

# PREA Facility Audit Report: Final

**Name of Facility:** Claxton Regional Youth Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 04/25/2023

**Date Final Report Submitted:** 06/20/2023

| 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"/>                    |
| <b>Auditor Full Name as Signed:</b> Sharon Ray Shaver   | <b>Date of Signature:</b><br>06/20/<br>2023 |

| AUDITOR INFORMATION                 |                         |
|-------------------------------------|-------------------------|
| <b>Auditor name:</b>                | Shaver, Sharon          |
| <b>Email:</b>                       | sharonrshaver@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 03/20/2023              |
| <b>End Date of On-Site Audit:</b>   | 03/20/2023              |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Claxton Regional Youth Detention Center              |
| <b>Facility physical address:</b> | 3609 Bill Hodges Road, Claxton, Georgia - 30417-6235 |
| <b>Facility mailing address:</b>  |  |

| <b>Primary Contact</b>   |                               |
|--------------------------|-------------------------------|
| <b>Name:</b>             | Michael Joyce                 |
| <b>Email Address:</b>    | Michael.Joyce@djj.state.ga.us |
| <b>Telephone Number:</b> | 229-977-0101                  |

| <b>Superintendent/Director/Administrator</b> |                                |
|--|--------------------------------|
| <b>Name:</b>                                 | April DeShields                |
| <b>Email Address:</b>                        | AprilDeShields@djj.state.ga.us |
| <b>Telephone Number:</b>                     | 404-831-4978                   |

| <b>Facility PREA Compliance Manager</b> |  |
|---|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Health Service Administrator On-Site</b> |                              |
|--|------------------------------|
| <b>Name:</b>   | Misena Womble, RN            |
| <b>Email Address:</b>                                | MisenaWomble@djj.state.ga.us |
| <b>Telephone Number:</b>                             | 912-739-5387                 |

| <b>Facility Characteristics</b>  |    |
|--|----|
| <b>Designed facility capacity:</b>   | 30 |
| <b>Current population of facility:</b>   | 22 |
| <b>Average daily population for the past 12 months:</b>                        | 20 |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No |

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| <b>Which population(s) does the facility hold?</b>   | Both females and males |
| <b>Age range of population:</b>  | 11-19                  |
| <b>Facility security levels/resident custody levels:</b>   | All                    |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 34                     |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 1                      |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 1                      |

#### AGENCY INFORMATION

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

#### Agency Chief Executive Officer Information:

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

#### Agency-Wide PREA Coordinator Information

|              |              |                       |                             |
|--------------|--------------|-----------------------|-----------------------------|
| <b>Name:</b> | Latera Davis | <b>Email Address:</b> | lateradavis@djj.state.ga.us |
|--------------|--------------|-----------------------|-----------------------------|

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

5

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

#### Number of standards met:

38

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2023-03-20 |
| 2. End date of the onsite portion of the audit:   | 2023-03-20 |

#### Outreach

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| 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<br><input type="radio"/> No                     |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | GANESA; Stepping Stone Child Advocacy Center; Children's Advocacy Centers of Georgia |

### AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity:  | 30   |
| 15. Average daily population for the past 12 months:                             | 20   |
| 16. Number of inmate/resident/detainee housing units:                            | 3  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><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**

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| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 29 |
| <b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 8  |
| <b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 0  |
| <b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 3  |

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| <p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>                 |
| <p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>                 |
| <p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>3</p>                 |
| <p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>                                     | <p>0</p>                 |
| <p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>No text provided.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |                          |
| <p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>34</p>                |
| <p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>   | <p>1</p>                 |

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| <b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>                        | 1  |
| <b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b> | No text provided.  |
| <b>INTERVIEWS</b>  |  |
| <b>Inmate/Resident/Detainee Interviews</b>   |  |
| <b>Random Inmate/Resident/Detainee Interviews</b>  |  |
| <b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  | 5  |
| <b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>   | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input checked="" type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| <b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>  | There were 29 youths assigned to the facility during the audit, 8 females and 21 males. The auditor interviewed 5 of the 8 females and 9 of the 21 males. There were only black females present; race breakdown of males was 5-white/1-other/16-black. Interviewees included 2-white/1-other/3-black.  |



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| <b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | The auditor met no barriers to completing interviews or ensuring representation.   |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |  |
| <b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 11   |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |  |
| <b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 0  |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>  | <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.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Interviews with the Facility Director, security staff, medical staff, education staff, and JDCs indicated there were no youths at the facility who had a physical disability. The auditor observed youth while on the housing unit, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p> |
| <p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>4</p>   |
| <p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>   |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>            |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Interviews with the Facility Director, security staff, medical staff, education staff, and JDCs indicated there were no youths at the facility who were low vision or blind. The auditor observed youth while on the housing unit, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>  |

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

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>Interviews with the Facility Director, security staff, medical staff, education staff, and JDCs indicated there were no youths at the facility who were LEP. The auditor observed youth while on the housing unit, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>       |
| <p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>3</p>  |
| <p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>Interviews with the Facility Director; security staff, medical staff, and JDCs indicated there were no youths at the facility who were transgender or intersex. The auditor observed youth while on the housing unit, outside during recreation, and attending school and observed nothing that would indicate otherwise.</p>    |
| <p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>   | <p>1</p>  |

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|---|---|
| <p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>   | <p>3</p>  |
| <p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>Interviews with the Facility Director, security staff, medical staff, and JDCs indicated there were no youths at the facility who had been placed in segregated housing/isolation for risk of sexual victimization. A review of the case files and interview with the youth involved in a PREA allegation confirmed there was no youth placed in segregation for this purpose.</p> |
| <p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>  | <p>The auditor met no barriers to completing the interviews; oversampling occurred in the cognitive disability and reported prior sexual abuse categories to compensate for no physical disability, LEP, TG/IS, or Isolation.</p>   |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>   |   |
| <p><b>Random Staff Interviews</b></p>   |   |
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>  | <p>12</p>   |

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| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>No text provided.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>18</p>   |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |

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

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

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



|   |   |
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|   | <input checked="" type="checkbox"/> Other   |
| <b>If "Other," provide additional specialized staff roles interviewed:</b>  | Victim Services Director; Classification Coordinator.   |
| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>  | 1   |
| <b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>  | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input checked="" type="checkbox"/> Religious<br><input type="checkbox"/> Other   |
| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of CONTRACTORS who were interviewed:</b>   | 1   |
| <b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input checked="" type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |

|   |                   |
|---|-------------------|
| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b> | No text provided. |
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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.

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| <b>84. Did you have access to all areas of the facility?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
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**Was the site review an active, inquiring process that included the following:**

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| <b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|---|--|

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|--|--|
| <b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|--|--|

|   |  |
|---|--|
| <b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|---|--|

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

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

The Claxton Residential Youth Development Center (RYDC) is a single level facility located in Claxton, Georgia housing both male and female youth on separate wings. The housing capacity is 22 males and 8 females. During the site visit the auditor toured all areas of the facility which included the front lobby, administrative offices, girls dormitory, boys dormitory, classrooms, multi-purpose room, kitchen/dining, food storage areas, intake area, outside grounds, medical unit, and outside classrooms. All offices have windows creating direct visibility and doors were secured if not in use. Signage displayed if the areas were accessible by youth or restricted to staff only. The only doors observed with no windows were the pipe chases and mechanical rooms, exterior fire doors, and restricted storage areas marked "No Youth Allowed". The auditor was provided a list of all cameras and their locations. This system consists of 94 cameras including coverage inside and outside the facility. A visit to the control room allowed the auditor to review camera placements/views and there were no areas where a youth could be seen using the restroom or showering. Youth are required to change clothing either in the shower area or in their rooms, and no camera view were able to see in these areas. Education is housed in two locations, inside off the multi-purpose room and in a modular unit behind the main facility, consisting of two classrooms. There is a recreation area behind education. The medical unit is also housed in a modular unit. Outdoor cameras cover all areas surrounding these buildings, parking lots, entrance, and exit. Additionally, youth are not allowed access to these areas without escort. There are two housing units with 30 rooms (22-male side/8-female side), and 2 holding cells. The unit housing male youths is divided into two wings with a shared dayroom; these rooms are generally assigned by age, with the younger youth assigned to one wing and the older youth assigned to the other. All youths are assigned one to a room.

Shower areas have a door with window, and inside have separate stalls with shower curtains on each stall. Showers are supervised by same gender staff. The auditor was unable to place a test call because the phones were down due to recent weather conditions. However, the auditor requested that the facility conduct a test call and provide evidence to the auditor the test call was successful once the phone lines were repaired. There were no new intakes during the site visit, but the intake staff provided a simulation of the intake procedures. The auditor toured all areas of the facility and held informal conversations with staff and youth during the site inspection. The facility was clean in in good repair.

### **Documentation Sampling**

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

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

Yes

No

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

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

- 1.2, Organization Chart
- 2.10, Youth Medical Expenses
- 2.16, Contracts Administration
- 3.52, Background Investigations
- 3.80, Employee Progressive Discipline
- 4.2, New Employee on the Job Training
- 4.5, Staff Training Requirements
- 7.6, Video Monitoring Systems
- 7.10, Building & Equipment Maintenance
- 8.1, Security Management
- 8.15, Video Cameras
- 8.2, Administrative Duty Officer
- 8.20, Room Checks
- 8.22, Searches and Contraband Control
- 8.5, Special Incident Reporting
- 8.8, Use of Isolation
- 11.1, Medical Intake Screening
- 11.2, Nurse Health Appraisal and Physical Examination
- 11.30, Infection Control
- 12.10, Mental Health Screening

- 12.11, Mental Health Assessment
- 13.32, Special Education Services
- 14.3, Citizen and Volunteer Involvement
- 15.10, Language Assistance Services
- 15.11, Request for Services
- 15.2, Grievance Process
- 15.3, Youth Access to Court and Counsel
- 15.5, Youth Visitation
- 15.6, Access to Mail
- 15.7, Access to Telephone
- 15.9, Ombudsman
- 17.1, Admission to a Secure Facility
- 17.3, Custody and Housing Assessment
- 18.4, Work Activities for Youth
- 22.3, Internal Investigations
- 23.1, Prison Rape Elimination Act
- 23.2, Sexual Assault
- 23.3, LGBTI
- Student Handbook

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

|                                      | <b># of sexual abuse allegations</b> | <b># of criminal investigations</b> | <b># of administrative investigations</b> | <b># of allegations that had both criminal and administrative investigations</b> |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| <b>Inmate-on-inmate sexual abuse</b> | 3                                    | 0                                   | 3   | 0  |
| <b>Staff-on-inmate sexual abuse</b>  | 0                                    | 0                                   | 0   | 0  |
| <b>Total</b>                         | 3                                    | 0                                   | 3   | 0  |

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

|   | <b># of sexual harassment allegations</b> | <b># of criminal investigations</b> | <b># of administrative investigations</b> | <b># of allegations that had both criminal and administrative investigations</b> |
|---|---|-------------------------------------|---|--|
| <b>Inmate-on-inmate sexual harassment</b> | 4   | 0                                   | 4   | 0  |
| <b>Staff-on-inmate sexual harassment</b>  | 3   | 0                                   | 3   | 0  |
| <b>Total</b>                              | 7   | 0                                   | 7   | 0  |



## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 1         | 2               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 0       | 1         | 2               | 0             |

### Sexual Harassment Investigation Outcomes

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

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

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

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 3               | 1             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 3               | 0             |
| <b>Total</b>                              | 0       | 0         | 6               | 1             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

3

|   |   |
|---|---|
| <p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>   |   |
| <p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>3</p>  |
| <p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>  | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>  |   |
| <p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>0</p>  |
| <p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>  |

|   |  |
|---|--|
| <p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>       |
| <p><b>Sexual Harassment Investigation Files Selected for Review</b></p>   |  |
| <p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>7</p>   |
| <p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>  |  |
| <p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>4</p>   |
| <p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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> |

| <b>Staff-on-inmate sexual harassment investigation files</b>   |  |
|--|--|
| <b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>  | 3  |
| <b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)                           |
| <b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)                           |
| <b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>  | One additional allegation was reported at the facility to have occurred at another facility and was investigated by DJJ Office of Investigations PREA Unit. This allegation was not included in the numbers above. |
| <b>SUPPORT STAFF INFORMATION</b>   |  |
| <b>DOJ-certified PREA Auditors Support Staff</b>   |  |
| <b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

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

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

Other

| <b>Standards</b>   |
|--|
| <p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>• Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |
| <p><b>Auditor Discussion Instructions</b></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> |

| <b>115.311</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|----------------|---|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 1.2, 23.1, 23.2; Memo - PREA Compliance Manager Appointment; Organizational Chart - Department of Juvenile Justice (DJJ) (agency); Organizational Chart - DJJ Office of Professional Development (PREA); Facility Organizational Chart; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.311(a): Policies 23.2 and 23.1 establish that DJJ has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The agency strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, volunteers, and interns as defined by 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).</p> |

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|  | <p>115.311(b): The agency employs an upper-level, agency-wide PREA Coordinator, Deputy Commissioner, Director of the Office of Professional Development and Standards Latera Davis. Deputy Commissioner Davis reports directly to the Interim 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 (PCM) in the agency's compliance efforts.</p> <p>115.311(c): The facility has designated a PCM, Assistant Director (AD) Michael Joyce. AD Joyce reports to the Facility Director. The auditor interviewed the PCM and confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. During his interview he also explained his duties include ensuring all staff receive online PREA training once hired by the department and that incoming youth are educated on PREA during the intake process upon arriving to the facility; ensuring unannounced PREA rounds are conducted to deter any sexual abuse of staff and youth; and keeping sensitive/confidential information secured. The PCM further explained that if he identifies a compliance issue, he addresses the issue directly to bring the issue into compliance and coordinates with the agency's PREA office when needed.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
|--|---|

| <b>115.312</b> | <b>Contracting with other entities for the confinement of residents</b>  |
|----------------|--|
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 2.16 and 23.1; Contracts; DJJ Unannounced Virtual Audit Tool; Completed Program Auditor's Tool; Information Obtained from Interviews.</p> <p>115.312(a)(b): The agency has entered into or renewed (41) contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. The Auditor's review of (6) contracts and corresponding audit reports determined that the agency contracts with the Child Care Institute (CCI); and Child Placing Agency (CPA) for Room Board and Watchful Oversight (RBWO) Services. All of the reviewed contracts require contractors to adopt and comply with PREA standards. An interview with the Agency Contract Administrator 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. Contractors must have all personnel sign a PREA Staff Acknowledgement Statement and keep the signed form in the employee's file.</p> |



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|  | <p>Contractors/Community Residential Providers are responsible for providing an accurate count of DJJ residents to the DJJ Manager of Residential and Community Based Services. Community Residential Providers who have 51% or more DJJ residents will be subject to Department of Justice (DOJ) audits. Community Residential Providers are responsible for contracting with DOJ Certified Auditors to conduct an independent audit with assistance for the Agency-wide PREA Coordinator every three years. Policy 23.2 establishes that the 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. The policy further directs District Directors and Community PREA Compliance Managers to monitor and conduct internal audits of all Community/ Court Service Offices for PREA compliance and will submit reports to Agency PREA Coordinator. The Regional Treatment Services Specialists will monitor and conduct internal audits of all Community Residential Providers for PREA compliance and will submit reports to the Agency PREA Coordinator. The agency provided examples of completed Unannounced Virtual Audit Tools and completed Program Auditor's Tool for the auditor's review which confirmed these contracted facilities are monitored regularly by DJJ.</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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| <b>115.313</b> | <b>Supervision and monitoring</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 7.6, 8.1, 8.2, 8.20, 23.1, and 23.2; 23.1 Attachment A; Secure Facility Staffing reports; Facility Staffing Plan; 2022 Staffing Plan Review; 2021 Staffing Plan Review; Staffing list of Counselors, Teachers, and Recreation Staff; List of Doors with Restricted Access; Unannounced PREA Rounds Logs; List of Cameras and Locations; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>115.313(a)(b)(d): Policy 23.1 states that facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse following Policy 7.6, Video Monitoring Systems. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report (Attachment A) and submit its report by the 10th of December with the required signatures to the Agency PREA Coordinator. The facility provided staffing reports for the auditor's review which confirmed that the staffing</p> |

plan provides adequate supervision for youth. The Facility Annual Staffing Report, Policy 23.1, Attachment A is used to conduct annual reviews. This form indicates that the reviewing parties consider all required elements of provision (b) during the annual review. Additionally, the facility provided monthly reports from the Secure Facility Staffing Report System indicating that the staff plan ratios were monitored and reviewed every month. An interview with the Facility Director and the Agency's PREA Coordinator found that the agency provides specialized training to all staff, including non-security staff, during the academy which qualifies them to assist with supervision during daytime hours. The auditor reviewed the training curriculum and discussed this training with non-security staff during interviews. The Secure Facility Staffing Report is documented accordingly when these staff are used in the totals for resident supervision.

RECOMMENDATION: The facility has a robust camera system throughout the building and in the outside areas where youth are allowed. The auditor recommends consideration of an additional camera to cover the exterior door off of the multi-purpose room between the kitchen dry storage and can-wash cut. Interviews with the Director and staff confirmed that youth are not allowed in this area; however, the auditor believes a camera added to this location will enhance the facility's ability to prevent sexual abuse.

115.313(c): Policy 23.1 states that each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Only agency-approved POST-certified staff members or staff members with additional PREA training can be counted in the supervision ratio. The facility documents this information daily in the Secure Facility Staffing Report System (SFS) located on the DJJ website. The reason(s) for ratio non-compliance is entered in the comment section. The facility provided (39) 2022 Secure Facility Staffing Reports between 02/01/22-02/01/23 for the auditor's review and all indicated that staffing ratios were met, with no deviations noted except for one date. The facility indicated on the PAQ there were 12 deviations from the staffing plan in the last 12 months and each deviation was documented. The facility provided the documentation for the 12 deviations recorded over the past 12 months. Staffing ratios were not met by security staff on 4/30/22, 5/1/22, 5/14/22, 5/15/22 and the facility implemented mandatory holdovers of security staff and the utilization of non-security staff to meet the required ratios. On the dates of 7/8, 7/9, 7/10 staff was present in the building however, they were not accounted for in SFS due to them being in training, as well as JDCs and Kitchen staff not being included in the counts. On 8/23/22, 8/24/22, 10/8/22, 10/9/22, and 10/23/22 non-security was not accounted for in the SFS system, when in actuality there was JDC, Mental Health, Educational, as well as Kitchen staff on hand. Although the SFS system shows non-compliance with staff ratios, the facility was able to show that the staff ratios were met by holdovers and use of non-security staff utilization. The auditor requested and received the Secure Facility Staffing Report for each day between 12/01/2022 to 03/22/2023 in addition to these records provided with the PAQ. A review of these documents found that 46 days were documented with deviations from the staffing plan, and other trained staff were required to cover resident supervision duties. Although the SFS system

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|  | <p>shows non-compliance with staff ratios, the facility was able to show that the staff ratios were met by holdovers and use of non-security staff utilization.</p> <p>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 documentation is maintained in the main control room at all times for audits and PREA investigators' review. Staff is prohibited from alerting other staff of such rounds. The auditor reviewed the PREA unannounced rounds binder and 53 random samples of the Attachment B forms and found these rounds are conducted according to the requirements of the policy. Additionally, the auditor reviewed logbook entries for randomly selected dates within the past 90 days and confirmed that supervisory rounds, made on both day and night shifts, are well documented.</p> <p>Based on the review of the evidence provided, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
|--|---|

|                |  |
|----------------|--|
| <b>115.315</b> | <b>Limits to cross-gender viewing and searches</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 4.5, 7.6, 8.22, 23.1 and 23.3; 23.1 Attachment C, Cross Gender Searches Documentation; LOP Showers; Living Unit Post Orders; Cross-gender and Transgender Pat Search Training Curricula; Cross Gender Pat Search Training Video; Cross-gender Training Rosters; PREA Accountability Statement; Information Obtained from Interviews; Information Observed During Site Visit.</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. No staff will search or physically examine a transgender or intersex youth to determine the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff. The facility will not conduct cross-gender strip and body cavity searches of youth. Policy 8.22</p> |

establishes that cross-gender pat-down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. The facility indicates no cross-gender body cavity searches have been conducted and (1) cross-gender pat-down search was conducted in the last 12 months. Documentation was provided using 23.1, Attachment C that the opposite gender search was conducted; however, the reason for the search does not adequately explain why the search was conducted by a staff of the opposite gender. Policy 7.6 states for reasons of privacy, CCTV will not be used to monitor showers and toilet areas; areas used for strip searches; individual cells; and medical exam and treatment rooms. The auditor's observations during the site visit confirmed that there are no cameras installed in any of these areas where youth may be undressed, showering, or using the toilet. The auditor observed areas used to conduct strip searches and confirmed that these are in areas that prevent any opposite-gender viewing from occurring. Interviews with random staff and residents confirmed that opposite-gender staff is never present during an unclothed search. All staff interviewed knew that only in exigent circumstances would an opposite-gender strip search be conducted and that it must be documented in an incident report. During interviews, staff and residents further confirmed that opposite-gender announcements are made upon entering a living unit. All residents stated during their interview that they could use the restroom, shower, and change clothes without being viewed by staff members of the opposite gender. The auditor reviewed camera views from the central control and found no views were observable into areas where a resident may be undressed. During the site visit, the auditor observed opposite-gender announcements when entering a living unit, the shower area, and the medical unit.

115.315(f): Policy 23.1 states that DJJ staff responsible for searches will be trained in conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner possible, consistent with security needs. The gender of the staff member searching a transgender or intersex resident will depend on the individual resident's specific needs and the facility's operational concerns. Under most circumstances, this will be a case-by-case determination, which may change throughout confinement and should take into consideration the gender expression of the resident. The facility uses information from Policy 23.3, Attachment A: Transgender/Intersex Declaration of Preference Statement, when deciding a case-by-case determination of staff gender during searches of Transgender or Intersex residents. The auditor reviewed the curricula for Cross-Gender and Transgender Pat Searches and found the training to be consistent with the requirements of this standard. Additionally, the auditor reviewed the Cross-Gender Pat Search Training Video developed by The Moss Group, which is used to train the trainers who deliver the training at the academy. The facility indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs. Interviews with security staff confirmed that they received this training during their initial basic

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|  | <p>training at the academy. There were no searches of transgender residents conducted during the audit period.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| <b>115.316</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 13.32, 15.7, 5.10, 22.2, and 23.21; List of Special Education Teachers; Special Education Certificates; PREA Posters and Handouts (English/Spanish); Intake Flyer (English/Spanish); DJJ Website Translations; Email Deaf Hard of Hearing ACA; Interpretive Services memo; MOU with Interpreter Contract; Language Service List; Observations During Site Visit; Information Obtained During Interviews.</p> <p>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 13.32 defines "disability" as the eligibility criteria under the IDEA 2004 in any of the following areas and needs special education and related services: Autism Spectrum Disorder (AUT); Emotional and Behavioral Disorder (EBD); Intellectual Disability (mild, moderate, severe, profound) (MID, MOID, SID/PID); Deaf/Hard of Hearing (D/HH); Deafblind (DB); Orthopedic Impairment (OI); Other Health Impaired (OHI); Specific Learning Disability (SLD) Speech Language impairment (SI); Traumatic Brain Injury (TBI); Visual Impairment (VI). 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</p> |

that education staff develops guidelines that will assist youth with disabilities in delivering PREA information. The facility provided the qualifications and teaching certificate for (1) Special Education Teacher. The guidelines include identifying staff responsible for services; processes for accessing services during regular hours, weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and Follow-ups. Interviews with the Director, PCM, and Lead Teacher confirmed that these services are available, although there have been no youth at the facility requiring these services within the audit period. Random staff interviewed knew how to access communication services should they be needed. An interview with the Special Education Teacher confirmed that she has not been required to assist with the delivery of the PREA training to a youth within the past 12 months, although she is prepared to do this if and when it is necessary.

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 develops guidelines that will assist youth with disabilities in delivering PREA information. The procedures should include but are not limited to the following: Staff responsible for services; Processes for accessing services to include weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and Follow-ups. The Department's website has translation services via Google translation in seven languages. The auditor reviewed the MOU between DJJ and AdAstra and found that the services provided are consistent with all provisions of this standard. An interview with the Special Education Teacher confirmed that she has not been required to assist with the delivery of the PREA training to any youth who is LEP within the past 12 months, although she is prepared to do this if and when it is necessary.

115.316(c): Interpreter services may be provided by staff or through community interpreter services. Staff members may use the Language Assistance Service Providers list for additional language resources. Interpretation services may be

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|  | <p>provided in person, over the telephone, through video conferencing, or through social media such as email or texting using only DJJ-approved electronic communications devices or other appropriate technology. Family members, children, friends, and untrained volunteers will not be used as interpreters unless specifically requested by the youth or youth's parent or legal representative and upon approval of the Juvenile Detention Counselor or Community Case Manager. Facility/program/office Directors will ensure that all staff is trained to access language assistance services. The facility will prohibit 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. Youth requiring interpretation services will receive services in accordance with DJJ 15.10. The facility Director will ensure that the contact information for the interpretive service providers is posted in the intake area and the control room. The auditor observed this information posted in both areas as required. There were no instances where resident interpreters, readers, or other resident assistants were used or needed during the audit period. Random staff interviews confirmed they knew how to access interpreter services should they be required.</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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| <b>115.317</b> | <b>Hiring and promotion decisions</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 3.52, 5,9,14.3, 23.1, and 22.3; 23.1 Attachment D; PREA Acknowledgement Forms (Attachment E); Initial Background Employee File Audit; DHS Division of Family and Children Services - Employee Case Histories; PREA Employment Questionnaire; PREA Accountability Statement - Background Checks; Personnel File Documentation; Observations During Site Visit; Information Obtained During Interviews.</p> <p>Evidence Reviewed for CAP: Facility's Corrective Action Plan; Reference Checks; Interviews.</p> <p>115.317(a)(b): Policy 23.1 states that Facilities/Programs/Offices will not hire or promote anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. DJJ must determine if all prospective employees and employees being considered for promotions have any allegations of sexual assault, sexual harassment, and any civil/administrative liabilities for sexual misconduct before employment and promotion. Employees/Part-Time/Per Diem/Interns and individual contract persons must read and sign the Staff PREA Acknowledgement</p> |

Statement (Attachment E). A copy will be maintained in the personnel file or the appropriate file. The HR Tech confirmed during her interview that candidates involved in a prior incident of sexual harassment would require special approval to be employed, and most likely, they would not be approved. However, it would depend on the circumstances and nature of the allegation.

115.317(c): Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed following Policy 3.52, Background Investigations. Policy 3.52 requires reference checks to be conducted following Policies 3.51 and 5.9. The auditor reviewed 15 employee files and found that those employees received a background check before being hired; and personnel file documentation for 4 promotions within the past 12 months and found the appropriate background clearance for each employee. The policy also establishes that the Department makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor identified an employee during interviews who had prior institutional experience and a review of the employee's reference check form identified that this information was not requested from the prior employer. The agency policy is compliant with this standard, however, an interview with the HR Tech 2 and personnel file documentation review revealed that the facility practice did not include obtaining information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse from prior institutional employers. As a result, the facility entered a 180-day CAP period to correct the deficiency.

Corrective Action Taken: The facility provided a CAP that stated the Claxton RYDC Human Resources staff will ensure that references submitted by new applicants and promoted staff are either a supervisor or the previous employer and are able to provide information on substantiated allegations or sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. If references are unable to provide the required information, additional support from the Central Office Human Resource Department will be requested. For internal promotions, a request for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse will be submitted to the Central Office Human Resources Department. The Director will review to ensure it is completed. There were 2 new hires during the corrective action period. Neither of these applicants were employed previously by an institutional employer. A follow-up interview with the HR Tech 2 confirmed that she is aware of this requirement, and it will be adhered to in the future. Additionally, an interview with the statewide PREA Specialist confirmed that periodic monitoring will be conducted by the PREA office for compliance. The facility has satisfied the previously non-compliant requirement of provision (c).

115.317(d): Policy 23.1 states 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 following Policy 3.52, Background Investigation. Any contractor or volunteer who engages in



sexual abuse and sexual harassment shall be prohibited from contact with youth and DJJ property following Policy 14.3, Citizen and Volunteer Involvement. The contractor or volunteer will be reported to law enforcement agencies and relevant licensing bodies. The facility reported 11 contracts for services for staff covered in the agreement who might have contact with residents in the past 12 months. The auditor selected 6 contractor files (1-maintenance contractor/5-medical) for review and found that a background check had been conducted.

115.317(e): Policy 23.1 states that the Department shall conduct criminal background record checks at least every five years for non-security employees in facilities and offices and contractors following DJJ 3.52, Background Investigations. Based on the personnel list, five employees have been employed with the agency for at least five years and all had evidence of an updated background check being conducted within the most recent five year period. The facility maintains an Excel spreadsheet to track when the five-year background checks are due.

115.317(f)(g): Policy 23.1 establishes that during the interview process, facilities/ programs will ask all applicants and prospective employees about previous sexual abuse misconduct. Staff or contractors who omit material information regarding sexual abuse and sexual harassment or provide materially false information will be terminated. Each applicant must complete 23.1 Attachment D, PREA Pre-Employment Questionnaire, as a part of the interview process. The HR Tech confirmed that all employees are informed of the continuing affirmative duty to disclose any such conduct and that omissions regarding such misconduct or materially false information are grounds for termination during the initial orientation process and through policy review. The auditor reviewed 15 personnel files and determined that the files contained a completed PREA Questionnaire and the misconduct acknowledgement form. A review of the records of the 4 promotions found that the misconduct questions were not asked again during the promotional process. As a result, the facility entered a 180-day CAP period to remedy this deficiency.

Corrective Action Taken: The facility provided a CAP that stated that promoted staff will be required to complete the PREA Employment Questionnaire. The facility reported there were no promotions during the CAP period but provided the completed PREA Employment Questionnaire and PREA Acknowledgement, for the 2 new employees hired within the period. A follow-up interview with the HR Tech 2 confirmed that she is aware of this requirement, and it will be adhered to in the future. Additionally, an interview with the statewide PREA Specialist confirmed that periodic monitoring will be conducted by the PREA office for compliance. The facility has satisfied the previously non-compliant requirement of provision (f).

115.317(h): Unless prohibited by law or DJJ Policies, the Department's Office of Human Resources, in coordination with the Office of Investigations and Office of Legal Services, provides information on substantiated allegations of sexual abuse or sexual harassment between a current or former employee and a youth upon receiving a request from an institutional employer. Interviews with the PREA Coordinator and Investigator confirmed that the agency provides information on

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|  | <p>substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Based on an interview with the Central Office HR department, this information will be disclosed upon request; however, the local HR Tech 2 was unaware that this information would be provided to prospective employees and had not been facilitating these requests to Central Office HR when received. The Director and HR Tech 2 explained that if a future request for this information is received, it will be submitted to Central Office HR for a response.</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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| <b>115.318</b> | <b>Upgrades to facilities and technologies</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 7.1, 8.15, and 23.1; CCTV Expansions; DJJ Facility Opening Synchronization; Facility Schematic; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.318(a): Policy 23.1 establishes that the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse in addition to the requirements in Policy 7.1, Physical Plant Requirements when designing or acquiring a new facility or planning substantial expansion or modification of existing facilities. The policy further establishes that the agency will not consider open bay living units to house youth. The Agency PREA Coordinator serves on the primary committee for PREA planning purposes. The facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit. The PREA Coordinator's interview confirmed that she serves on the committee for expansion or modification projects, including new building acquisitions. There have been none for this facility within the audit period.</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. Interviews with the facility Director and the PREA Coordinator confirmed the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA Audit.</p> <p><u>RECOMMENDATION:</u> The facility has a robust camera system throughout the buildings and the outside areas where youth are allowed. The auditor recommends</p> |

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|  | <p>consideration of an additional camera to cover the exterior door off the multi-purpose room between the kitchen dry storage and can-wash cut. Interviews confirmed that youth are not allowed in this area; however, the auditor feels this view would enhance the facility's ability to protect residents from sexual abuse.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p> |
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| 115.321 | Evidence protocol and forensic medical examinations  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.10, 8.42, 22.3; 23.2; 23.3 and 23.1; 23.1 Attachment K; PREA Accountability Statement; List of Medical Staff; List of Mental Health Staff; Emergency Medical Treatment and Labor Act (EMTALA) Know Your Rights; SANE Nurse Agency Utilization E-mail; MOU: Local Hospital Agreement; MOU; GBI Property and Evidence General Information; Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team Bulletin; CSEC Response Contact List; Agreement DJJ &amp; Children's Healthcare of Atlanta - FMEs; 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, and interviewed the Criminal Investigator Supervisor, who oversees all PREA investigations. The agency's uniform evidence protocol is developmentally appropriate for youth.</p> <p>115.321(c): Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. Any youth reported or believed to have been sexually assaulted will be immediately referred to the on-site health care staff for an appropriate evaluation to determine emergency care needs. The youth will be sent to a local hospital for further examination, treatment, and forensic evidence collection if the incident occurred within the time limits determined by medical services staff, but no later than 72 hours. When on-site health care staff is unavailable, the youth will be transported to the local hospital for treatment following Policy 23.2, Sexual Assault. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or</p> |

Sexual Assault Nurse Examiners (SANEs) at a local hospital. When SANEs or SAFEs are unavailable at the local hospital, a qualified non-DJJ medical practitioner will perform the forensic medical examinations. The facility will document the examination. Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with Policy 2.10, Youth Medical Expenses. There were no forensic medical exams conducted in the past 12 months. Based on an interview with the PREA Coordinator and documented evidence, the agency partners with Children's Healthcare of Atlanta/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. An email from the Director of Health Services explained that the agency uses local hospitals in the Navicent and Coliseum Health Services network for SANE services.

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 facility uses Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team whose mission is to serve as the central point of contact for child victims of commercial sexual exploitation and the agencies that support them for a more coordinated and effective system response to CSEC. Their Response Team provides direct services for victims in the form of assessment, intensive case management, and advocacy; and facilitates training and outreach to help build infrastructure and community capacity. They are the State of Georgia's Recognized Enhanced Collaborative Model for responding to Commercial Sexual Exploitation of Children. 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 provides emotional support, crisis intervention, information, and referrals. The interview with the Investigator confirmed that an advocate would be allowed during investigative interviews if requested by the youth.

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|  | <p>115.321(f)(g): The agency is responsible for investigating administrative or criminal allegations of sexual abuse and does not rely on another agency to conduct these investigations.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| <b>115.322</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 8.5, 22.3, and 23.1; 23.1 Attachment K; 22.3; DJJ Website Search; PREA Accountability Statement; Information Obtained from Interviews.</p> <p>115.322(a)(b): Policy 23.1 establishes that Directors ensure that all allegations of sexual abuse or sexual harassment are referred for investigation following Policy 8.5, Special Incident Reporting. The Director of Investigations ensures that all claims of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations follows the procedures in Policy 22.3, Internal Investigations. Based on interviews with the facility Director, PCM, Investigator, and random staff, all allegations are referred for investigation, and referrals of allegations to the investigative body are documented. There were 11 sexual abuse/sexual harassment allegations reported within the past 12 months. Of these, 1 was alleged to happen at another facility and is addressed in 115.363. The facility indicates that all allegations were either administratively or criminally investigated. The Auditor reviewed the 10 case files of incidents that were to have occurred at Claxton RYDC and found that they were appropriately and immediately referred for investigation and documented accordingly. The agency's PREA policy is published on the website at <a href="https://djj.georgia.gov/prison-rape-elimination-act-prea">https://djj.georgia.gov/prison-rape-elimination-act-prea</a>.</p> <p>115.322(c)(d)(e): The agency is responsible for conducting administrative and criminal investigations into claims of sexual abuse and does not rely on a separate entity.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| <b>115.331</b> | <b>Employee training</b>                               |
|                | <b>Auditor Overall Determination:</b> Exceeds Standard |
|                | <b>Auditor Discussion</b>                              |

Evidence Reviewed: Policies 3.22, 4.1, 4.5, and 23.1; 4.2 Attachment A; Attachment G, PREA Training Series; Director's PREA Statement; 2017 Annual PREA Compliance Training; JCO On-Job Training Guide; Gender Responsive Training PowerPoint; PREA 2020 Training PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; Staff First Responder Cards; Observations During Site Visit; Information Obtained from Interviews.

115.331(a)(b)(c)(d): Policy 23.1 establishes that all staff must be able to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Staff is required to complete the PREA Training Series as listed in Attachment G, PREA Training Series annually, which is above and beyond the requirements of this standard. Through employee signature or electronic verification, employees document that they understand the training they have received. In addition to the required classroom and computer-based training, the OJT curricula include information about the resident's rights to be free from sexual abuse and sexual harassment. The OJT Training Guide packet verifies that employees who may have contact with residents receive comprehensive on-the-job training on the dynamics of sexual abuse and sexual harassment in juvenile facilities, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents. The OJT curricula and the Gender Responsive training include communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and on relevant laws regarding the applicable age of consent. Employees receive PREA training through multiple courses: JCO On-job Training; Gender Responsive Training PowerPoint; PREA Training PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; and provides all staff with Staff First Responder Cards. These training resources were provided to and reviewed by the auditor and found to be very comprehensive. Due to the extensive, multiple PREA training courses required, the facility/agency exceeds the provisions of this standard. The auditor reviewed 20 employee training records and verified that they had received initial training associated with the PREA standards and refresher training through their annual in-service. When reviewing the 15 HR files for background compliance, the auditor verified that all of them contained employee-signed acknowledgment forms indicating their knowledge of the PREA standards.

Based on the review and analysis of the evidence, and due to the extensive and comprehensive multiple PREA training courses required and the annual PREA training refresher requirement, the facility and agency exceed the provisions of this standard.

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|  | <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.2,14.3, and 23.1; 2.2 Attachment F; 14.3 Attachment C; Contractor (Medical) Background Verifications; Contractor/Volunteer Background Clearances; Contractor/Volunteer Training Rosters; List of Volunteers; Information Obtained from Interviews.</p> <p>115.332(a): Policy 23.1 establishes that the facility Director or designee shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency’s sexual abuse prevention, detection, and response policies and procedures. The facility indicates that 37 volunteers and contractors received the required training in the last 12 months, although the facility only has 2 active volunteers.</p> <p>115.332(b)(c): Policy 23.1 establishes that the level and type of training provided to volunteers, interns, and contractors is based on the services they provide and their level of contact with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report sexual abuse. Volunteers complete the online PREA training and Policy 14.3, Citizen and Volunteer Involvement, Attachment C, Volunteer/Guest Consent, and PREA Acknowledgement. Contractors and Interns 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 on-site Training Coordinator verifies that all staff completed the required training according to the level of contact and within the established time frames. The auditor reviewed training documentation for 1 volunteer and 5 contractors who received training within the audit period and determined that the facility documents training completions via certificate and online records. 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. The facility provided training records and signed acknowledgement forms for the 1 volunteer and 5 contractors indicating they understood the training they 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 and exceed provision (b) of this standard by ensuring that interns and volunteers receive the same comprehensive training as staff.</p> |
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| <b>115.333</b> | <b>Resident education</b>                              |
|                | <b>Auditor Overall Determination:</b> Exceeds Standard |
|                | <b>Auditor Discussion</b>                              |

Evidence Reviewed: Policies 15.4, 23.1, and 22.1; 22.1 Attachment C; 23.1 Attachment H; Female Break the Silence Poster English/Spanish; Male Break the Silence Poster English/Spanish; Training Curricula End Silence, Youth Speaking Up About Sexual Abuse in Custody; Intake Flyer English/Spanish; Youth Safety Pamphlet (PREA); PREA Poster; Youth Poster No Means No English/Spanish; Video: PREA Youth Education; Commissioner's Video; Observations During Site Visit; Information Obtained from Interviews.

115.333(a): Policy 23.1 establishes during the intake process, youth will receive age-appropriate information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. Based on an interview with the Intake Officer, within the first two hours after arrival, each youth is shown the Commissioner's Video on sexual abuse prevention and given the intake packet, which includes PREA handout materials in an age appropriate format. The youth can ask questions about the video and information provided and sign the PREA Acknowledgement Statement (Attachment H). The Auditor reviewed the Commissioner's Video and the informational handouts, available for both genders and various age ranges. The facility indicates that 200 residents were received in the past 12 months, and all received this information at intake.

115.333(b)(e): Policy 23.1 establishes within 72 hours of the intake process, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The materials inform the youth of the agency's protocol for responding to such incidents. The agency PREA Coordinator authorizes all materials used during orientation. The auditor reviewed the training and informational literature and curriculum used to convey the PREA message to youth during orientation and found it comprehensive and age-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. The auditor confirmed this practice during two Case Manager interviews and reviewing 24 youth records.

115.333(c): Between December 17, 2012 - December 19, 2012, the designated PREA training was delivered to all youth housed at a DJJ facility at that time 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.

115.333(d): Policy 23.1 establishes that education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment as outlined in Policy 13.32, Special Education Services. In addition, accommodations will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters.



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|  | <p>115.333(f): Policy 23.1 establishes that the facility Director will ensure key PREA information is continuously available or visible to youth through posters, student handbooks, or other written formats. The auditor observed the "Break the Silence" poster, "No Means No" poster, and "Zero Tolerance How-To-Report" poster placed throughout the facility in readily accessible and conspicuous locations. Additionally, handout literature was observed in the library, education, and staff offices.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, residents receive comprehensive PREA training within 72 hours of arrival, which exceeds the 10-Day requirement.</p> |
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| <b>115.334</b> | <b>Specialized training: Investigations</b>   |
|                | <b>Auditor Overall Determination:</b> Exceeds Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Evidence Reviewed: Investigations Policies 22.1, 22.3, and 3.22; 3.22 Attachment B; GBI Evidence Protocol; Investigations: DOJ Letter - Investigator Training Requirements; List of PREA Investigators; Investigator Training Records; Information Obtained from Interviews.</p> <p>115.334(a)(b)(c): Policy 23.1 establishes that the Office of Investigations will receive specialized training as required by PREA standards. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution following Policy 22.3, Internal Investigations. All PREA investigators must complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" within 60 days after the hire date. The DJJ Office of Investigations has a PREA Investigative Unit to Investigate PREA allegations statewide comprised of a Team of four investigators and a supervisor. The auditor reviewed the 10 case files, and all were investigated by specially trained investigators. The auditor verified their qualifications through review of training records.</p> <p>Additional specialized training completed by the PREA Investigative Unit includes Fundamentals of Criminal Investigations, Interviews and Interrogations, Commercial Exploitation of Children, Child Sexual Abuse Prevention, PREA Management Training, Sexual Assault Investigations, Crime Scene Processing, Responding to Sexual Assaults, Victim Assistance Training, Investigation and Prosecution of Child Abuse, Investigation and Prosecution of Child Abuse, Investigations of Crimes Against Children, and Crime Scene Photography. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of</p> |

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|  | <p>this standard and therefore exceeds provision (b).</p> <p>115.334(d): The agency is responsible for conducting investigations related to sexual abuse; therefore, the facility meets this standard through non-applicability.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard and exceeded provision (b).</p> |
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| <b>115.335</b> | <b>Specialized training: Medical and mental health care</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></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; Information Obtained from Interviews.</p> <p>115.335(a)(c): Policy 23.1 establishes that the Office of Medical Health Care Services full, part-time, and all contract staff is required to complete the National Institute of Corrections (NIC) online training PREA: Medical Health Care for Sexual Abuse Victim in a Confinement Setting, and the Office of Behavioral Health Services full, part-time, and all contract staff is required to complete the NIC online training PREA: Behavioral Health Care for Sexual Abuse Victim in a Confinement Setting, within 60 days after hire date. Documentation of completion is maintained in the staff file for this training. The facility has 8 medical and 1 mental health staff who regularly work there. The facility indicates that 100% of the medical/mental health staff have received the required training. Training records were provided for these 8 medical staff and 1 mental health staff verifying they received the initial PREA and refresher training and the designated specialized training. The established training curriculum meets all topic requirements of this standard.</p> <p>115.335(b): The facility/agency staff does not conduct forensic medical exams.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| <b>115.341</b> | <b>Obtaining information from residents</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 11.1, 11.2, 12.10, 15.6, 17.1, 17.3, 23.1, 23.3, Custody</p> |

and Housing Reassessment; PREA Screening Report User Guide; Observations During Site Visit; Information Obtained from Interviews.

Evidence Reviewed for CAP: Facility's CAP; Completed PSRs (42); Information Obtained from Interviews.

115.341(a): Policy 23.1 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the PREA Compliance Manager will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Facility Director, lieutenant-level or higher designee, and the 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 indicates that 200 youth entered the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The auditor reviewed multiple youth records provided to the auditor for those that arrived within the audit period. The review determined the older risk assessments were consistently out of compliance. The auditor requested risk assessments for youth who had arrived more recently. A review of 16 newer records found 13 youths had risk assessments completed within 72 hours of their admission to the facility and 3 were outside the 72 hours. Additionally, the auditor also questioned why printed copies of so many risk instruments existed and was told this was routine. Based on interviews with the person completing the risk assessments it appears that these documents, once printed, are not secured in the proper method for storing sensitive information. The facility must address the printing of all the youth's risk assessments and ensure the information collected during the risk screening is maintained confidentially and in a manner to protect the resident. Based on these findings, the facility was found non-compliant with this provision. As a result, the facility entered into a 180-day CAP period to remedy the deficiency. To become compliant, the facility was required to develop a Corrective Action Plan (CAP) to ensure the sexual abuse risk screening is completed within 72 hours of arrival; maintain proper storing of the information collected for the PSRs; and provide PSRs for youth who arrive during the CAP period for compliance review.

Policy 17.3 establishes that a Housing Assessment is completed for all youth before assigning them to a room. This assessment is used to determine the appropriate housing placement within the facility and will be 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 Custody and Housing Assessments

for 23 youths currently housed at the facility and found them compliant with the agency's policy requirements.

Corrective Action Taken: The auditor reviewed the facility's CAP which included identification of two additional staff to complete the PSRs for youth during intake in the absence of the primary JDC. These two part-time JDCs and the Director have been granted access to the system and have been trained in completing the PSRs within the 72-hour timeframe as required. In the absence of the primary JDC, the facility now has staff in place to complete the screenings. Additionally, the JDCs have been advised by the Director to eliminate printing the PSRs on a routine basis; when it becomes necessary to print the PSR the document should be handled confidentially and secured in the youth's institutional file or other secure location with restricted access. The auditor was provided a list of youth who had been processed through intake since the audit along with their PSR for compliance review. Of the 42 assessments reviewed, 32 were completed within 72 hours and 10 were not. A follow-up interview with the Director found that the computer access for the two additional JDCs was not granted until June 5, 2023. All new arrivals since June 5, 2023 were processed within the 72 hours. The Director and the PREA Coordinator's Office will continue to monitor these assessments to ensure they are completed within 72 hours.

115.341(b)(c): Policy 23.1 states that youth vulnerability assessments will be conducted and documented by generating the PREA Screening Report (PSR). The auditor reviewed the PSR 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 facility indicated 1 transgender was housed at the facility within the past 12 months. The auditor reviewed the 23.3, Attachment A (Transgender/Intersex Declaration of Preference Statement) for the resident and found them to be compliant with their housing policies.

115.341(d): Policy 23.1 establishes that the youth's information will be ascertained through conversations with the youth during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or Juvenile Tracking System (JTS). Information from the screening and other resources is populated into the youth PSR. Interviews with the PREA Coordinator, PCM, JDCs, Medical staff, and Mental Health staff confirmed that information is entered into the system at each level of interview and assessments conducted upon the youth's arrival to a facility, to include information obtained from

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|  | <p>reviewing court records, case files, and behavior records, which collectively produces the PSR and subsequently determines the youth's risk for sexual vulnerability or aggressiveness.</p> <p>115.341(e): Policy 23.1 establishes that the facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and instructions from the PCM. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. During staff interviews, the auditor confirmed that all staff is aware of the sensitivity of this information and the need to distribute it to only those parties with a need to know, and as dictated by policy or situation requirements.</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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| <b>115.342</b> | <b>Placement of residents</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Exceeds Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p>Evidence Reviewed: Policies 15.11, 17.3, 18.4, 23.1, and 23.3; 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; 115.342 Accountability Statement; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.342(a): Policy 23.1 establishes that the PCM will disseminate the PREA Screening Report (PSR) results to the facility management team on a need-to-know basis. An interview with the PCM confirmed she had implemented a system that ensures that staff members working directly with the youth are advised of the status of at-risk youth or youth posing a risk to others. The facility treatment team members and program and supervising staff continually review the youth's adjustment within the facility. All information obtained during these reviews is used to make housing, bed, program, and work assignments to keep all youth safe from sexual abuse. Interviews with programming and security staff confirmed that staff works closely together to communicate and share necessary information that can impact the safety of youth and staff at the facility.</p> <p>115.342(b)(h): 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. Interviews with medical and mental health staff confirmed that they make rounds at least once daily, if not more frequently, for</p> |

any youth in isolation status. As there were no youth placed in isolation for sexual safety purposes, there was no documentation to review; however, interviews with the Director, PCM, security staff, and JDCs confirmed that youth would not be denied any of these services, but if exigent circumstances existed where services were not received, they would be appropriately documented.

115.342(c): Policy 23.1 establishes that each youth in a secure facility will be housed based on their custody and housing assessment. Custody and housing assignments are not based solely on the youth's sexual orientation or gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments and screenings. The facility makes individualized determinations about how to ensure the safety of each youth. LGBTI youth are not placed in particular housing, bed, or other assignments solely based on such identification or status, nor does the facility consider LGBTI identification or status as increasing the risk of being sexually abusive.

115.342(d)(e)(f)(i)(g): Policy 23.1 establishes that when assigning a transgender or intersex youth to a male or female facility, staff considers on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. Such placements and programming assignments are reassessed monthly, or sooner, if necessary, to review any threats to safety experienced by the youth. Serious consideration is given to the youth's views concerning their safety. Interviews with the PREA Coordinator, Classification Director, 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. The facility indicated there was 1 transgender youth housed at the facility during the past 12 months. The auditor reviewed the 23.3, Attachment A (Transgender/Intersex Declaration of Preference Statement) for the youth and found documented notes indicating the youth's own perception of safety was given serious consideration. The youth was housed in an individual room, as is all youth, and had no restrictions due to her gender identification. Policy 23.3 further establishes that placement and programming assignments for transgender or intersex youth will be reassessed at least every 30 days, or as needed, based on the safety and well-being of the youth, by the PCM and the facility leadership team in consultation with the youth's treatment team to review any threats to safety experienced by the youth. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's gender identity but on the youth's safety and well-being. All housing decision reviews are documented in JTS. Since policy requires that transgender or intersex youth be reassessed at least every 30 days, this exceeds provision (e), which requires the reassessment to occur at least twice yearly. Transgender and intersex youth will be allowed to shower separately from other youth based on interviews with staff. There was no transgender or intersex youth assigned to the facility at the time of the site visit to interview.

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

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|  | auditor finds that the facility and agency exceed provision (e) by requiring programming and placement reassessments of transgender and intersex youth monthly, which exceeds the twice-per-year requirement of the standard. |
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| <b>115.351</b> | <b>Resident reporting</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1, and 8.5; 17.1 Attachment A; PREA Accountability Statements; Third Party Reporting; Email Ombudsman Calls; Consular and Trade Offices Contact Information/Manual; Outside Advocacy Services Pamphlet; See Something Say Something Pamphlet; MOU: DJJ and Children's Advocacy Centers (CAC); Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.351(a): The DJJ provides multiple internal ways for youth to report sexual abuse, retaliation by other youth or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to an incident of sexual abuse that is easily understood, private, and secure. Youth assigned to a secure facility may report sexual abuse or seek relief against retaliation by completing a Help Request Form; using the grievance process; telling a counselor, community case manager, medical or mental health staff, Director or Assistant Director, Parent/Guardian, Chaplain or Minister, facility PREA Compliance Manager, or any trusted adult; calling the external toll-free number to the National Sexual Abuse Hotline; Calling the DJJ Office of Victim Services, toll free at 1-866-922-6360; writing to the DJJ Ombudsman Office at the Central Office or calling toll free at 1-855-396-2978. Written correspondence is also an acceptable avenue for residents to report sexual abuse and harassment outside the facility and agency. To comply with the standard, the facility ensures that youth's correspondence addressed to the designated external reporting entity remains unopened. The Auditor observed postings throughout the facility, in common areas, and in each housing unit, which included these various reporting methods. In addition to signage, reporting method information is available through pamphlets, the resident handbook, and other written material. The auditor reviewed an email from the Ombudsman Manager dated December 2, 2022, stating their office received no PREA-related reports within the prior 12 months. The auditor was unable to place a test call on the phone system due to the phones being out of order during the site visit due to a recent storm. The facility Director notified the auditor when the phone service was restored and that a test call had been placed. The Auditor completed a call to the Ombudsman and Victim Services Offices. Youths are not charged for calls to these offices, and the caller may remain anonymous if they choose. Interviews with youth confirmed they were knowledgeable of the variety of ways they could make a report of sexual abuse and harassment.</p> <p>115.351(b): DJJ provides multiple ways for residents to report abuse or harassment</p> |

to a public or private entity or office not part of the agency. These resources include Victim Services Office, Stepping Stone Child Advocacy Center, Ombudsman, and the National Sexual Assault Hotline. Policy 23.1 establishes that the facility shall give youth mailing addresses and telephone numbers (including toll-free hotline numbers) for agencies providing immigrant services for youth detained solely for civil immigration purposes and enable reasonable communication between youth and the organizations as confidential as possible. The methods established for this purpose include calling the external toll-free number to the National Sexual Abuse Hotline; Calling the DJJ Office of Victim Services, toll-free at 1-866-922-6360; writing to the DJJ Ombudsman Office at the Central Office or calling toll-free at 1-855-396-2978. As a part of civil immigration resources, the facility maintains a copy of the United States Department of State Consular Notification and Access book, which was provided to the auditor for review along with contact information. The auditor verified this information is made available at the facility for youth who are non-citizens. The facility also has a pamphlet with the toll-free number for the U.S. Immigrations and Customs Enforcement (ICE).

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

115.351(e): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents by using the Stop Crime Online, the Intelligent Tip Line Form, or a third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. 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.state.ga.us](mailto:djjombudsman@djj.state.ga.us) or by calling 1-855-396-2978. Staff is informed of these procedures through policy and training. Staff interviews confirmed they are aware they may go outside of their chain of command should they feel it is necessary and privately report sexual abuse and sexual harassment of youth.

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



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| <b>115.352</b> | <b>Exhaustion of administrative remedies</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 15.2 and 23.1; 15.2 Attachment A; 115.352 PREA Accountability Statement; RYDC Student Handbook English and Spanish; Grievance Log 2022; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Youths are allowed to submit a grievance regarding an allegation of sexual abuse and/or sexual harassment at any time, regardless of when the incident is alleged to have occurred. The facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith. Policy 15.2 Grievance Process indicates a directive clarifying that any grievance that involves PREA shall follow the procedures in Policy 23.1, Prison Rape Elimination Act, rather than the procedures of Policy 15.2, Grievance Process. The facility indicated no sexual abuse or sexual harassment-related grievances were received during the audit period. 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. There were no sexual abuse or harassment allegations filed through a grievance within the audit period.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with this standard.</p> |

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| <b>115.353</b> | <b>Resident access to outside confidential support services and legal representation</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 15.11, 15.3, 15.6, 15.7, 15.9, and 23.1; 23.1 Attachment F; 2021 CSEC Response Pamphlet; Consular and Trade Offices Contract Information/Manual; CSEC Response Contact Sheet; Help Requests; Outside Advocacy Services Pamphlet; Staff First Responder Cards; Youth Consent to Disclose Protected and Confidential PREA Information; MOU Children's Healthcare of Atlanta MOU; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.353(a)(b): Policy 23.1 states that the facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, and for youth</p> |

detained solely for civil immigration purposes, immigrant services agencies. During orientation at each facility, staff informs youth of the extent to which such communications will be monitored. The facility allows reasonable communication between the youth and these organizations in as confidential a manner as possible. Upon arrival at each DJJ facility, youth are advised that while in DJJ facilities, they are under constant supervision by staff and other electronic equipment. Youths are further advised that DJJ is required by law to report all allegations of abuse as mandatory reporters. Interviews with JDCs confirmed they will arrange an unmonitored phone call with an advocate at the youth's request. Contact information for all advocacy resources available to youth is posted on the housing units and other common areas.

115.353(c): Policy 23.1 states that each facility must establish 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 assessment, intensive case management, and advocacy; and facilitates training and outreach to help build infrastructure and community capacity at their 52 child advocacy centers. DJJ also partners with Children's Healthcare of Atlanta, Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations, behavioral health assessments and counseling, and medicine and distance learning. Youth may also correspond with Stepping Stone Child Advocacy Center for emotional support services. In addition, the National Sexual Assault Hotline (RAINN) will provide phone counseling services through the posted hotline number. Youth interviewed by the auditor knew about these services and how to access them.

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. Based on interviews with the JDCs and policy review, the staff informs youth during intake and before giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The auditor reviewed 24 consent forms signed by the youth and determined that the facility informs the youth about information disclosures of sexual abuse, including any limits to confidentiality. Interviews with youths found that they all have confidential access to their attorneys and parents.

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

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|  | <b>Auditor Overall Determination:</b> Meets Standard  |
|  | <b>Auditor Discussion</b>   |
|  | <p>Evidence Reviewed: Policies 15.3, 15.5, 15.6, 15.7, 15.9, and 23.1; Tip Line; Youth Poster Sexual Abuse English/Spanish; See Something Say Something Pamphlet; Youth Poster No Means No English/Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.354(a): Policy 23.1 establishes that a staff, parent/guardian, youth in the community, or a residential community placement may use Stop Crime Online, the Intelligent Tip Line/Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ Ombudsman's office by email at <a href="mailto:djjombudsman@djj.state.ga.us">djjombudsman@djj.state.ga.us</a> or by calling 1-855-396-2978. In addition, this information was observed posted at the facility's main entrance and in visiting areas, as well as on the agency's public website.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| <b>115.361</b> | <b>Staff and agency reporting duties</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 8.5, 8.9, and 23.1; 8.5 Attachment B; 8.5 Attachment J; Georgia Child Protective Services Memo; Staff Accountability Report; Case File Review; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a): The facility requires all staff to report immediately, following policies 8.5 and 8.9, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners must report sexual abuse to designated supervisors or the PREA Unit Field Supervisor.</p> <p>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</p> |

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|  | <p>receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and the alleged victim's parents/legal guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. Suppose a juvenile court retains jurisdiction over the alleged victim. In that case, 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. The auditor's review of 11 investigative case files found that the appropriate notifications consistent with policies and state law were made in all cases.</p> <p>115.361(c): Policy 23.1 establishes that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions, and all staff interviewed were knowledgeable of this requirement. In addition, policy 8.5, Attachment J provides a specific Chain of Command Notification list and protocol for incidents to ensure the parties who need to be made aware of an incident are notified.</p> <p>115.361(f): All allegations of sexual abuse on DJJ property, in DJJ custody, or a residential program contracted by DJJ, including third-party and anonymous reports, must be reported to, and will be administratively and criminally investigated by the DJJ Office of Investigations. The facility had 3 sexual abuse cases reported within the audit period and the auditor's review of these files found they were all promptly forwarded to the DJJ Office of Investigations PREA Unit Supervisor for investigation.</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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| <b>115.362</b> | <b>Agency protection duties</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Evidence Reviewed: Policies 8.7, 8.9, 23.1, and 23.2; 8.7 Attachment B; 15.362 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362 (a): Policy 8.7 establishes that the DJJ shall ensure that all youth have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Staff will ensure that youth who make such notifications are protected</p> |

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|  | <p>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.</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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| <b>115.363</b> | <b>Reporting to other confinement facilities</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; 115.363 Accountability Statement; 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 received 1 allegations of sexual abuse that occurred at another facility. The facility immediately notified the DJJ Office of Investigations PREA Unit and the case was investigated. The auditor reviewed the case file and the referral and found the notifications were made appropriately and timely by the facility Director.</p> <p>115.363(d): The agency or facility 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. Interviews with the Agency Head and PREA Coordinator confirmed that the Office of Investigations would investigate any allegation received that a youth had been abused at another facility, regardless of where it was alleged to have occurred.</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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| <b>115.364</b> | <b>Staff first responder duties</b> |
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|  | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 23.2 Attachment A; Facility Coordinated Response Plan; Staff First Responder Cards; 115.364 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.364 (a)(b): Policy 23.1 establishes that the staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation. The first direct care staff member to respond to the allegation will take immediate action to protect and ensure the victim is safe and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; request that the alleged victim, and ensure that the abuser, does not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating if the abuse occurred within a period that still allows for the collection of physical evidence; and, if the first staff responder is a non-direct care staff member, ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff. In the past 12 months, there were 4 complaints of sexual abuse received. A review of the 4 investigative files confirmed that First Responder protocols were initiated to the degree that was warranted for the situation at the time of the report. None of the allegations involved contact that required physical evidence collection from the victim. During staff interviews, the auditor observed the Staff First Responder Cards in possession of staff during the site visit. These cards outline the steps a staff member should take if they are a first responder to an incident of sexual abuse. All staff interviewed were proficient in their first responder duties.</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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| <b>115.365</b> | <b>Coordinated response</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 115.365 PREA Acknowledgement Statement; Facility Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> |

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|  | <p>115.365(a): Policy 23.1 establishes that the facility will use the Sexual Abuse Coordinated Team Response (23.1, Attachment M) to respond to all sexual incidents. This plan outlines the procedures and specific duties of the First Responders, Control Room Operator, Medical Staff, Mental Health Staff, Administrative Duty Officer, Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members. The auditor reviewed Attachment M, Sexual Abuse Coordinated Team Response form, and found it complete and comprehensive. Interviews with the team members confirmed a thorough knowledge of their roles and responsibilities in response to a sexual abuse incident.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| <b>115.366</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; 115.366 PREA Acknowledgement 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.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| <b>115.367</b> | <b>Agency protection against retaliation</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; 23.1 Attachment L; 115.367 PREA Accountability Statement; Completed Retaliation Monitoring Form; Observations During Site Visit; Information Obtained from Interviews.</p> |

Evidence Reviewed for CAP: Facility's CAP; Interviews.

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 youth makes a complaint 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 and the JCO2 is the backup for the facility, but all of the Treatment Team will participate and provide information during the monitoring period. An interview with the PCM confirmed that during monitoring the conduct and treatment of a resident or staff who reported sexual abuse and sexual harassment is observed; he monitors for disciplinary reports, housing or program changes, or any negative performance reviews. With staff, he will monitor for any reassignments of duties, negative performance reviews. 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. She further said that during the monitoring, if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. The agency's requirement for monitoring to occur for both harassment and abuse cases is above and beyond the requirement and exceeds the standard. The auditor reviewed the 10 cases reported within the audit period and found evidence of monitoring in 3; there was no evidence that retaliation monitoring had occurred in the other 7 cases. Additionally, the monitoring reviewed in the 3 cases did not continue for the full time (90-days or release of the monitored person from custody). An interview with the facility Director and PCM further confirmed that no retaliation monitoring had occurred in any of the cases. As a result, the facility entered a corrective action period to correct this deficiency. To become compliant, the facility must develop a procedure to ensure that retaliation monitoring is conducted according to the policy and standard requirements. Additionally, the facility was required to provide evidence of retaliation monitoring for any required person involved in a sexual abuse/harassment allegation within the CAP period.

Corrective Action Taken: The facility provided a written CAP which states Claxton RYDC will continuously monitor resident complaints of sexual abuse through the use of the PREA Retaliation Form 23.1 Attachment L. These forms will be used weekly, unless otherwise instructed to be done more frequently. The facility will continue to monitor the youth and/or staff involved as victims and participants of the



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|  | <p>investigation for the next 90 days or longer if determined. The form will be documented with the findings of the monitoring. These forms will be filed with the Special Incident Report. A follow-up interview with the Director and the PCM confirmed that monitoring will occur, according to the requirements of this standard, upon receiving complaint of sexual abuse and this monitoring will be documented on the PREA Retaliation Form 23.1 Attachment L. An interview with the statewide PREA Specialist also confirmed that the PREA office will periodically monitor the facility for compliance. The facility has had no allegations of sexual abuse or harassment reported within the Post-Audit/CAP period; therefore, there has been no retaliation monitoring completed.</p> <p>Based on a review and analysis of the evidence, the facility and agency meet all provisions of this standard.</p> |
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| <b>115.368</b> | <b>Post-allegation protective custody</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.5, 8.7, 8.8, 23.1, and 23.2; 115.368 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility must clearly document the basis for the facility’s concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. The facility indicated no incidents where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the audit period. In addition, interviews with the 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.</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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| <b>115.371</b> | <b>Criminal and administrative agency investigations</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard     |

**Auditor Discussion**

Evidence Reviewed: Policies 8.5; 22.1; 22.3; and 23.1; 115.371 PREA Accountability Statement; Specialized Investigation Training Certificates; 23.1, Attachment K, Requirements of a PREA Case; Allegations Tracking Spreadsheet; 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 descriptions and definitions and the investigation requirements based on the type of allegation reported. An interview with the Office of Investigations PREA Unit Supervisor confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data in the course of their investigation. Interviews are conducted with alleged victims, suspected perpetrators, and witnesses and investigators review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations. The facility had 10 allegations (3-Abuse/7-Harassment). All abuse cases involved resident perpetrators and 3 of the 7 harassment allegations involved staff. All 10 allegations were forwarded to the Office of Investigations PREA Unit for investigation. These investigations were conducted thoroughly, objectively, and promptly and were well documented with the required elements.

115.371(b) Agency policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution. Documentation of each investigator's training is maintained by the Office of Investigations. A review of the 11 case files determined they were investigated by a specially trained investigator.

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

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|  | <p>consultation with prosecutors. When the quality of evidence appears to support a criminal prosecution, Investigators are required to submit the case for administrative action or referral to District Attorney’s Office for prosecution. An interview with the Office of Investigations PREA Unit Supervisor confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. He confirmed that there were no substantiated cases referred for the prosecution at this facility during the audit period.</p> <p>115.371(f): Policy 23.1 establishes that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person’s status as a resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. An interview with the Office of Investigations PREA Unit Supervisor confirmed that credibility assessments for victims, suspects, and witnesses are being made based on the facts presented and not based on their status as a resident or staff.</p> <p>115.371(j): Policy 23.1 establishes that DJJ will retain all written investigations and SIRs as long as the alleged abuser is incarcerated or employed plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. This was further confirmed during an interview with the Office of Investigations PREA Unit Supervisor.</p> <p>115.371(k): Policy 23.1 establishes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</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>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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| <b>115.372</b> | <b>Evidentiary standard for administrative investigations</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Evidence Reviewed: Policy 23.1; 23.1 Attachment K; 115.371 PREA Accountability Statement; Case File; Information Obtained from Interviews.</p> <p>115.372(a): Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview with the Office of Investigations PREA Unit Supervisor confirmed that the</p> |

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|  | <p>investigators use a preponderance of evidence standard when substantiating a case. A review of 10 case files conducted during the audit period clearly documented a preponderance of evidence was used to determine the final disposition in each case.</p> <p>Based on the review and analysis of the evidence, the facility and agency has demonstrated compliance with this standard.</p> |
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| <b>115.373</b> | <b>Reporting to residents</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; 23.1 Attachment I; 115.373 PREA Acknowledgement Statements; Resident Notification Forms; Case File; Sexual Abuse Investigation Report; Information Obtained from Interviews.</p> <p>115.373(a)(e): Policy 23.1 establishes that the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. The Auditor reviewed 10 investigative case files and found notifications to residents in all 10 files.</p> <p>115.373(b): The DJJ Office of Investigations conducts all investigations, therefore, the facility meets this standard through non-applicability.</p> <p>115.373(c)(d)(f): The review of the Resident Notification of Investigation Outcome form, confirms that the facility notifies the alleged victim whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>Based on the review and analysis of the evidence, the facility and agency have not demonstrated compliance with all provisions of this standard.</p> |

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| <b>115.376</b> | <b>Disciplinary sanctions for staff</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> |

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|  | <p>Evidence Reviewed: Policies 3.80 and 23.1; 115.376 PREA Acknowledgement Statement; Case File; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.376(a)(b)(c)(d): Policy 23.1 establishes that staff will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency’s sexual abuse or sexual harassment policies, following Policy 3.80, Employee Progressive Discipline. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation would be reported to the appropriate law enforcement agency and any relevant licensing bodies unless the activity was clearly not criminal. The auditor reviewed the 11 investigative case files with 3 involving allegations against staff and all were unsubstantiated.</p> <p>Based on the review and analysis of the evidence, the facility and agency have not demonstrated compliance with all provisions of this standard.</p> |
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| <b>115.377</b> | <b>Corrective action for contractors and volunteers</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 14.3 and 23.1; 115.377 PREA Acknowledgement 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, Investigator, 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.</p> <p>Based on the review and analysis of the evidence, the facility and agency have</p> |

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|  | demonstrated compliance with all provisions of this standard. |
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| <b>115.378</b> | <b>Interventions and disciplinary sanctions for residents</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 8.8, 23.1, and 16.05; 16.05 Attachment B, Behavioral Infractions Grid; 115.378 PREA Acknowledgement Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.378(a)(d)(f): Policy 23.1 establishes that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre-adjudicated youth will not be placed in a treatment program for sexually harmful behavior. The Director of the Office of Investigations refers youth for criminal prosecution when appropriate. There were no disciplinary actions for sexual abuse to review because there were no substantiated allegations perpetrated by a resident during the audit period. The facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility offers counseling services for youth with sexually abusive behavior, and these are not tied to any rewards-based behavior management system to access treatment. There was 1 substantiated youth-to-youth sexual harassment allegation. Formal discipline was not warranted in the incident and was handled through the behavioral management program. There were no substantiated sexual abuse allegations during the audit period.</p> <p>115.378(b): Policy 8.8 governs the use of isolation for youth. Before placing a youth in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. Youth in isolation will be observed, and behaviors documented at irregular 15-minute intervals or following any suicide precautions that are in place for the youth; medical services staff must be notified immediately when a youth is placed in isolation status. Notification will include a verbal assessment of the youth to medical services staff. Mental 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. Interviews with mental health and medical staff confirmed that visits to youth in isolation are performed at least daily but generally more frequently. The policy requires that youth have access to legally required educational programming, special education services, and daily large-muscle exercise. Interviews with the facility Director, PCM, JDCs, and security staff confirmed that youth placed in isolation are monitored strictly by the established policies, and they are allowed</p> |

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|  | <p>daily large-muscle exercises. The facility provided the Behavioral Infractions Grid used to determine codes and severity ratings of infractions and to determine sanctions appropriate to the offense.</p> <p>115.378(c): Policy 16.5 establishes that the hearing officer will consider extenuating circumstances when imposing sanctions, such as age, mental condition, prior record of conduct, etc. If the youth is on the mental health caseload, his primary clinician should be present at the hearing to act as an advocate when possible. If it is determined that the youth cannot understand the proceedings or present a defense because of disability, the hearing officer will appoint a staff member to act as an advocate. An interview with the disciplinary hearing officer confirmed these procedures are implemented at the facility.</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.</p> <p>115.378(g): The agency uses the disciplinary procedure for consensually engaging in sexual activities. The facility provided Behavioral Infractions Grid indicating sexual activity among youth is prohibited and violates the facility rules. In addition, interviews with youth confirmed they are aware that any sexual activity is not permitted.</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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| 115.381 | Medical and mental health screenings; history of sexual abuse   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.5, 11.1, 11.2, 12.10, 22.3, and 23.01; 23.01 Attachment F; 8.5 Attachment I; 115.381 PREA Acknowledgement Statement; Sexual Incident Report (SIR) Codes; Youth Consent Form; 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. Based on interviews with the JDCs, medical and mental health staff, PCM, and facility Director, youth who disclose prior sexual abuse victimization or have prior sexually aggressive behavior are referred to a mental health provider for treatment. The facility indicates that 104 youth</p> |

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|  | <p>disclosed prior sexual victimization during screening admitted to the facility within the audit period. The auditor was provided a list of incident reports which had been completed to document the youth's report of prior sexual victimization and selected 7 samples for review. All 7 received a mental health referral and were seen by mental health within 24 hours.</p> <p>115.381(c)(d): If a youth discloses prior sexual victimization or abuse during a medical evaluation, mental health assessment, or at any time, the staff will report the abuse according to Policy 8.9, Child Abuse Reporting. For youth over 18, staff obtains informed consent from the youth before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others providing care and treatment who need to know. 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.</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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| <b>115.382</b> | <b>Access to emergency medical and mental health services</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.10 and 23.1; 23.1 Attachment M; 23.2 Attachment A; 115.382 PREA Acknowledgement Statement; Helen Haven Children's Advocacy Center MOU; Memorial Health Dwaine and Cynthia Willett Children's Hospital of Savannah GA Agreement; Information Obtained from Interviews.</p> <p>115.382(a)(b)(c): Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy 23.1 establishes that the facility Director will ensure that victims of sexual abuse, while confined, shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, following professionally accepted standards of care where medically appropriate. If there is an allegation of a sexual assault within a 72-hour time frame, the youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame. The hospital where youth from Claxton RYDC would be taken for a SANE exam is Memorial Health Dwaine and Cynthia Willett Children's Hospital in</p> |



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|  | <p>Savannah, GA. The auditor verified that the hospital has SANE nurses on staff and on call. An interview with the Nurse Manager confirmed that youth would be offered timely information access to sexually transmitted infections prophylaxis at the Emergency Room. 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.</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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| <b>115.383</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 2.10, 23.1, and 23.2; NIC PREA Certificates; Practitioner Credentials; List of Medical and Mental Health Staff; Observations During Site Visit; Information Obtained from Interviews.</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 on-site health care staff for initial screening. Appropriate first aid or emergency care will be provided, and then the youth will be sent to a hospital for further examination, treatment, and forensic evidence collection, as appropriate. Medical services staff will deliver follow-up care and treatment. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offer pregnancy prophylaxis. Policy 23.1 states that the Facility Director will ensure that victims of sexual abuse, while confined, shall be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care, where medically appropriate. Medical services staff will provide appropriate follow-up care and treatment. The youth's physical and emotional status will be assessed at the follow-up appointment. The provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed. The facility has a staff of Qualified Mental Health Providers who provide ongoing assessments and treatment for victims of sexual abuse. Interviews with medical and mental health staff confirmed that evaluations and treatment of sexual abuse victims, including follow-</p> |

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|  | <p>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.</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.</p> <p>115.383(h): The facility will conduct a mental health evaluation of all known youth-on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners, based on policy review and interviews with mental health staff. This time frame exceeds the 60-day requirement of this standard. In addition, interviews with mental health staff confirmed that a behavioral health evaluation would be conducted with a known abuser within 24 hours of being notified, which is above and beyond the requirements of this provision.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard and exceed provision (h).</p> |
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| <b>115.386</b> | <b>Sexual abuse incident reviews</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment J; 23.1 Attachment M; 115.386 PREA Acknowledgement Statements; Case Files; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Facility's CAP; Completed Incident Review Team Report; Interviews.</p> <p>115.386(a)(b)(c): Policy 23.1 establishes that each facility and community residential provider will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. The PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. The auditor reviewed the 10 case files (3-abuse/7-harassment). Of the 3 abuse cases, 1 was unfounded and 2 unsubstantiated. The auditor found no evidence that the required Incident Review was conducted on either</p> |

unsubstantiated case. Once the facility Director became aware of the need to conduct an Incident Review on unsubstantiated abuse cases she immediately convened the SART and reviewed both cases and provided to the auditor for review. Because the facility did not have a practice of completing Incident Reviews for substantiated and unsubstantiated allegations within 30 days of the investigation completion, the facility was found non-compliant. As a result, the facility entered a 180-day CAP period to remedy the deficiency. To become compliant the facility was required to develop procedures to ensure that an Incident Review is conducted on all sexual abuse cases (substantiated and unsubstantiated) within 30 days of the case closure. Additionally, the facility must provide completed reviews on any other cases that qualify for an Incident Review that occur within the CAP period.

Corrective Action Taken: The facility provided a written CAP stating Claxton RYDC SART will schedule a meeting to review and complete the Sexual Abuse Coordinated Team Response immediately upon being informed of the completion of any substantiated or unsubstantiated allegation but no later than 30 days after the completion of the investigation. The facility provided documentation of an Incident Review on both of the unsubstantiated cases. There were no new cases; therefore, no additional Incident Reviews were conducted. The facility has demonstrated compliance with this standard.

115.386(d)(e): The Sexual Abuse Coordinated Team Response (23.1, Attachment M) provides directions consistent with the requirements of this standard for the Incident Review Team. The auditor reviewed the Sexual Abuse Incident Review Team Meeting Minutes (23.1, Attachment J), an agency form created to guide the Review Team during the review. This form requires the team to consider all actions delineated in 1-5 of provision (d). The completed form constitutes the written report of the team's findings and any improvement recommendations. This report is submitted to the facility Director and PCM. An interview with the facility Director and PCM confirmed that any recommendations made by the PREA Incident Review Team would be seriously considered and implemented unless it is not feasible. Two members of the Incident Review Team were interviewed who were knowledgeable about the information that must be considered during an incident review. They confirmed that no incidents were reviewed by the team within the audit period.

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

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| <b>115.387</b> | <b>Data collection</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K; PREA Annual Report - 2021; PREA Annual Report - 2020; PREA Annual Report - 2019; SSV Report 2020; DJJ |

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|  | <p>Website; 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 the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor was provided the most recent SSV for review which was requested by DOJ in 2020. An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. She further confirmed the SSV is completed and submitted to the DOJ as requested.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| <b>115.388</b> | <b>Data review for corrective action</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.5 and 23.1; PREA Annual Report - 2019; PREA Annual Report 2020; PREA Annual Report 2021; SSV Report; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.388(a)(b): Policy 23.1 establishes that the agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training and maintain a current link on the DJJ website to provide PREA information to the public. The auditor reviewed the 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.</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 will remove all personal identifiers. Interview with the PREA Coordinator and review of the 2021 Annual Report confirmed it was approved by the Agency Head prior to publishing. Additionally, a web search found the 2021 Annual Report published on the agency's public website.</p> |

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|  | Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard. |
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| <b>115.389</b> | <b>Data storage, publication, and destruction</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: Policies 5.1; 23.1; DJJ Website Translations; PREA Annual Report - 2019; PREA Annual Report - 2020; PREA Annual Report - 2021; SSV Report 2020</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 DJJ 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. 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 will remove all personal identifiers.</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 to include in the most recent annual report.</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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| <b>115.401</b> | <b>Frequency and scope of audits</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Evidence Reviewed: 2021 PREA Audit Report; 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 August 3-4, 2020, with a final report date of August 30, 2020. Based on the projected schedule published in the 2021 Annual Report and</p> |

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|  | <p>interview with the PREA Coordinator, each facility will be audited at a rate of one-third per year, during the current audit cycle.</p> <p>115.401(h): The auditor was provided a complete tour of the facility and surrounding grounds and allowed access to all areas.</p> <p>115.401(m): The auditor was allowed the use of a private office directly off the multi-purpose room for conducting interviews with resident youths and staff. 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 more than six weeks before the on-site audit. These notices were posted on February 10, 2023, and photos of the postings were provided to the auditor by email for verification of posting. The audit notice contained contact information for the auditor and notification that the residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. 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 the mailroom officer and PCM, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| <b>115.403</b> | <b>Audit contents and findings</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Evidence Reviewed: Website Search; Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through a search of the agency's public website and an interview with the PREA Coordinator that Final Audit Reports of all DJJ facilities are posted on the agency's website at <a href="https://djj.georgia.gov/prea-reports">https://djj.georgia.gov/prea-reports</a>.</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> |

| <b>Appendix: Provision Findings</b> |   |     |
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| <b>115.311<br/>(a)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | 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 |
| <b>115.311<br/>(b)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | 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 |
| <b>115.311<br/>(c)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | 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 |
| <b>115.312<br/>(a)</b>              | <b>Contracting with other entities for the confinement of residents</b>   |     |
|                                     | 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 |
| <b>115.312<br/>(b)</b>              | <b>Contracting with other entities for the confinement of residents</b>   |     |

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|                        | 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 |
| <b>115.313<br/>(a)</b> | <b>Supervision and monitoring</b>   |     |
|                        | 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 |



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|                    | 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 |
| <b>115.313 (b)</b> | <b>Supervision and monitoring</b>  |     |
|                    | 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 |
| <b>115.313 (c)</b> | <b>Supervision and monitoring</b>  |     |
|                    | 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 |

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|                    | 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 |
| <b>115.313 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                    | 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 |
| <b>115.313 (e)</b> | <b>Supervision and monitoring</b>   |     |
|                    | 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 |

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|                    | functions of the facility? (N/A for non-secure facilities )   |     |
| <b>115.315 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.315 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?   | yes |
| <b>115.315 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.315 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.315 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |

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|                    | 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?  |     |
| <b>115.315 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.316 (a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                    | 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 |

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|                    | 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 |
| <b>115.316 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?   | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |
| <b>115.316 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                    | 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 |

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

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| <b>(c)</b>         |  |     |
|                    | 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 |
| <b>115.317 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | 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 |
| <b>115.317 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?   | yes |
| <b>115.317 (f)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | 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 |

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|                    | employees?  |     |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.317 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.317 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | 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 |
| <b>115.318 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| <b>115.318 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)           | yes |
| <b>115.321 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |



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|                    | 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 |
| <b>115.321 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | 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 |
| <b>115.321 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | 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 |
| <b>115.321 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |

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|                    | 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 |
| <b>115.321 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | 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 |
| <b>115.321 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | 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 not responsible for investigating allegations of sexual abuse.)   | yes |
| <b>115.321 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | yes |
| <b>115.322 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                    | 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 |

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| <b>115.322<br/>(b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | 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 |
| <b>115.322<br/>(c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))              | yes |
| <b>115.331<br/>(a)</b> | <b>Employee training</b>  |     |
|                        | 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 |

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|                    | 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 |
| <b>115.331 (b)</b> | <b>Employee training</b>  |     |
|                    | 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 |
| <b>115.331 (c)</b> | <b>Employee training</b>  |     |
|                    | 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 |

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| <b>115.331<br/>(d)</b> | <b>Employee training</b>  |     |
|                        | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.332<br/>(a)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | 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 |
| <b>115.332<br/>(b)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.332<br/>(c)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.333<br/>(a)</b> | <b>Resident education</b>   |     |
|                        | 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 |
| <b>115.333<br/>(b)</b> | <b>Resident education</b>   |     |
|                        | Within 10 days of intake, does the agency provide age-appropriate   | yes |

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|                    | 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 |
| <b>115.333 (c)</b> | <b>Resident education</b>  |     |
|                    | 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 |
| <b>115.333 (d)</b> | <b>Resident education</b>  |     |
|                    | 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 |
| <b>115.333 (e)</b> | <b>Resident education</b>  |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?  | yes |
| <b>115.333 (f)</b> | <b>Resident education</b>  |     |

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|                    | 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 |
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | 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 |
| <b>115.334 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
|                    | 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 |
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | 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 |

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



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| <b>115.335<br/>(d)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                        | 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 |
| <b>115.341<br/>(a)</b> | <b>Obtaining information from residents</b>   |     |
|                        | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?   | yes |
|                        | Does the agency also obtain this information periodically throughout a resident's confinement?  | yes |
| <b>115.341<br/>(b)</b> | <b>Obtaining information from residents</b>   |     |
|                        | Are all PREA screening assessments conducted using an objective screening instrument?   | yes |
| <b>115.341<br/>(c)</b> | <b>Obtaining information from residents</b>   |     |
|                        | 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 |

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|                    | 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 |
| <b>115.341 (d)</b> | <b>Obtaining information from residents</b>   |     |
|                    | 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 |
| <b>115.341 (e)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked  | yes |

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|                    | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?   |     |
| <b>115.342 (a)</b> | <b>Placement of residents</b>   |     |
|                    | 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 |
| <b>115.342 (b)</b> | <b>Placement of residents</b>   |     |
|                    | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
|                    | 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 |

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| <b>115.342<br/>(c)</b> | <b>Placement of residents</b>  |     |
|                        | 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 |
| <b>115.342<br/>(d)</b> | <b>Placement of residents</b>  |     |
|                        | 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 |
| <b>115.342<br/>(e)</b> | <b>Placement of residents</b>  |     |
|                        | 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 |
| <b>115.342<br/>(f)</b> | <b>Placement of residents</b>  |     |
|                        | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when   | yes |

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|                    | making facility and housing placement decisions and programming assignments?   |     |
| <b>115.342 (g)</b> | <b>Placement of residents</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |
| <b>115.342 (h)</b> | <b>Placement of residents</b>  |     |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  | yes |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)   | yes |
| <b>115.342 (i)</b> | <b>Placement of residents</b>  |     |
|                    | 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 |
| <b>115.351 (a)</b> | <b>Resident reporting</b>  |     |
|                    | 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 |
| <b>115.351 (b)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private   | yes |

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|                    | 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 |
| <b>115.351 (c)</b> | <b>Resident reporting</b>  |     |
|                    | 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 |
| <b>115.351 (d)</b> | <b>Resident reporting</b>  |     |
|                    | Does the facility provide residents with access to tools necessary to make a written report?   | yes |
| <b>115.351 (e)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |
| <b>115.352 (a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Is the agency exempt from this standard?<br>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 |
| <b>115.352 (b)</b> | <b>Exhaustion of administrative remedies</b>   |     |

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|                    | 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 |
| <b>115.352 (c)</b> | <b>Exhaustion of administrative remedies</b>   |    |
|                    | 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 |
| <b>115.352 (d)</b> | <b>Exhaustion of administrative remedies</b>   |    |
|                    | 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 |
| <b>115.352 (e)</b> | <b>Exhaustion of administrative remedies</b>   |    |

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|                    | 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 |
| <b>115.352 (f)</b> | <b>Exhaustion of administrative remedies</b>  |    |
|                    | 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 |



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|                    | 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  |
| <b>115.352 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | 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  |
| <b>115.353 (a)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | 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 |
| <b>115.353 (b)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and   | yes |

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|                    | the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  |     |
| <b>115.353 (c)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | 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 |
| <b>115.353 (d)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | 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 |
| <b>115.354 (a)</b> | <b>Third-party reporting</b>  |     |
|                    | 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 |
| <b>115.361 (a)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | 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 |

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|                    | 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?   |     |
| <b>115.361 (b)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?   | yes |
| <b>115.361 (c)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | 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 |
| <b>115.361 (d)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | 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 |
| <b>115.361 (e)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | 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 |

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|                    | 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 |
| <b>115.361 (f)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | 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 |
| <b>115.362 (a)</b> | <b>Agency protection duties</b>   |     |
|                    | 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 |
| <b>115.363 (a)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | 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 |
| <b>115.363 (b)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?   | yes |
| <b>115.363 (c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Does the agency document that it has provided such notification?  | yes |
| <b>115.363 (d)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in   | yes |

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|                        | accordance with these standards?   |     |
| <b>115.364<br/>(a)</b> | <b>Staff first responder duties</b>  |     |
|                        | 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 |
| <b>115.364<br/>(b)</b> | <b>Staff first responder duties</b>  |     |
|                        | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.365<br/>(a)</b> | <b>Coordinated response</b>  |     |
|                        | 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 |
| <b>115.366<br/>(a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |

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|                    | 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 |
| <b>115.367 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | 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 |
| <b>115.367 (b)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  | yes |
| <b>115.367 (c)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | 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 |

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|                    | 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 |
| <b>115.367 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |
| <b>115.367 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | 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 |
| <b>115.368 (a)</b> | <b>Post-allegation protective custody</b>   |     |
|                    | 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 |

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| <b>115.371<br/>(a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | 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 |
| <b>115.371<br/>(b)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  | yes |
| <b>115.371<br/>(c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | 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 |
| <b>115.371<br/>(d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?   | yes |
| <b>115.371<br/>(e)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | 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 |
| <b>115.371</b>         | <b>Criminal and administrative agency investigations</b>   |     |



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| <b>(f)</b>         |   |     |
|                    | 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 |
| <b>115.371 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.371 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.371 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.371 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.371 (k)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency   | yes |

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|                    | does not provide a basis for terminating an investigation?  |     |
| <b>115.371 (m)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
| <b>115.372 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                    | 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 |
| <b>115.373 (a)</b> | <b>Reporting to residents</b>   |     |
|                    | 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 |
| <b>115.373 (b)</b> | <b>Reporting to residents</b>   |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)                  | yes |
| <b>115.373 (c)</b> | <b>Reporting to residents</b>   |     |
|                    | 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 |

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|                    | 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 |
| <b>115.373 (d)</b> | <b>Reporting to residents</b>  |     |
|                    | 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 |
| <b>115.373 (e)</b> | <b>Reporting to residents</b>  |     |
|                    | Does the agency document all such notifications or attempted notifications?  | yes |
| <b>115.376 (a)</b> | <b>Disciplinary sanctions for staff</b>  |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?   | yes |

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| <b>115.376<br/>(b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                        | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.376<br/>(c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                        | 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 |
| <b>115.376<br/>(d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                        | 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 |
| <b>115.377<br/>(a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                        | 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 |
| <b>115.377<br/>(b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                        | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  | yes |

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| <b>115.378<br/>(a)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | 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 |
| <b>115.378<br/>(b)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  | yes |
|                        | 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 |
| <b>115.378<br/>(c)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | 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 |
| <b>115.378<br/>(d)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | 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 |

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|                    | 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 |
| <b>115.378 (e)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.378 (f)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.378 (g)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.381 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | 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 |
| <b>115.381 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?               | yes |
| <b>115.381 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |

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|                    | 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 |
| <b>115.381 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | 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 |
| <b>115.382 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | 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 |
| <b>115.382 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?   | yes |
|                    | Do staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |
| <b>115.382 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | 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 |
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are treatment services provided to the victim without financial   | yes |

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



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|                        | cooperates with any investigation arising out of the incident?  |     |
| <b>115.383<br/>(h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                        | 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 |
| <b>115.386<br/>(a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                        | 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 |
| <b>115.386<br/>(b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                        | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.386<br/>(c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                        | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.386<br/>(d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                        | 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 |

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|                    | 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 |
| <b>115.386 (e)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?   | yes |
| <b>115.387 (a)</b> | <b>Data collection</b>   |     |
|                    | 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 |
| <b>115.387 (b)</b> | <b>Data collection</b>   |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?  | yes |
| <b>115.387 (c)</b> | <b>Data collection</b>   |     |
|                    | 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 |
| <b>115.387 (d)</b> | <b>Data collection</b>   |     |
|                    | 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 |
| <b>115.387 (e)</b> | <b>Data collection</b>   |     |
|                    | 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 |

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|                    | the confinement of its residents.)  |     |
| <b>115.387 (f)</b> | <b>Data collection</b>  |     |
|                    | 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 |
| <b>115.388 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | 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 |
| <b>115.388 (b)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.388 (c)</b> | <b>Data review for corrective action</b>  |     |
|                    | 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 |
| <b>115.388 (d)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when   | yes |

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|                    | publication would present a clear and specific threat to the safety and security of a facility?   |     |
| <b>115.389 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.387 are securely retained?   | yes |
| <b>115.389 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.389 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.389 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | 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 |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | 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 |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | yes |
|                    | 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.) | na  |

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|                    | 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  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | 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 |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | 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 |