrated that reassessments on transgender youth are occurring at least twice per year, which meets the minimum requirements of the standard.

Recommendation: While the facility meets the minimum requirement of reassessing placement and programming assignments for each transgender or intersex resident at least twice per year, agency policy requires monthly reassessments for transgender and intersex youth. Efforts should be made to adhere to the agency's policy requirements of conducting this assessment at least every 30 days.

The facility does not have dedicated housing for LGBTI based on review of the housing roster, policy review and interview with the facility Director. Interviews with the Agency's PREA Coordinator, Agency's Classification Director, facility Director, PCM, JDCs, and medical and mental 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. An interview with the Intake Officer verified that if a youth identifies as transgender or intersex during intake, she notifies the PCM and shift supervisor immediately for guidance on appropriate initial

	<p>housing for the youth. There were (2) youth who met the LGBTI targeted category (1-bi-sexual and 1-transgender) at the facility during the site visit and the auditor interviewed them both. The auditor also reviewed both youth's institutional files and found the required documentation completed. A review of the initial PSR indicated that the (1) youth disclosed a gender identity of transgender female during the intake screening upon arrival to the facility in 2022. The file documented regular treatment team meetings to discuss the youth's wellbeing and housing as well as behavioral health counseling sessions for therapeutic rapport. The auditor reviewed (11) Housing & Custody Assessment Reports completed since the youth's arrival. The Housing & Custody Assessments were conducted for this transgender youth on 07/07/22, 08/27/22, 11/19/22, 02/05/23, 02/24/23, 05/04/23, 08/03/23, 09/20/23, 12/20/23, 12/20/23, 03/06/24, 05/31/24. The youth's responses to the completed SOGIE Assessment form and Transgender/Intersex Declaration of Preference Statement indicated the youth preferred to remain in a housing unit with males.</p> <p>115.342(g): Policy 23.3 establishes that staff will provide transgender youth with safety and privacy when using the shower and bathroom and when dressing and undressing. Transgender or intersex youth will not shower or undress in front of other youth. Each facility is required to have a local operating procedure (LOP) for showers that includes the process, required staff gender to conduct showers, and shower times. The auditor reviewed the facility's LOP and found that transgender and intersex youth will be allowed to shower separately from other youth, which was further corroborated during interviews with (12) random staff and (1) transgender youth. The auditor observed during the site visit that the facility has showers built in each youth's room and each shower is equipped with a shower curtain for privacy. The auditor's review of the facility's shower procedures found that showers generally begin at 8:15 p.m. daily; At 8:10 p.m. all youth are escorted to their assigned rooms and are locked down while youth showers are conducted. Cadwell RYDC youth rooms are equipped with a toilet, sink, and shower. No youth are out of their rooms during shower times. Interviews with (12) random staff and (19) youth corroborated these shower procedures.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>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; PREA Accountability Statement; 115.Memo, Children's Healthcare of Atlanta/Stephanie V. Blank Center for Safe and Healthy Children; DJJ 23.1, Attachment F, Consent to Disclose Protected & Confidential PREA Related Information; Georgia's CSEC Response Team: Comprehensive Assessment Process</p>

information flyer; Mental Health Staff List; Consular and Trade Offices Contact Information/Manual; Consular and Trade Offices Contact Poster published by Georgia State Government; MOU CAC-Stepping Stone Child Advocacy Center; Observations During Site Visit; Information Obtained from Interviews.

115.351(a)(b): The DJJ provides multiple internal ways for youth to report sexual abuse, sexual harassment, 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; writing to the DJJ Ombudsman Office at the Central Office or calling toll free at 1-855-396-2978. The auditor observed 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. DJJ provides multiple ways for residents to report abuse or harassment to a public or private entity or office not part of the agency. calling the external toll-free number to the National Sexual Abuse Hotline 1-800-656-HOPE (4673) or selecting the speed dial #2 from the housing unit phone for an anonymous call; the Department of Family and Children Services Hotline at 855-422-4453; Crisis intervention/Advocacy Support Services (by mail); Children's Healthcare of Atlanta at 404-785-3820. 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. 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 agency does not currently detain youth solely for civil immigration purposes. 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. Immigration and Customs Enforcement (ICE) and would utilize 17.1 Attachment A, Notification of Foreign National in Detention should they admit a non-citizen youth. 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 facility Director indicated there was (1) call made to the Ombudsman's Office, but it was not PREA related. During the site visit the auditor observed signage posted that provides direct numbers for the DJJ Ombudsman Office, Victim Services and the PREA Hotline; however, the youth must enter their assigned PIN to place the free call. To allow the youth to place a call to these offices and remain anonymous a speed dial system is also available, and these prompts are provided as voice options

through the housing unit phone. Dialing instructions to reach these offices is also posted in each dayroom/housing unit near the phone banks. The instructions are simple and easy to follow. The auditor placed a call to the speed-dial #2 and reached a counselor at RAINN who stated they would take the information and forward it to the facility for investigation; Victim Services (#3) and left a voicemail of the systems test; and a call to the Ombudsman (#4) and spoke with representatives who explained that if a report is received from a youth that they would take as much information as the youth wanted to provide and allow them to remain anonymous if requested, then forward a copy of the complaint to the facility Director, PREA Coordinator, and the Office of Investigations, PREA Unit. Victim Services responded to the PREA Specialist that the test call had been received. During interviews with (19) youth the auditor found they were all aware of how to use the speed dial system to make a PREA report or to reach the Ombudsman's Office. They were knowledgeable that they could tell any "trusted adult", an officer, make a report in writing, file a grievance, write the facility Director, tell the PCM, or through medical sick call request. They also knew they could make a report for someone else or someone else could make a report for them. The auditor's interviews with (12) random staff found that they are aware of the various methods that youth can make a private report of sexual abuse/sexual harassment and were aware that they were to accept a verbal, written, anonymous, or a third-party report. The PCM explained that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect to any staff, to the PREA Hotline, Ombudsman, or Victim Services. The auditor observed during the site visit locked boxes labeled for the facility Director, Grievances, Mail and Help Requests in the main corridor and housing units. The (8) allegations received during the audit period all were reported through staff observing the incident or youth reporting directly to staff.

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 facility 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 (12) interviews confirmed that they would accept reports made verbally, in writing, anonymously, and from third parties and that they will promptly document any report with an SIR. The auditor's review of Policy 15.4 and interviews with staff and youth, and personal observations of property in youth rooms during the site visit confirmed that youth can possess writing utensils and have access to paper, envelopes, and postage. The auditor interviewed (1) resident who reported sexual harassment at the facility. The resident told the auditor that her friend wrote the complaint on a grievance form

	<p>and put it in the grievance box, then the Assistant Director of Programs came and talked to her and her friend that same day.</p> <p>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. 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. Staff is informed of these procedures through policy and training. Interviews with (12) random staff confirmed they are aware they may go outside of their chain of command should they feel it is necessary to privately report sexual abuse and sexual harassment of youth by reporting to the Tip Line or going directly to the Office of Investigations PREA Unit investigator.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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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; Grievance Log 2022; Student Handbook English and Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Residents 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. Grievance forms may be placed in locked boxes located on each housing unit marked "Grievances". Grievance forms were observed by the boxes. 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. 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. The auditor's review of the (8) SIRs and investigative case files found (2) allegations were reported through the grievance process. The Grievance Officer, once retrieving the grievance, immediately made contact with the youth and reported the allegations for investigation through the PREA investigative protocols.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency</p>

	have demonstrated compliance with all provisions of this standard.
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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; Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information; List of Medical and MH Staff and Specialized Training; CSEC Response Pamphlet and First Responder Guide; Consular and Trade Offices Contact Information/Manual; CSEC Response Contact Sheet and Comprehensive Assessment Handout; Youth Consent to Disclose Protected and Confidential PREA Information; Emotional Support Flyer/Poster; Memo: Children's Healthcare of Atlanta, Stephanie V. Blank Center; MOU Children's Advocacy Centers (CAC) Stepping Stone (Dublin); Office of Victim Services Brochure; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.353(a)(b): Policy 23.1 establishes 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. Youth are further advised that DJJ is required by law to report all allegations of abuse as mandatory reporters once they become aware an incident has occurred, whether the incident occurred while in a DJJ facility or prior. The facility provided with the PAQ examples of signed DJJ Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information for (162) youth who were admitted to the facility within the audit period. The auditor also observed these signed forms in (16) randomly selected youth files reviewed during the site visit which were also provided with the PAQ during the Pre-Audit Phase. Facility reported no youth have requested outside victim advocacy. The auditor interviewed (1) resident who reported sexual abuse during the risk screening at intake. She told the auditor that she was provided the Victim Services brochure and asked if she would like to talk to an advocate. She told them she did not want to talk to anyone about the incident.</p> <p>An interview with the Agency's PREA Coordinator the auditor learned that the DJJ partners with Children's Healthcare of Atlanta (CHOA), Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations,</p>

behavioral health assessments and counseling, and medicine and distance learning. This center is a component of the CHOA Hospital and covered by EMTALA. As a partnering entity with EMTALA, DJJ does not need an MOU to benefit from these services. The Stephanie V. Blank Center is listed as the outside victim advocate for emotional support on Break The Silence! posters located on all housing units near the phone banks. The auditor contacted the Georgia Center for Child Advocacy and CHOA and confirmed that these services are available for youth confined at DJJ facilities and that an MOU is not necessary. The facility Director confirmed the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse through Division of Support Service 1-866-922-6360, Lou Fraser Foundation for Families, Inc., and DJJ Office of Victim Services 404-508-6500. The facility has available and is able to provide residents with mailing address and telephone number of U.S. Immigration & Customs Enforcement, 500 12 Street SW, Washington, D.C. 20536, 404-346-2300 for non-citizen youth access and information from the Consular and Trade Offices Contact list published by the State of Georgia. The agency does not detain youth solely for civil immigration process. The facility Director also explained that youth may contact RAINN using the housing unit phones and dialing speed dial 2 or contact the Stephanie V. Blank Center by phone or mail as described in the signage throughout the facility. The DJJ Office of Victim Services publishes a brochure for distribution to any residents who may need services.

Interviews with (19) youth verified that they are aware their communications are monitored by the facility by cameras and staff presence; additionally, they are aware that telephone calls made from the housing unit phones may be monitored and recorded. They also conveyed to the auditor that they can go through their JDC or Mental Health Counselor to set up a private call with an advocate from the community. They all understood that if they tell someone they have been abused or harassed that it has to be reported. Interviews also confirmed the staff inform 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 any limits to confidentiality under relevant federal, state, or local law. During interviews, youth explained they knew they could talk or write with outside confidential services, although none of the youth interviewed had done so. Youth verified that mailing addresses and telephone numbers for outside services are located on posters easily accessible by them.

There was (1) new arrival processed the morning of the site visit but had already been completed by the time the auditor arrived at the facility. The auditor asked the intake officer to explain how the youth are told about limits to confidentiality and the intake officer explained the following procedures. During intake, the intake officer or medical staff, depending on the time the youth arrives, covers the Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information form with each youth admitted to the facility. The information provided informs the youth that DJJ is required by law to report all claims of abuse, including sexual abuse and sexual assault, whether or not the alleged incident occurred on DJJ

property or while they were in DJJ custody; that DJJ staff are mandated reporters and are required by law to report; any alleged incident must be reported to the Department of Facility and Children Services (DFCS). It also advises each youth that they have a right to request a victim advocate, qualified agency staff or qualified community-based organization staff accompany them and provide support through a forensic medical examination process and investigative interviews, and provide support, crisis intervention and referrals as needed or requested. Youth are advised they may request any staff they feel most comfortable with to accompany them. They are further advised that they are under constant supervision by cameras and staff. This form is designed for youth under the age of 18 and those over. A youth over the age of 18 must consent to the release of information regarding an incident that occurred outside DJJ property or while in DJJ custody. After this is covered by staff with each youth, they are asked to sign and date the form.

During the site inspection the auditor observed contact information for advocacy resources available to youth. The agency publishes and distributes an Emotional Support Flyer to all facilities for posting. This flyer provides the telephone number and mailing address for CHOA-Stephanie V. Blank Center for Safe and Healthy Children for access by youth. The auditor observed this flyer posted in each housing unit, multi-purpose room, corridors, staff areas, recreation area, and education. This flyer can be easily read/accessed by youth. The signage language is clear, easy to understand, and at an appropriate reading level for the youth confined at Cadwell RYDC. Signage is provided in English and Spanish and can be translated for other languages if required. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The auditor verified that the information on the signage is accurate and consistent throughout the facility. Dialing instructions to reach external advocates (RAINN) by speed dial was observed located next to the telephones on each housing unit and is included on the PREA posters located in each housing unit, multi-purpose room, corridors, staff areas, recreation area, and education. Additionally, these instructions are provided through a recorded message when the caller picks up the phone handset prior to dialing. These dialing instructions are provided in both English and Spanish. Interviews with (12) random staff and (19) youth verified they are aware of the signate related to emotional support services and confirmed that this signage is always posted and not just displayed due to the audit. The auditor placed a test call from a randomly selected housing unit using the voice prompt instructions to the RAINN speed dial number and was connected with a counselor. Additionally, the auditor placed a test call to the prompt for Victim Services and left a voice message. A representative from the Victim Services office sent an email to the PREA Specialist confirming receipt of the call. The auditor observed that youth had access to writing utensils, envelopes, and paper which was further corroborated through policy review and interviews with youth and staff. An interview with administrative staff who handle mail processing explained that youth mail is not monitored for incoming or outgoing, unless there is a court order in place or a pending investigation. Locked boxes are on each unit for mail to be placed in by residents and is collected Monday

- Friday.

115.353(c): Policy 23.1 establishes 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. As the CSEC Response provider for the state of Georgia, the CSEC Response Team, a program of the Children's Advocacy Centers of Georgia, provides direct services for victims in the form of advocacy services, assessment, intensive case management services, and facilitates training and outreach to help build infrastructure and community capacity at their 52 child advocacy centers. Stepping Stone Child Advocacy Center in Dublin is the designated CAC for Cadwell RYDC, which was verified by review of the MOU and a telephone call with the Center's Executive Director. Additionally, she confirmed that there had been no request for services from Cadwell RYDC in the audit period. Based on a conversation with the Executive Director, facility Director, and DJJ PREA Specialist, the emotional support services provided by the Stepping Stone Child Advocacy Center are to be accessed by youth through their JDC or mental health counselor in order to allow the child to have a private and confidential meeting with the advocate/counselor. As a result, the phone number is not posted for the youth to be able to call directly from the housing unit phones. The mailing address is posted on the bulletin boards so a youth may contact them directly by mail. Based on the auditor's review of the MOU this information is consistent with the terms of the agreement.

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. An interview with the facility Director and the PCM learned that attorney visits and calls are not monitored and that a youth can meet with their legal representative at most any reasonable time through a scheduled visit. The facility has a private interview room that is used for this purpose. Interviews with (19) youth verified that they are allowed to meet in person or talk with legal representation without being monitored. All youth explained that they are able to talk or visit with family members/friends and their Probation Officer from the outside without restriction. They understand that visits and phone conversations with family, friends, and their Probation Officer are potentially monitored. The auditor interviewed (1) resident who reported sexual harassment at the facility. She told the auditor that the PCM talked to her about the victim advocate and asked if she wanted to talk to someone, which she declined. She said that the PCM told her if she changed her mind to let her know and she would help her make a call to talk to someone.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.

115.354	Third-party reporting
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	Auditor Overall Determination: Meets Standard
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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; Youth Poster No Means No; See Something Say Something Pamphlet; Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.

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 signage 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 staff or public partners have something important to report and they want to keep it anonymous, they can complete 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 online. 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.

During the site visit, the auditor actively observed posted and printed signage throughout the facility which was easily read/accessed by youth, easy to understand, and at an appropriate reading level for juveniles. Signage is provided in English and translated to Spanish, which is the most common second language spoken in Georgia. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The information on the signage is accurate. Third-party reporting information was observed posted at the entrance lobby of the facility and in the multi-purpose room where visitation is held, and in the private interview rooms used for visits by legal representatives. Additionally, the DJJ website has an Online TIP Reporting Form on its public website and an application for language translations.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 456">Evidence Reviewed: Policies 8.5, 8.9, 23.1; 8.5 Attachment B; 8.5 Attachment J; SIR/ Investigative Case Files; Georgia Child Protective Services Memo; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="280 497 1477 987">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 or retaliation. All staff and practitioners must report sexual abuse to designated supervisors or the PREA Unit Field Supervisor. Interviews with (12) random staff and review of training material confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1028 1469 2024">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 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. When completing the required SIR, 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. In cases where youths reported prior sexual abuse, notification was made according to the state's mandatory reporting laws. Based on review of the (8) investigative case files, notification was made to DFCS in cases where it was required.</p>

Interviews with (12) random staff confirmed staff received training on the agency's zero-tolerance policy on sexual abuse and sexual harassment and had a thorough understanding on how to fulfill responsibilities regarding sexual abuse and sexual harassment reporting and response and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. Medical and mental health staff interviewed indicated that they disclose the limitations of confidentiality and their duty to report during the initiation of services to a resident. Interviews also verified that they are aware they are mandated reporters and 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. Interviews with the facility Director and the PCM learned that when the facility receives an allegation of sexual abuse or sexual harassment, regardless of the method received (including third-party and anonymous) the facility Director (or the designated ADO) will notify the Regional Administrator and the Office of Investigations immediately. A notification will also be made to the parent/guardian, unless the youth is under guardianship of the State or Juvenile Court and notification would be made to the youth's respective DFCS case worker or the youth's attorney, as applicable. All reports of sexual abuse and sexual harassment.

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. Interviews with (12) random staff and (3) supervisory staff found they 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.

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, and will be administratively and criminally investigated by the DJJ Office of Investigations. A review of the (8) investigative case file verified that sexual abuse or sexual harassment allegations were referred to the Office of Investigations, PREA Unit for investigation.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: Policies 8.7, 8.9, 23.1; 8.7 Attachment B; Youth Safety Plan; SIR/ Investigative Case Files; Custody & Housing Reports; Observations During Site Visit; Information Obtained from Interviews.

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 by utilizing the least restrictive alternative and that the situation is addressed as soon as possible. The facility reports that no instances were reported that a resident was subject to a substantial risk of imminent sexual abuse. Interviews with the Director, PCM, and other staff confirmed that upon notification that a youth may be at risk of harm from others, they would immediately be taken to a safe location or secured in their rooms until the threat could be assessed and resolved in the most appropriate means. Each youth is afforded a single occupancy secure room. An interview with the Agency Head found that when a resident is subject to risk of imminent sexual abuse, the facility is trained to respond immediately, with no delay, and 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 imminent threat will immediately be made to the Regional Administrator with a request for transfer to another facility if the youth cannot be housed safely at Cadwell RYDC. The youth will be removed from the threat immediately and remain with staff if deemed necessary. Mental health and medical will be notified, and the shift will be briefed on the situation. The (12) random staff and (3) supervisory staff interviewed 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. Interviews confirmed that upon notification that a youth may be at risk of harm from others, they would immediately be taken to a safe location or secured in their rooms until the threat could be assessed and resolved in the most appropriate means. The auditor's review of investigative case files found that no youth was identified as being in imminent danger of sexual abuse; however, (1) resident involved in a case was transferred to another facility to provide separation from the other resident.

A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1; 115.363 Accountability Statement; SIR/ Investigative Case Files; 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 Investigations. 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, which was also verified during the auditor's interview with the facility Director and the PREA Investigations Supervisor, and review of investigative case files.</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 indicated that no allegations were received from other facilities claiming sexual abuse or sexual harassment occurred at this facility, which was also verified during the auditor's interview with the facility Director and the PREA Investigations Supervisor, and review of investigative case files. Interviews with the Agency Head and facility Director confirmed that these allegations would be forwarded to the Office of Investigations where they would be investigated, regardless of where it was alleged to have occurred or where the allegations were reported.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 23.1, 23.2; 23.1 Attachment M; Cadwell RYDC Coordinated Response Plan; Staff First Responder Cards; 115.364 PREA Accountability Statement; SIR/Investigative Case Files; 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</p>

	<p>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. The auditor's review of (8) investigative case files found that a full SART response was not required due to the nature of the allegation; however, once the matter was brought to the attention of security, the alleged victim was separated from the alleged perpetrator. Additionally, in (1) case where the alleged perpetrator was a staff member, that staff member was removed from access to the youth involved and then reassigned to a non-contact post during the investigation. The auditor's review of these (8) SIR/Investigative Case Files confirmed that in all cases, the first staff to learn of the allegation acted appropriately in response to the situation within the guidelines established by agency policy with regard to safety of the residents, reporting, and documenting the incident.</p> <p>There were no sexual abuse allegations reported within the audit period that required a full SART activation; however, the auditor interviewed (12) random staff and (3) supervisors and asked them to explain what they would do if they were the first responder to a PREA incident. All staff interviewed were proficient in explaining their first responder duties and stated they would separate the victim and perpetrator, preserve any evidence or crime scene (including evidence on the person), and take the alleged victim to medical for assessment. Non-security staff explained all the same steps except they would contact a security staff.</p> <p>A systematic review and analysis of the evidence concluded 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 Template; 115.365 PREA Accountability Statement; Cadwell RYDC Coordinated Response Plan; SIR/ Investigative Case Files; 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,</p>

	<p>Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members. The auditor reviewed a signed Sexual Abuse Coordinated Team Response form and found it complete and comprehensive; this plan has been reviewed and signed by the designated team members with the last review being conducted on January 16, 2024.</p> <p>During interviews with the facility Director, PCM, medical staff, mental health staff, and investigators verified they were knowledgeable about the coordinated response plan and explained to the auditor how they would all work together to ensure an immediate and cohesive response would be enacted in the event of a sexual abuse at the facility. The facility had (8) allegations reported between January 10, 2023-March 31, 2024, and none required a full SART activation; however, facility staff worked in coordination to respond to each incident as was appropriate to the circumstances of the situation.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <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 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. The auditor's review of investigative files confirmed that suspected staff perpetrators are removed from youth contact during an investigation. In (1) case involving staff, the investigative case file documented that the staff member was placed on non-contact with youth during the investigation.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; Completed Retaliation Monitoring Forms; SIR/ Investigative Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Policy 23.1 establishes that Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident makes a claim of 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 participates and provides information during the monitoring period. The auditor reviewed SIR/Investigative Case Files and completed retaliation monitoring forms and found that the facility consistently conducted retaliation monitoring on all youth alleged victims for at least 90 days and documented the monitoring. The documentation includes a cover sheet explaining what action was taken to separate youth and how the staff intends to alleviate possible retaliation. Also, the resident being monitored is asked to sign the retaliation monitoring form indicated a face-to-face interaction has occurred. The monitoring further indicated it is conducted weekly as required by the agency's policy. There were no staff monitored for retaliation during the audit period.</p> <p>An interview with the Agency Head confirmed that the PCM is the designated staff at each facility responsible for monitoring retaliation; if local staff cannot conduct the monitoring, the PREA Coordinator or Victim Services Director will conduct the monitoring. Furthermore, during the monitoring, if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. Interviews with the facility Director and PCM confirmed that youth's conduct is monitored as well as their treatment with such incidents as disciplinary reports, unwarranted housing or program changes; with staff any negative performance reviews or any reassignment of duties would be reviewed carefully. The auditor interviewed (1) resident who reported sexual abuse. The resident explained that staff checked in on her for several weeks after she reported the incident to make sure she experienced no retaliation as a result of reporting sexual</p>

	<p>abuse at the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceeds based on policy and practice that requires retaliation monitoring occur weekly.</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, 23.2; 115.368 PREA Accountability Statement; SIR/Investigative Case Files; 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. The facility indicated no incidents where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the audit period.</p> <p>Interviews with facility Director, PCM, JDCs, and security staff confirmed that the facility does not place youth in segregated housing if they allege a sexual abuse incident has occurred. Interviews with medical and mental health staff confirmed that youth placed on isolation for any reason receive daily visits. The auditor reviewed (8) investigative case files and concluded no youth who reported sexual abuse or sexual harassment was placed in segregation/isolation after making the report. During an interview with (1) resident who reported an allegation the auditor confirmed that she was not placed in isolation as a result of reporting sexual harassment.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

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; SIRs and Investigative Case Files; 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 coding based on descriptions and definitions and the investigation requirements based on the type of allegation reported. 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 auditor conducted interviews with the Office of Investigations PREA Unit Supervisor and the PREA Unit Field Investigations Supervisor confirming 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. Investigators also confirmed their completion of the agency's extensive training programs, as outlined in standard 115.334. These interviews also confirmed that criminal investigations are documented and include thorough descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence. An interview with the PCM and review of the Allegations Tracking Spreadsheet found (7) sexual abuse allegation and (2) sexual harassment allegations were made between January 10, 2023-April 16, 2023. A review of the case files confirmed that once the facility Director and/or PCM was made aware of the allegation it was immediately referred to the Office of Investigations. The auditor's review of the investigative case files also found that a prompt, objective, and thorough investigation was completed for each case; files were noted where retrieval of video footage was attempted and obtained, and statements were gathered from youth involved and witnesses.

115.371(b): The auditor's review of (9) investigative case files determined the investigator of record in each case has received specialized training in sexual abuse investigations as evidenced by training records and noted in Standard 115.334.

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 consultation with prosecutors. An interview with the Office of Investigations PREA Unit Supervisor confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. There were no substantiated cases referred for the prosecution at this facility during the audit period. Case files included efforts to determine whether staff actions or failures to act contributed to the sexual abuse. Cases were well noted if violations of PREA policy other than sexual abuse or sexual harassment identified during the investigation were substantiated. Additionally, written reports contained a description of the testimonial evidence and any physical evidence that was obtained, the reasoning behind credibility assessments, and investigative facts and findings. The auditor observed the local SIR and case file related documents stored in the PCM's locked office in a securely locked filing cabinet. The facility Director's is the only other authorized person who can access the PCM's office. Agency level investigative files are electronically stored in a secure database, with access granted only to those on a need-to-know basis. Informal conversations with staff regarding access to secure information, including medical and mental health files and sexual abuse and sexual harassment reports, found that they are restricted to authorized staff only. Dispositions of cases were (1) Staff/Resident Sexual Abuse Unsubstantiated; (2) Resident/Resident Sexual Abuse Substantiated; (4) Resident/Resident Sexual Abuse Unsubstantiated; (1) Resident/Resident Sexual Harassment Substantiated; (1) Resident/Resident Sexual Harassment Unsubstantiated. Cases that involved staff misconduct for violations other than sexual abuse or sexual harassment were held accountable through the agency's disciplinary procedures discussed in 115.376.

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. Interviews with the (2) investigators and history of substantiated case files agency wide confirmed that credibility is assessed on an individual basis and not based on their status as a resident or staff. Further, the victim is never required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. The auditor interviewed the youth who made the allegations and found that he was not required to submit to a polygraph during the interview. Case files were documented with reviews of any prior PREA case involvement and credibility statements. An interview with (1) resident who reported sexual harassment concluded that the investigator did not require the resident to take a polygraph test.

	<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. Interviews with the PREA Coordinator and PREA Unit Investigations Supervisor were aware of the required retention of investigations and stated these documents are retained securely at central office for the required retention period.</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.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceed based on the agency's requirement and practice of providing notification of disposition to the victim in sexual harassment cases.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1; 23.1 Attachment K; 115.371 PREA Accountability Statement; SIR/Investigative Case Files; 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. The facility had (7) sexual abuse allegation and (2) sexual harassment allegations between January 10, 2023-April 16, 2024. The auditor reviewed (9) investigative case files and interviewed the (2) investigators concluding that a preponderance of the evidence was appropriately applied to the investigations in determining the findings and documented in the case files.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.373	Reporting to residents
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Policy 23.1; Resident Notification of Investigative Outcome; Investigative Case Files; Information Obtained from Interviews.

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. The facility indicated (7) sexual abuse allegation were investigated and (2) sexual harassment allegations were investigated between January 10, 2023-April 16, 2024. The auditor reviewed the case files and found documentation that the residents were notified of the investigation outcome. 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 makes the notification to the victim of the outcome of the investigation once they are notified that the case is closed. The auditor interviewed one youth who alleged abuse at the facility who confirmed that he was notified of the outcome of the investigation.

115.373(b): The DJJ Office of Investigations conducts all investigations; therefore, the facility meets this standard through non-applicability.

115.373(c)(d)(f): The agency has created a template, Resident Notification of Investigative Outcome, 23.1, Attachment I, which is used to inform residents of the outcome of an investigation. The auditor's review of the Resident Notification of Investigation Outcome form, confirmed that it includes notification to the alleged victim (where applicable) 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. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. Additionally, following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no substantiated staff-to-resident allegations of abuse or resident-to-resident allegations of abuse; therefore, no youth were notified of staff or resident reassignments; transfers; resignations; terminations or pending criminal charges. However, the agency requires that residents and reporters be notified of the outcome of an investigation on sexual harassment allegations which exceeds the minimum requirement of this standard. The facility provided completed Resident Notification of Investigation

	<p>Outcome forms for the closed cases indicating residents had been notified of the disposition of the case.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceeds due to providing notification to residents upon closure of sexual harassment cases.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 3.80 and 23.1; SIR/Investigative Case Files; Staff Disciplinary Action; 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 have 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. There were no substantiated allegations of staff/resident sexual abuse. However, there were (3) violations of PREA policy and (1) employee misconduct determined by the investigator during the course of the investigations. The facility provided documentation where these staff were disciplined through the agency's employee disciplinary procedures. Interviews with the Agency Head, PREA Coordinator, 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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

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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 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, Investigators, and facility 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. The auditor's review of (8) investigative case files and interview with the facility Director confirmed there were no allegations reported involving a contractor or volunteer within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

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>

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. 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 disciplinary actions for sexual abuse to review because there were no substantiated allegations perpetrated by a resident during the audit period. Interviews with (2) mental health staff verified the facility would offer counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The resident's participation as a condition of access to services is not required.

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. Medical services staff shall be notified immediately when 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 progress note. An interview with the facility Director, security staff, education, JDC, and medical and mental health staff confirmed that youth placed in isolation receive daily large-muscle exercise, access to education, daily visits from medical and mental health, and access to other required programs. The facility provided the Behavioral Infractions Grid used to determine codes and severity ratings of infractions and to determine sanctions appropriate to the offense. There were (6) resident/resident abuse cases investigated; however, (2) resident/resident sexual harassment cases were substantiated during the audit period and youth were held accountable for their inappropriate behavior based on the results of the investigation.

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 will 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 (2) mental health counselors confirmed this practice is observed and well implemented at the facility.

	<p>There were (6) resident/resident sexual abuse investigations during the audit period. Two residents received disciplinary reports for consensual sexual activity; the auditor reviewed these reports and found that the mental health counselor was consulted for both residents, and upon the mental health counselor's recommendation, both were able to proceed with the hearing.</p> <p>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. This was confirmed during an interview with the Agency Head, PREA Coordinator, and facility Director.</p> <p>115.378(g): The agency prohibits consensual sexual behavior between youth. The facility provided the Behavioral Infractions Grid which is used to apply disciplinary sanctions for youth who violate facility policies and rules. In addition, interviews with youth confirmed they are aware that any sexual activity is not permitted. One investigative case file concluded that the sexual misconduct/non-penetrative was consensual and both residents received a disciplinary report and sanctions for their violations after due process.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5, 11.1, 11.2, 12.10, 22.3, 23.01; 23.01 Attachment F, Consent to Disclose Protected and Confidential Information; 8.5 Attachment I, SIR Codes; 115.381 PREA Accountability Statement; Sexual Incident Reports (SIR) (B6P Codes; Mental Health Evaluations; Victim Services Brochure; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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 a 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 and provided (9) examples where youth who report prior sexual victimization during the risk screening at intake received a mental health referral. The auditor reviewed the related SIRs and secondary medical and mental health documentation indicating these assessments and referrals were made appropriately.</p>

The auditor interviewed the intake officer and confirmed if a screening indicates that a resident has experienced prior sexual victimization or perpetration, the facility Director and medical is notified, an SIR is completed, and the Department of Family and Children's Services (DFCS) is notified. The auditor interviewed medical and mental health staff and confirmed that the youth is referred for follow-up meetings with a medical and/or medical health practitioner. Based on an interview with the HSA and (2) mental health counselors, all youth are seen by medical staff within (2) hours of arrival and when a youth discloses prior victimization the healthcare staff makes a referral to mental health and mental health will follow up within 72 hours and were referred to mental health. The facility indicated no youth were known to have a history of prior resident/resident perpetration. The auditor asked for an updated list of residents who reported sexual abuse during the risk screening for the period of January 1, 2024-current which resulted in (15) residents. The auditor selected (9) SIRs to review. The auditor selected (1) resident to interview from the list and used the Residents Who Disclosed Prior Sexual Victimization During Risk Screening questionnaire. The resident stated that when she reported the prior abuse to the intake officer a report was written and then she went to the medical department. While in medical, the nurse asked her other health related questions and then asked her about the prior abuse. She said she was asked if she wanted to talk to someone in mental health about the incident and she said she was okay. She said that she met with a mental health counselor a couple of days later and did not want to talk about it but that the counselor said to let her know if she changed her mind. The auditor reviewed the SIR that was written when the resident made the report and found that she met with medical within two hours of arrival and that a mental health counselor met with her within 72 hours; additionally, DFCS was notified in accordance with the state's mandatory reporting laws.

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 obtain 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. The facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and the facility PCM. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. In interviews with the PCM and intake, mental health, and medical staff, they 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. The auditor observed electronic safeguards of any information or documentation collected and maintained electronically. Medical records are only accessed by authorized personnel in the password-protected database. Information collected during the risk screening instrument is entered directly into the agency's electronic database and can only be accessed by users with authorized access. Informal conversations with staff confirmed the electronic database is password protected and only authorized staff

	<p>have access to the risk screening information. All you read (or have read to them) the 23.01 Attachment F, Consent to Disclose Protected Confidential PREA Related Information upon arrival at the facility. This consent form explains that any prior abuse disclosed by the youth will be reported to and shared with DFCS, DJJ Office of Investigations, and other individuals and staff involved in providing care and treatment and who have a need to know. If the youth is over the age of 18 they may decline consent to release this information. The facility provided (157) examples of signed Consent to Disclose Protected and Confidential Information forms.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policies 2.10 and 23.1; 23.1 Attachment M; 23.2 Attachment A; 115.382 PREA Accountability Statement; MOU with local hospital Fairview Park Hospital (Dublin); MOU CAC Stepping Stone; 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, emergency medical care will be provided at the Fairview Park Hospital Emergency Room. An interview with the Emergency Department confirmed that the hospital does not have SANE/SAFE staff. Sexual assault examinations would be conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the Stepping Stone Child Advocacy and Sexual Assault Center. STI labs and emergency contraception will be ordered by the attending physician and follow-up labs and medication will be administered by the facility's medical department. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame.</p> <p>An interview with the facility Director, Medical Director, HSA, and an RN confirmed that if for some reason a forensic medical examination cannot be conducted at Stepping Stone then the agency has an agreement with the Children's Hospital of Atlanta (CHOA) for treatment, SANE/SAFE, and advocacy services. The auditor corroborated by phone call to CHOA that a youth confined to DJJ facilities would receive timely, unimpeded access to emergency medical treatment. An interview</p>

	<p>with the HSA 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. The auditor reviewed (8) closed investigations and found that the incidents did not warrant a forensic medical examination; however, the auditor's review of the case files determined that once a sexual abuse or sexual harassment allegation is reported the youth are seen by medical immediately for an evaluation and mental health follow-up if warranted. Interviews with (12) random staff learned found they were knowledgeable of their first responder duties and knew exactly what steps to take to protect a victim of sexual abuse and preserve evidence.</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 medical staff.</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
	<p>Evidence Reviewed: Policies 2.10, 23.1, and 23.2; NIC PREA Certificates; Practitioner Credentials; List of Medical and Mental Health Staff; Investigative Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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 establishes 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</p>

	<p>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 a staff of Qualified Mental Health Providers (QMHP) 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.</p> <p>115.383(d)(e): 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. Review of the investigative case files determined there were no incidents involving sexual abuse where a pregnancy test was required.</p> <p>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. An interview with the youth that reported sexual harassment advised the auditor that she, nor her family, were charged for medical or mental health visits related to the incident.</p> <p>115.383(h): In accordance with DJJ policies, 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. There were no known youth-on-youth abusers at the facility during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment J; 23.1 Attachment M; Completed Incident Reviews; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c)(d)(e): 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</p>

	<p>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. The auditor interviewed the facility Director, PCM, and other review team members and confirmed the facility has a sexual abuse incident review team that includes upper-level management officials and allow for input from line supervisors, investigators, and medical or mental health practitioners. These members explained that during a review, the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics at the facility and prepares a written report utilizing the agency's template, 23.1 Attachment J, Sexual Abuse Incident Review Team Meeting.</p> <p>There were (8) allegations of sexual abuse reported during the audit period and a review of the case files verified that a sexual abuse incident review was completed for every case within 10 days of being notified of the closing of the investigation. Additionally, the team documented consideration of all the elements required to be reviewed, considered, and assessed on the form. The Sexual Abuse Incident Review Team Meeting minutes were signed by all members present and was approved by the facility Director. Members represented were facility Director, Assistant Director, JDC, representatives from medical and mental health services and security. An interview with the PCM and facility Director learned that recommendations by the review team are implemented when appropriate and feasible.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceed provision (b) in requiring the review be completed within ten days after the investigation closes which the facility demonstrated in practice.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5, 23.1; 23.1 Attachment K; PREA Annual Report 2022; PREA Annual Report 2021; PREA Annual Report - 2020; PREA Annual Report - 2019; Agency's SSV Report 2018-2021; DJJ Website Search; Information Obtained from Interviews.</p> <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</p>

	<p>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 agency SSV reports and the most recent PREA Annual Report (2022) for review. An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. The annual report reflects that the agency has submitted 2021 DOJ Survey of Sexual Violence report as required. The PREA Coordinator explained the SSV-5 is completed by her office and submitted to DOJ upon request. The yearly comparison report is included each year in the annual report dating back to FY2013.</p> <p>A systematic review and analysis of the evidence concluded 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; PREA Annual Report - 2019; PREA Annual Report 2020; PREA Annual Report 2021; PREA Annual Report 2022; 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 last three published Annual Reports and found they include a comparison of the current year's data and corrective actions with those from prior years. Additionally, the Annual Report provides an assessment of the agency's progress in addressing sexual abuse. Interviews with the Agency Head and PREA Coordinator found that the agency is continually assessing the effectiveness of its sexual abuse prevention, detention, and response policies, practices, and training. When problem areas are identified they are addressed on a statewide level. Remedial training is directed when needed to ensure staff understand all aspects of the program.</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 identifiers. The 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 PREA Annual Report published on the</p>

	<p>agency's public website.</p> <p>A systematic review and analysis of the evidence concluded 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 5.1; 23.1; DJJ Website Translations; PREA Annual Report - 2019; PREA Annual Report - 2020; PREA Annual Report - 2021; PREA Annual Report 2022; Agency SSV Reports 2018-2021; 2022 PREA Annual Report; Information Obtained from 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 and Agency Head, all data collected is securely retained in the agency's computer database with restricted access. Access to this data must be granted through the requestor's chain of command and approved by the Agency's PREA Coordinator. At the local level, the auditor observed investigation paper files are stored in a securely locked filing cabinet within the facility Director's office which has restricted access.</p> <p>115.389(b): The requirement for PREA compliance and data collection at the community sites began in 2023; therefore, there was no sexual abuse data collected from contracted facilities prior to 2023.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 a private organization on behalf of the agency was audited at least once. Also, one third of each facility type used by the agency was audited. The last PREA Audit for this facility was conducted on April 21-22, 2021, with a final report date of August 18, 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. The auditor reviewed the agency's website and found final reports for all facilities as required, to include contracted facilities.</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 off the main facility corridor was provided to the auditor for 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, as required. This audit was previously contracted with another auditor who was unable to complete the audit. Prior auditor notices were replaced with this auditor's notices on March 11, 2024, more than six weeks prior to the audit. These notices were posted per the auditor's instructions and photos of the postings were provided to the auditor by email for verification of posting. The auditor observed the audit notices in all main corridors, multi-purpose room, front entrance, and housing units conspicuously posted. 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 an interview with administrative staff who handle mail and the PCM, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. Interviews with youth confirmed that they were aware of the audit notices and that they could correspond by mail. 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
	<p>Auditor Discussion</p> <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, including contract 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>
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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?	no
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))	na
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.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (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.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (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.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (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.)	no
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.)	na
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.)	no

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?	no
	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).)	na
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.)	yes
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.)	yes
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