

# PREA Facility Audit Report: Final

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

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 05/21/2024

**Date Final Report Submitted:** 10/25/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sharon R. Shaver	<b>Date of Signature:</b> 10/25/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	04/01/2024
<b>End Date of On-Site Audit:</b>	04/02/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Dekalb Regional Youth Detention Center
<b>Facility physical address:</b>	2946 Clifton Springs Road, Decatur, Georgia - 30034
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Yolanda Wilson
<b>Email Address:</b>	yolanda.wilson@djj.state.ga.us
<b>Telephone Number:</b>	404-620-7406

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Yolanda Wilson
<b>Email Address:</b>	yolanda.wilson@djj.state.ga.us
<b>Telephone Number:</b>	404-620-7406

<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>	Mary Rankin
<b>Email Address:</b>	mary.rankin1@djj.state.ga.us
<b>Telephone Number:</b>	404-947-9823

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	64
<b>Current population of facility:</b>	29
<b>Average daily population for the past 12 months:</b>	32
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Males

<b>Age range of population:</b>	13-19 years old
<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>	70
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	11
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	10

<b>AGENCY INFORMATION</b>	
<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

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

<b>Agency-Wide PREA Coordinator Information</b>			
<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

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.312 - Contracting with other entities for the confinement of residents
- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.334 - Specialized training: Investigations

### Number of standards met:

38

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-01
2. End date of the onsite portion of the audit:	2024-04-02

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CAC, Georgia Center for Child Advocacy; Children's Healthcare of Atlanta (CHOA)/Stephanie V. Blank Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	32
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 <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<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>	37
<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>	22
<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>	1
<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>	0

<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>1</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>5</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>0</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>62</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>14</p>

<p><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></p>	<p>11</p>
<p><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></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>5</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor selected youth that met any target categories and identified their current housing assignment. Then selected additional youth from each of the housing units taking into consideration factors such as age, race, ethnicity, and length of time in the facility.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <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>	No barriers to ensuring representation.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p><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>5</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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p><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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p><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>1</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>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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>

<p><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>1</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>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>Based on review of the case files compared to the current youth roster, none of the youth who reported sexual abuse were still at the facility during the site visit.</p>
<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>1</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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate any youth was placed in isolation/segregation for risk of sexual abuse.</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 oversampled youth with cognitive disabilities to offset there being no residents who had a physical disability, were placed in isolation/segregated housing for being at high risk for victimization, who had a hearing/ vision disability, or who had reported sexual abuse at the facility.</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>
<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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Gender</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 barriers were encountered to ensuring representation.</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>26</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>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <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 <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <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 <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 <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.



## 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.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**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)?**

Yes

No

**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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

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 Dekalb Regional Youth Detention Center (RYDC) was audited by Sharon Ray Shaver, Certified DOJ PREA Auditor for juvenile facilities on April 1-2, 2024. Dekalb RYDC is located at 2946 Clifton Springs Road, Decatur, GA. The facility has a 64-bed capacity with 36 male youth residents assigned during the site visit. The facility provides temporary, secure care and supervision to youth between the ages of 13-19 who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement from Dekalb County. In addition, youth who have been committed to the custody of DJJ are sometimes placed in an RYDC while awaiting treatment in a community program or a long-term facility. The Auditor conducted a complete facility inspection consisting of the administrative area and offices, chow hall, kitchen, control room, health services, four housing units (Bravo 1, Bravo 2, Bravo 3, Bravo 4), school, programming area, inside and outside recreation areas and intake. The facility had 59 cameras at the time of the audit. These cameras supplement direct supervision practices and are located every area of the facility where youth have access with the exception of showers and restrooms. The Auditor observed placement and views for these cameras confirmed that none allowed viewing of youth in areas where they may be undressed, showering, or using the restroom. There is one observation cell on three units and four observation cells on one unit. These cells have glass doors and no cameras. The Auditor's observation of the camera locations and positioning and observations throughout the facility during the site inspection found that there are no viewing obstructions, and no areas were identified that did not allow direct line of site either by staff viewing or camera viewing. Cameras are monitored by the main control room officer. Additionally, the facility Director and Assistant Director have access to view these cameras from their office computers which allows them to monitor and spot check

critical areas throughout the day and night. The Auditor's site visit included observations of staff line of sight, blind spots, areas where youth are not allowed, indirect supervision practices, including camera placement and viewing. A clear, direct line of sight was observed everywhere and doors that were marked "No Youth Access" were controlled through restricted key access and these doors were observable by camera views; no residents are allowed in the administrative, laundry, or kitchen. The Auditor had informal conversations with the control room officer during the site inspection and discussed while observing the various camera views, the functionality of the cameras, and how determinations are made for facility and internal area movement through various access points. The Auditor tested the phones in all four units and found the phone active and working. The phone allows the user to enter their identification number for a call to approved parties on their telephone list, or they may listen to the additional prompts for speed dial access. Speed dialed numbers do not require the entry of the youth's identification number to place a call. The Auditor placed test calls to the Office of Victim's Services, Ombudsman's Office and to the RAINN Hotline using the speed dial numbers without the requirement to enter an access pin. All youth interviewed corroborated that the telephones are and have been in working order. The conversations also confirmed that if the phones become inoperable, once reported, service is promptly restored. The Auditor toured all areas of the facility and held informal conversations with staff and youth during the site inspection and learned that the facility is perceived as a safe place to live and work. The facility was clean and in good repair. The Auditor observed professional and engaging interaction between staff and youth. The interim report was published on May 21, 2024, at which time the facility exceeded five standards, 115.311, 115.312, 115.331, 115.332, and 115.334; met

34 standards; and was out of compliance with 5 standards, The Auditor worked closely with the agency's PREA Specialist and facility staff to develop the Corrective Action Plan (CAP). The facility provided documentation throughout the corrective action period of implementation of the CAP, and the corrective action period ended early on October 21, 2024. After careful review and analysis of the evidence provided, the Auditor concluded that the facility had demonstrated compliance with the 5 standards found non-compliant during the initial audit and exceeded 5 previously noted above.

### **Documentation Sampling**

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

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

Yes

No

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

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

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

- 11.1, Medical Intake Screening
- 11.2, Nurse Health Appraisal and Physical Examination
- 11.30, Infection Control
- 12.10, Mental Health Screening
- 12.11, Mental Health Assessment
- 13.32, Special Education Services
- 14.3, Citizen and Volunteer Involvement
- 15.10, Language Assistance Services
- 15.11, Request for Services
- 15.2, Grievance Process
- 15.3, Youth Access to Court and Counsel
- 15.5, Youth Visitation
- 15.6, Access to Mail
- 15.7, Access to Telephone
- 5.9, 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:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	3	0	3	0
<b>Total</b>	4	0	4	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	3	0	3	0
<b>Total</b>	4	0	4	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	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	2	1
<b>Total</b>	0	0	2	2

### 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	1	0
<b>Staff-on-inmate sexual harassment</b>	0	2	1	0
<b>Total</b>	0	2	2	0

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	4
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<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>1</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><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>3</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-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 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>4</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>1</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 <input checked="" type="radio"/> No <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 <input type="radio"/> No <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>	No text provided.
<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 <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>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 1.2, 23.1, 23.2; Organizational Chart - Department of Juvenile Justice (Agency); Organizational Chart - DJJ Division of Professional Development (PREA); Facility Organizational Chart; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.311(a): The Georgia Department of Juvenile Justice (DJJ) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The DJJ strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the Department takes appropriate actions to reduce the risk of sexual abuse and sexual harassment within the DJJ facilities, contracted residential programs, and community service offices (CSO) by implementing the PREA Standards established by the United States Department of Justice (DOJ).</p>

	<p>115.311(b): The agency employs an upper-level, agency-wide PREA Coordinator, Latera Davis, Deputy Commissioner, Division of Professional Development and Standards. She reports directly to the Commissioner, Shawanda Reynolds-Cobb. Based on an interview with the PREA Coordinator, she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all DJJ facilities. She employs support staff and directs designated facility PREA Compliance Managers (PCM) in the agency's compliance efforts. If there are issues with complying with a PREA standard, the PREA Coordinator consults the Agency's Executive Leadership, policy managers and facility staff to resolve concerns. Regular and on-going communication is held with the PREA Coordinator's office and field staff for support and compliance assessments. The agency's allocation of PREA support staff to support the field exceeds the requirements of this provision.</p> <p>115.311(c): The facility has designated a PREA Compliance Manager (PCM), Assistant Director of Programs, Antwon Simmons. The facility is currently without a Director however, the Regional Administrator is covering these duties in the interim. As a result, the PCM reports directly to the Regional Administrator at this time. During an interview with the PCM and the Regional Administrator, the auditor learned that the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He has been in this role since 2020 and appears to be well established in his duties related to PREA policy implementation and monitoring.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the agency's allocation of PREA support staff to support the field exceeds the requirements of this provision.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 2.16; Policy 20.1; Policy 20.24; Policy 23.1; DJJ RBWO Services Contracts: Right Path Oasis Group Home, Living Our Lives Community Living, Anchor of Hope House, Gentle Loving Care, Four Seasons of Love Youth Home, Chenault Youth Services; DJJ Internal Monitoring: Four Seasons, Chenault Youth Services, Right Path Oasis Group Home, Inc., and Living Our Lives; 2023 PREA Audit Report for Four Seasons and Living Our Lives; Information Obtained from Interviews.</p> <p>115.312(a)(b): Policy 2.16 establishes that the Department of Juvenile Justice administers all contracts through two central processing points, the Office of Contracts and the Office of Procurement to ensure that the Department adheres to</p>

all local, state and federal contracting laws, standards and guidelines and monitors all contracts for compliance. Policy 23.1 establishes that new contracts or contract renewals with public and private entities for the confinement of youth as well as contracts for professional services for youth will include the entity's obligation to adopt and comply with PREA standards. All contractors to include Residential Providers must ensure that all PREA incidents are reported to DJJ Office of Investigations. Policy 23.1 further establishes that District Directors and Community PREA Compliance Managers will monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and will submit reports to Agency PREA Coordinator; The Regional Treatment Services Specialists will monitor and conduct internal audits of all Community Residential Providers for PREA compliance and will submit reports to the Agency PREA Coordinator. Policies 20.1, Community Quality Assurance Monitoring and 20.24, Community Residential Programs policies further direct monitoring of these contractors for PREA compliance. Based on information provided with the PAQ and confirmed through email with the Contracts Administrator, the agency has entered into or renewed (43) contracts for the confinement of residents since the last PREA audit. There are currently (6) facilities that meet the criteria for a PREA audit, and all (6) contracts were provided for the auditor's review. Additionally, (2) facilities have completed their PREA Audit and Final Audit Reports were provided with the PAQ for review. The agency also provided (4) samples of their internal monitoring for these facilities. Collectively, these documents verified that the contractor must fully adopt and comply with PREA standards as a condition of maintaining a contract with DJJ for housing youth in their custody. These contractors are established providers of Youth Care Services for a Child Caring Institute (CCI) Base for a Child Placing Agency (CPA) Room, Board and Watchful Oversight (RBWO). An interview with the Agency Contract Administrator and PREA Coordinator confirmed that DJJ contractors acknowledge that, in addition to self-monitoring requirements the Department will conduct announced or unannounced compliance monitoring to include site visit monitoring. Any Contractor that fails to comply with Prison Rape Elimination Act (PREA), including PREA Standards and DJJ Department Policies will result in termination of the contract. Community Residential Providers who have 51% or more DJJ residents will be subject to Department of Justice (DOJ) audits. Community Residential Providers are responsible for contracting with DOJ Certified Auditors to conduct an independent audit with assistance of the Agency-wide PREA Coordinator at least once each audit cycle.

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

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

Evidence Reviewed: Policies 7.6, 8.1, 8.20, 23.1; Form 23.1, Attachment A; Secure Facility Staffing Reports; 2023 and 2022 Staffing Plan Review; Facility Staffing (SFS) Reports; List of Doors with Restricted Area Youth Not Allowed; List of Camera Locations; Unannounced PREA Rounds Logs; CCTV Logs and Locations; Deviation Memo; Memo Regarding Staffing Ratios; PREA Ratio Training Agenda and Training PowerPoints; Information Obtained from Interviews; Personal Observations During Site Visit.

Evidence Reviewed During the Corrective Action Period: Facility's Corrective Action Plan; July, August, September, October SFS Reports; Interviews.

115.313(a)(d) Documentation Review: 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 provided the written staffing plan with (32) being the average daily number of residents on which the staffing plan was predicated. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report (Attachment A) and submit a report by the 10th of December with the required signatures to the Agency PREA Coordinator. The facility provided the Dekalb Annual Staffing Report for 2022 and 2023, which documents an annual review is conducted. There were no adjustments made to staffing numbers during the last review. The auditor's review of the staffing plan found that it provides staffing sufficient to provide supervision of youth based on the established minimum ratios. Additionally, the form indicates that the reviewing parties consider all required elements of provision (a) during the annual review. The auditor reviewed the Secure Facility Staffing Reports from the prior 12 months and verified that a report was completed for each day of the year (01/01/23 to 12/31/23). Policy 8.1, Security Management, directs post order supervision requirements, minimum staffing requirements, logbook maintenance, conducting PREA rounds. Policy 8.20, Room Checks establishes that all youth in a secure facility will be visually checked at least once every 30 minutes, or more frequently as ordered by supervisory, mental health, or health care staff.

An interview with the Regional Administrator confirmed the facility regularly develops a staffing plan that includes adequate staffing levels to protect residents against sexual abuse are considered in this plan to include video monitoring. The Regional Administrator's interview confirmed that video monitoring is a large part of the staffing plan, especially during staffing shortages. Use of the video monitoring system allows additional monitoring of youth for safety. The Regional Administrator explained that she and the Administration Team review the staffing plan annually and document any needed adjustments. These adjustments are then communicated to the Regional Administrator by the Director for required approvals; however, as the Regional Administrator is currently the interim facility Director, the staffing plan is submitted to her next level supervisor, the Assistant Deputy Commissioner. The

PREA Coordinator reviews and signs off on the annual staffing plan. Staffing levels are monitored on a daily/weekly basis, as needed to ensure that adequate staffing is available to provide shift coverage. The Regional Administrator advised there were no deviations from the plan in the last 12 months but confirmed that any unforeseen circumstances or deviations from the staffing plan would be documented. Additionally, an interview with the Regional Administrator confirmed that deviations from the staffing plan are documented daily into the Secure Facility Staffing Report System. An interview with the PREA Coordinator found that she is consulted regarding any assessments of, or adjustments to, the staffing plan for this facility and at minimum, the staffing plan is reviewed and updated, annually. The auditor's review of the staffing plan confirmed the PREA Coordinator reviews and approves the staffing plan, annually. The PREA Coordinator also explained that the agency has developed and implemented a specialized training curriculum, PREA Ratio Training, for designated non-security staff that provide sufficient training to assist with youth supervision during times when the ratios cannot be met by security personnel. These occasions are intended to be temporary until security staff staffing needs are met. This training includes ACT Basic Escape and Evasion; Crisis Intervention, and Verbal Judo Basic. Interviews with random staff confirmed that rounds are made at least every 30 minutes and documentation is maintained in the logbook. During interviews with youth, the auditor also confirmed there is regular presence of staff, that management staff routinely visit the housing units, programming area, and recreation areas, and that staff make frequent rounds in these areas.

During the site review the auditor compared the written staffing plan with the operation of the facility. The auditor observed staff presence and patterns for all shifts to include isolated areas like administrative/disciplinary segregation and protective custody, in the programming, work, education, and other areas. The auditor did not observe any conflicts with staffing ratios in the housing unit during waking hours and sleeping hours, nor did the auditor witness any conflicts with the plan's staffing ratios. Facility staff indicated that some of the staff on shift during the audit were working overtime or had been held over to cover staffing shortage. The auditor's site visit included observations of staff line of sight, blind spots, areas where youth are not allowed, indirect supervision practices, including camera placement and viewing. The auditor reviewed the restricted area list and identified these areas during the site visit. These doors contained signage indicating youth are not allowed in these areas; additionally, the auditor observed camera views for these areas and found that these areas are monitored by cameras. Informal conversations with staff and residents indicated no concerns with supervision practices. The electronic monitoring system was up to date and the cameras were in working order. The auditor observed multiple camera views from the control room and found no areas that were not adequately covered by cameras. The facility conducts video monitoring check multiple times throughout the week and documents the results of these checks in the logbook. Cameras that are not working are reported for repair. Three samples per month between January 2023-December 2023 were provided to the auditor for review. Additionally, the auditor observed the logbook in the control room during the site visit. These checks are documented in

the CCTV log and any camera found not working must be reported to maintenance for repair immediately and documented.

115.313(b)(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 reported in the PAQ that there had been no deviations from the staffing plan during the audit period. The facility documents staffing information daily in the Secure Facility Staffing Report System. The facility provided the auditor with the Secure Facility Staffing Report covering January 1, 2023, through December 31, 2023. The report indicated 127 shifts during the period when the facility did not meet the required staffing ratios resulting in 66.58% compliance. Each of the line items indicated that properly trained non-security staff and alternative security staff were used to provide coverage, however, the report still indicates a deficiency for these dates. A score of 66.58% compliance indicates a level beyond limited and discrete exigent circumstances. Additionally, the report does not document the reason that the deviation was necessary. An interview with the Regional Administrator confirmed the facility continues to struggle with staff shortages and is actively recruiting daily to fill security positions. Common agency strategies are the use of JDCs, Teachers, and Recreation staff who attend and pass PREA Ratio Training; use of call-in procedures; and use of hold-over procedures. The facility provided a list of (6) staff who have successfully completed and passed the PREA Ratio Training. As a result of these findings, the Auditor concluded the facility did not meet all requirements of provision (b)(c). The facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to establish and implement a procedure for documenting the reason that the required ratios are not maintained when shortages occur. When the staffing ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours cannot be maintained, the reason must be clearly documented and justified. The facility was required to provide the Auditor with SFS Reports for the period of April 1, 2024, through June 30, 2024, for compliance review.

Corrective Action Taken: The facility provided a Corrective Action Plan (CAP) which included that shift supervisors will be responsible for completing their shift SFS reports. The Assistant Director of Security will follow up with the daily review of the facility SFS reports to ensure compliance on all shifts. The advised in June that it was discovered there was an agency-wide issue with the way facility staff had been entering data into the SFS reporting system which was skewing the numbers and creating non-compliant ratios for staff coverage. After an interview with the Agency's PREA Specialist the auditor learned that she conducted specialized training for this facility in June on utilization of the SFS system to ensure consistency and accuracy for reporting daily facility staffing. The training was conducted in the month of June. Because the data entered into the system between April 1, 2024 - June 30, 2024, was entered incorrectly, these reports were incorrect. A data request has been submitted to their IT department to correct the inaccurate information. The facility provided SFS Report for July 2024 through October 20, 2024, and all

	<p>reports indicated 100% compliance with staffing ratios. The auditor concludes that the facility is in compliance with staffing ratios and provisions (b)(c).</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 auditor reviewed all documented unannounced rounds between January 7, 2023, through January 13, 2024. These rounds were thoroughly documented, conducted by upper-level staff (Director, Assistant Directors, Captains), and staggered to cover various days and hours. The facility demonstrated consistent application of making unannounced rounds according to the requirements. Interviews with the Regional Administrator and ADP confirmed that unannounced rounds are conducted on a continuous basis and that alerts of such rounds are prohibited. The interviews also confirmed that rounds are documented, as evidenced in the documentation review section of this standard.</p> <p>A systematic review and analysis of the evidence presented during the initial phases of the audit and during the corrective action period concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 4.5, 7.6, 8.22, 23.1 and 23.3; 23.1 Attachment C, Cross-Gender Searches Documentation; Logs of Cross Gender Searches; 23.3 Attachment A, Transgender-Intersex Declaration of Preference Statement; Shower Post Orders/ LOP; Cross-gender and Transgender Pat Search Training Slides; Cross-Gender Pat Search Training Video; Limits to Cross-Gender Viewing and Searches Training; Guidance on Cross-gender and Transgender Searches Facilitator Guide; Staff Training Records; Information Observed During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(d)(e): Policy 23.1 establishes 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</p>

transgender or intersex youth to determine the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff. The facility will not conduct cross-gender strip and body cavity searches of youth. Policy 8.22 establishes that cross-gender pat-down searches may only be conducted in exigent circumstances that require immediate action to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. Policy 7.6 states for reasons of privacy, CCTV will not be used to monitor showers and toilet areas; areas used for strip searches; individual cells; and medical exam and treatment rooms. The facility indicates no cross-gender searches have been conducted in the last 12 months; therefore, no documentation logs exist for the auditor's review. Interviews with random staff, supervisors, and facility leadership confirmed that there had been no opposite-gender searches during the audit period, which was further corroborated during interviews with youth. Random staff interviews confirmed that only exigent circumstances would require cross-gender strip searches and visual body cavity searches. Random staff interviews also confirmed that staff is aware of the policy that prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Residents denied ever being naked in full view of non-medical, opposite gender staff. Youth interviews confirmed that they have never been searched by a female and that female staff always announce their presence when entering resident housing area or any area where residents shower, change clothes, or use the toilet. There were no transgender youth at the facility during the site visit to interview.

During the site visit, the auditor observed areas used to conduct searches which consist of the youth's assigned room and intake. Both areas provide sufficient privacy to mitigate opposite-gender staff from viewing the youth during an unclothed search. The auditor also reviewed camera views from the central control and found no views were observable in areas where a resident may be undressed, taking a shower, using the toilet, or during an unclothed body search. This was also confirmed through informal conversations with staff who stated they have never encountered a time when they observed a youth undressed. During the site visit, the auditor observed opposite-gender announcements being made when entering a living unit, the shower area, and the medical unit.

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

	<p>of Preference Statement, when deciding a case-by-case determination of staff gender during searches of transgender or intersex residents. The auditor reviewed the training for Cross-Gender and Transgender Pat Searches Slides; Cross-Gender Pat Search Training Video; Limits to Cross-Gender Viewing and Searches Training; Guidance on Cross-gender and Transgender Searches Facilitator Guide and found the content to adequately train staff on procedures for conducting proper searches. The facility indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs; this was verified by the auditor's review of the cross-gender searches staff training roster.</p> <p>Interviews with random staff confirmed they received searches training during their initial basic training at the academy; they were all knowledgeable of the policy related to cross-gender searches as well as procedures for searching youth, including transgender and intersex youth.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<p><b>115.316</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 13.32, 15.7, 15.10, and 23.1; 15.10 Attachment A, Language Assistance Service Providers; 15.10 Attachment B, Language Identification Flashcard; Special Education Teacher List and Certificates; DJJ Website Translations; Email Deaf Hard of Hearing ACA; Statewide Contracts with Ad Astra, Lionsbridge, and Interpreters Unlimited; PREA Posters and Handouts in Spanish and English; Intake Flyer in Spanish and English; 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</p>

appropriate public education in compliance with state rules and the Individuals with Disabilities Education Act (IDEA 2004). DJJ-GPA shall provide a continuum of special education services to ensure that students with disabilities are educated with their non-disabled peers to the maximum extent possible. Policy 23.1 states that the facility will use Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist youth with disabilities in delivering PREA information. The guidelines include identifying staff responsible for services; processes for accessing services during regular hours, weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and follow-ups. Required accommodation will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. The facility will use Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist youth with disabilities in delivering PREA information.

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 (LEP). Language assistance services are free to LEP youth. 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 signage is available and posted in English and Spanish. Required accommodation will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are LEP 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 to provide age-appropriate services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will allow the delivery of PREA information to youth who are LEP. 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 agency's website has translation services via Google translation in seven languages.

The auditor reviewed the contracts between DJJ and Ad Astra, Lionsbridge, and

Interpreters Unlimited for Translation, Interpretation and Sign Language Solutions. The auditor found wide availability of services offered. The facility provided a list of special education teachers and their corresponding teaching certificate as evidence of their qualifications for assisting youth with disabilities or who are LEP with delivery of the PREA information if necessary.

The auditor's interview with the Agency Head confirmed the agency has established procedures to provide residents with disabilities and residents who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head also confirmed the procedures that are outlined in the related policies. confirmed that residents are provided information about sexual abuse and sexual harassment in methods in which they understand. An interview with the intake officer revealed that she delivers the initial PREA information to youth upon arrival. She covers the information verbally and then asks the youth if they have any questions. She also indicated that she tailors the way she explains it to meet the age and needs of the person receiving the information. She stated she has not had a youth that required special services in order to provide the information. The auditor interviewed (5) youth who were identified as receiving mental health services or had a learning disability. Each youth explained the PREA education they received during intake to the auditor in their own words and said they understood the information that they were given and needed no special accommodation in the process. Interviews with the Special Education Teacher and PCM confirmed that there was one youth housed at the facility who had been provided language interpreter services during the audit period and who was still assigned to the facility during the site visit. The auditor conducted an interview with this youth using a Spanish interpreter by telephone using one of the contract services. The youth explained that he was bilingual (Spanish and English) but as Spanish is his first language, he would prefer an interpreter due to the nature of the interview. There were no residents with hearing, visual, or physical disability assigned to the facility during the site visit.

115.316(c): Policy 15.10 further establishes that family members, children, friends, and untrained volunteers will not be used as interpreters unless specifically requested by the youth or youth's parent or legal representative and upon approval of the Juvenile Detention Counselor (JDC). Facility Directors are required to ensure that all staff is trained to access language assistance services. The agency has a Translations link on its public website that may be used by staff or other interested parties. Policy prohibits the use of youth interpreters, youth readers, or other types of youth assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-responder duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented. The auditor observed the contact information for the interpretive service providers is posted in the JDC offices, intake area and the control room for use by staff as needed. There were no instances where resident interpreters, resident readers, or other resident assistants were used or needed during the audit period. Random staff interviews



	<p>confirmed they knew how to access interpreter services should they be required, and that youth would not be used to interpret for another.</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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 3.52, 5.9; 14.3, 23.1; 23.1 Attachment D, PREA Employment Questionnaire; Attachment E, PREA Employee Acknowledgement; Initial Background Employee File Audit; List of Employees and Contracted Staff Background Checks; DFCS/DHR Child Protective Services Screening Samples; Personnel Files; Observations During Site Visit; Information Obtained During Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: New Hires - Employment Applications and Reference Check Forms (11); Interviews.</p> <p>115.317(a)(b)(f)(g): Policy 23.1 establishes that facilities/programs will not hire or promote anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. DJJ must determine if all prospective employees and employees being considered for promotions have any allegations of sexual assault, sexual harassment, and any civil/administrative liabilities for sexual misconduct before employment and promotion. Policy 23.1 establishes that during the interview process, facilities/programs will ask all applicants and prospective employees about previous sexual abuse misconduct. Employees/Part-Time/Per Diem/Interns and individual contract persons must read and sign the Staff PREA Acknowledgement Statement (Attachment E). A copy will be maintained in the personnel file or the appropriate file. The PREA Pre-Employment Questionnaire is now available to be completed in BCAS for candidates selected for hire or promotion with DJJ. The PREA Pre-Employment Questionnaire directly asks if the employee has (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in such activity. When candidates/employees/vendors are sent the background check link via BCAS, they are also prompted (and required) to complete the PREA Pre-Employment Questionnaire before proceeding with the application process. The form is stored electronically within BCAS. The auditor reviewed (53) PREA Pre-Employment Questionnaires indicating all employees are directly asked about prior acts of misconduct. Staff or contractors who omit material regarding</p>

sexual abuse and sexual harassment or provide materially false information will be terminated. Interviews with (2) HR representatives confirmed the facility's hiring procedures as outlined in the applicable policies, that applicants with prior incidents of sexual harassment requires consideration and approval from OHR prior to hiring or promoting the candidate. They explained that background checks are completed by OHR, and the local HR is notified of the dispositions. Additionally, employees are required to disclose any previous misconduct and that all new hires are informed of the continuing affirmative duty to disclose any such conduct and that material omissions regarding such misconduct or materially false information are grounds for termination during the initial orientation process and through policy review.

115.317(c): Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed. These investigations include a screening for Child Protection Services (CPS) involvement. Policy 3.52 requires reference checks to be conducted by making its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, there were (25) new hires at the facility who may have contact with residents. The facility tracks the internal promotions and five-year background checks on a spreadsheet which was provided to the auditor for review. This tracking spreadsheet indicated that (66) employees and promotion background checks were recently conducted to bring everyone current. The auditor randomly selected (10) employees hired during the prior 12 months and reviewed their hiring packets, and all had the required background checks completed prior to hiring and each file contained a completed employee misconduct questionnaire. Interview with the HR Tech confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees, those who are being considered for promotions and contractors who may have contact with residents prior to employment or services rendered and every five years for eligible employees. Central HR confirmed that employees are screened by DHS for CPS involvement. During the HR Tech interviews the auditor was informed that reference checks are conducted on all new employees using a reference check form and identified question 8 as the relevant question for institutional employers; However, only references listed by the prospective employee are contacted by HR indicating that best efforts are not being made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. During random staff interviews the auditor learned that (2) employees had previously worked in an institutional setting, but the reference forms in their personnel files did not indicate the prior institutional employer had been contacted for the required information.

Corrective Action Taken: Based on a follow-up interview with the Regional Administrator and the Agency's PREA Specialist, the facility HR team will 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 facility provided applications and reference checks for (4) new hires for

the month of July 2024 confirming that prior employers are contacted for reference prior to hiring. None of these employees had prior institutional employment. The facility had (7) new hires between August 1, 2024 - September 30, 2024, and none of these employees were previously employed in a correctional institutional setting, although (1) employee was employed in a school system. For each of the (7) new hires, the HR Tech contacted all prior employers and obtained a reference check, asking questions about any prior sexual misconduct. The facility has demonstrated due diligence in contacting all prior employers to inquire about prior sexual misconduct and resignations during an investigation. Based on interviews with the HR and Agency's PREA Compliance Specialist, and evidence of consistent practice of contacting prior employers for reference, the auditor concluded that the facility has met substantial compliance.

115.317(d): Policy 23.1 and 3.52 establishes that the Department shall perform a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth. The auditor reviewed (10) volunteer packets and (6) contractor packets which were found to have current background clearance that was obtained prior to facility access.

115.317(e): Policy 23.1 and 3.52 establishes that criminal background record checks will be conducted at least every five years for all employees and contractors. The facility has (4) employees who were employed longer than five years and documents indicated that all (4) received five-year background checks.

115.317(h): Policy 5.9, Personnel Records states that requests for reference information concerning current and former employees from outside DJJ or state government will not be honored and that all such reference checks shall be directed to the Office of Human Resources (OHR). The auditor spoke with an OHR representative, the PREA Coordinator, and the Office of Investigations PREA Unit Supervisor and learned that the OHR, Office of Investigations and Office of Legal Services coordinates to provide information on substantiated allegations of sexual abuse or sexual harassment or information about a resignation during investigation upon receiving a request from the requesting employer and authorization of the prior employee.

Based on the review and analysis of the evidence including evidence reviewed during the corrective action period, the facility and agency have met the requirements of all provisions of this standard.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 7.1, 8.15, and 23.1; DJJ Facility Opening Synchronization

Matrix; Facility Schematic; Camera Memo; Observations During Site Visit; Information Obtained from Interviews.

115.318(a): Documentation Review - 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 indicates no new facility or substantial expansions or modifications during the audit period. The facility accountability statement provided with the PAQ and a follow-up interview with the Regional Administrator revealed no substantial expansions or modifications were made at the facility during the audit period. An interview with the Agency Head confirmed that during designing, acquiring, or planning modifications to facilities PREA standards are taken into consideration and incorporated by involvement of the agency's PREA coordinator. The goal is high visibility and direct lines of sight, while maintaining privacy for the youth during showers and in other areas where they may be in various stages of undress. The agency provided for the auditor's review a copy of the DJJ Facility Opening Synchronization Matrix for another facility to provide documented evidence that PREA standards are considered during major physical plant modifications. The agency has not acquired a new facility since the last PREA audit.

115.318(b): Policy 23.1 establishes that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The policy further establishes youth will not be recorded or viewed when showering, performing bodily functions, or changing clothing. In addition, CCTV will not be installed in youth rooms. The Agency Head explained during her interview that the agency uses technology to provide additional supervision and monitoring of staff and youth interactions; whether installing or updating newly installed monitoring technology the agency strives to have technology that will enhance the agency's ability to keep youth and staff safe. An interview with the Regional Administrator explained that no camera updates were conducted within the audit period; however, the electronic monitoring system is checked multiple times weekly to ensure it is working properly and documented in the designated logbook. Any system problems encountered are immediately reported for repair.

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

**115.321**

**Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed: Policies 2.10, 8.42, 22.3; 23.2; 23.3 and 23.1; 23.1 Attachment K; List of Medical & Mental Health Staff; Emergency Medical Treatment and Labor Act (EMTALA) Know Your Rights; GBI Property and Evidence General Information; MOU Child Advocacy Center (CAC), Georgia Center for Child Advocacy; Agreement DJJ & Children's Healthcare of Atlanta, Stephanie V. Blank for Advocacy; CSEC Response Contact Sheet and Comprehensive Guide; Observations During Site Visit; Information Obtained from Interviews.

115.321(a)(b): Policy 23.1 establishes the Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse following Policy 22.3, Internal Investigations. The investigations follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. DJJ and the facility do not have other agencies investigating sexual abuse or sexual harassment allegations. The Auditor reviewed Policy 8.42, which outlines the agency's uniform evidence protocol, The agency's uniform evidence protocol is developmentally appropriate for youth. Interviews with random staff confirmed they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The staff was able to articulate the procedures for evidence collection, crime scene preservation, and notification procedures outlined in the facility's Coordinated Response Plan. Staff confirmed they would implement the first responder protocols if they were the first person to be alerted that an inmate had allegedly been the victim of sexual abuse, and they would report the incident through their chain-of-command and only to staff on a need-to-know basis. Non-security staff were knowledgeable about the same procedures as security staff.

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. Based on an interview with the agency's statewide Medical Director and the PREA Coordinator, the agency partners with the Children's Healthcare of Atlanta (CHOA)/Stephanie V. Blank Center where examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. Interviews with the local medical staff confirmed that the youth will be sent to CHOA 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. Sexual Assault Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The Investigator and facility's medical department will coordinate with the hospital to ensure SANE/SAFE nurses are available. 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 during the audit period. The

facility provided an information sheet explaining the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team which ensure member hospitals cannot refuse services to youth who have been victims of sexual violence. CHOA and DJJ are in the network.

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. As a network member of the CSEC, youth in DJJ custody are eligible for advocacy services through this network. The facility Director will provide youth access, upon request from youth, request, or recommendation from SANE, SAFE, or medical services staff, to external medical and mental health victim services for sexual abuse incidents. The CSEC provides advocacy services through a local CAC; The auditor reviewed the agreements between DJJ and the Georgia Center for Child Advocacy in Atlanta and found it to be consistent and meet requirements of the provisions of this standard. If requested by the victim, a victim advocate or a qualified agency staff member will accompany the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. The auditor spoke with the Executive Director by phone who confirmed the availability of these services under the MOU.

The PCM and Regional Administrator explained during interviews that the agency has multiple avenues for locating a victim advocate when needed. An advocate may be secured through CHOA or by using the CSEC network. The Director and/or the PREA Investigator in collaboration with medical staff would explain to the youth that they may request a victim advocate to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination and investigatory interviews. There were no allegations of sexual abuse reported during the audit period; therefore, no residents to interview to corroborate the process.

115.321(f): The agency is responsible for investigating administrative or criminal allegations of sexual abuse and does not rely on another agency to conduct these investigations. However, should the Georgia Bureau of Investigations become involved in a criminal investigation, the entity's protocols are consistent with the requirements outlined in provisions (a)-(f). This was further confirmed during an interview with the Office of Investigations, PREA Unit Supervisor.

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

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.5, 22.3, and 23.1; 23.1 Attachment K; 22.3; Allegations Spreadsheet; DJJ Website Search; Case Files 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. The facility indicated on the PAQ there were (4) sexual abuse or sexual harassment allegations reported within the past 12 months; however, after further discussion during the site visit the accurate number of allegations was revised to (8). Based on a review of the investigation case files, the facility properly documented a timely referral of the allegation to the investigative authority. 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>. An interview with the agency head confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment by designated DJJ Office of Investigations, PREA Unit Investigators. These investigators are required to respond immediately to allegations of sexual abuse and sexual harassment in DJJ facilities. An interview with (2) PREA Unit Investigators confirmed that all allegations are referred to their office for evaluation and investigation, if deemed to meet criteria for a PREA case. A criminal and/or administrative investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>115.322(c)(d)(e): An interview with the Agency Head and PREA Unit Investigations Supervisor confirmed that the agency is responsible for conducting administrative and criminal investigations into claims of sexual abuse and does not rely on a separate entity.</p> <p>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>	<p><b>Employee training</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 3.22, 4.1, 4.5, and 23.1; 4.2 Attachment A; Attachment G, PREA Training Series; 2017 Annual PREA Compliance Training; JCO On-Job Training Guide; Gender Responsive Training PowerPoint; PREA PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; PREA Training</p>
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Rosters and Records; PREA Zero Tolerance Staff Poster; Staff First Responder Cards; Signed PREA Acknowledgements; Standards of Conduct Acknowledgements; 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, each employee completes a series of on-the-job training (OJT) that also includes information about the resident's rights to be free from sexual abuse and sexual harassment. The OJT Training Guide packet verifies that employees who may have contact with residents receive comprehensive on-the-job training on the dynamics of sexual abuse and sexual harassment in juvenile facilities, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents. The OJT 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. The auditor reviewed the employee training courses: JCO On-job Training; Gender Responsive Training PowerPoint; PREA Training PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula. Each employee is issued a Staff First Responder Card with notification procedures and basic information useful to First Responders. These training resources were found to be very comprehensive and easily understood and to include all required topics. Due to the extensive, multiple PREA training courses available and the annual training requirement for staff, the facility/agency exceeds the provisions of this standard. The facility provided a training roster, indicating all (52) employees are current with their annual PREA training. The facility provided (31) signed employee acknowledgment forms indicating their knowledge of the PREA standards. Additionally, training taken through the computer-based system captures the employee's electronic signature attesting to and acknowledging their understanding of the training received. The facility also provided (60) signed standards of conduct acknowledgement forms. The auditor randomly selected (10) employees who were hired within the prior 12 months and reviewed their training records confirming that they received PREA training prior to having contact with youth. The auditor observed large colorful signage, *PREA Is Good Safety & Security!* throughout the facility posted as a constant reminder to staff of the importance of the agency's zero tolerance policy.

During interviews with random staff the auditor found them to be very knowledgeable about the receive initial and refresher training on the agency's zero-



	<p>tolerance policy regarding sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, to sexual abuse and sexual harassment and the prohibition for retaliation against someone who makes a report or cooperates in an investigation. Employees interviewed could describe dynamics of sexual abuse and sexual harassment in confinement and common reactions of sexual abuse and sexual harassment victims, as well as how to detect and respond to signs of threatened and actual sexual abuse. These employees explained how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and knew how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>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.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.2, 4.1; 14.3, and 23.1; 2.2 Attachment F; 14.3 Attachment C; Contractor (Medical) Background Verifications; Contractor File Audit; Contractor/Volunteer Background Clearances; Contractor/Volunteer Training Rosters; Staff PREA Acknowledgement Forms; List of Contractors; Information Obtained from Interviews.</p> <p>115.332(a)(b)(c): Policy 23.1 establishes that the facility Director or designee shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency’s sexual abuse prevention, detection, and response policies and procedures. Policy 23.1 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 verified that all staff completed the required training according to the level of contact and within the established time frames. The contractors and volunteers</p>

	<p>receive the same comprehensive training annually that the staff is required to take, which is above and beyond the requirements of this standard. The auditor reviewed a sample of (25) signed PREA acknowledgement forms for contractors and volunteers, indicating their understanding of the zero-tolerance policy provided with the PAQ. The auditor also randomly selected (10) volunteers and (6) contractors. Each file contained the appropriate training records indicating the facility delivers the training according to agency policy which meets the requirements of this standard. Medical and mental health services are provided through a contract with Augusta University. There are (12) contract healthcare providers who regularly work at this facility and all are required to complete the same training directed in 115.331. Documentation of these training records confirmed the required training has been completed. Interviews were conducted with (2) contracted mental health staff, (2) contracted medical staff, (1) general contractor, and (1) volunteer. All confirmed they had received the required training and were able to explain the zero-tolerance policy, how and to whom to make a report of sexual abuse or sexual harassment, methods to maintain professional boundaries, and their specific responsibilities to stay compliant with policy.</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 contractors, 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> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 13.32, 15.4, 18.30,23.1, and 22.1; 22.1 Attachment C; 23.1 Attachment H; Female &amp; Male Break the Silence Poster English/Spanish; Training Curricula by Age; Student Handbook (English &amp; Spanish); Training Curricula End Silence, Youth Speaking Up About Sexual Abuse in Custody; Intake Flyer English/Spanish; Youth Safety Guide (PREA); Youth Safety Tips Poster; PREA Poster; Youth Poster No Means No English/Spanish; Video: PREA Youth Education; Commissioner's Video; Youth Orientation Checklists; Youth Acknowledgement Statements; Protocol for Educators; Teacher Certifications; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.333(a)(b)(d)(e): Policy 23.1 establishes during the intake process youth will receive age-appropriate information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. The auditor reviewed the Commissioner's Video and the agency informational handouts, available for both genders and various age ranges as well as the Acknowledgement Statement covered with the youth and signed after the education is delivered; these completed forms are</p>

scanned into the youth's JTS file. 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. 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.

The facility indicates that (322) residents were received in the past 12 months, and all received this information at intake. In addition, the auditor reviewed (150) Youth Acknowledgement Statements that were signed on the same day of arrival to the facility verifying that residents received and understood the age-appropriate orientation. The auditor also reviewed the institutional files of (12) youth who were interviewed and found documented training that occurred the same day the youth arrived. 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 the review of youth records. The facility indicates that (322) residents received the comprehensive PREA training within 72 hours of arrival. Based on an interview with the Intake Officer, on the day of 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. After the video the Intake Officer discusses the zero-tolerance policy and all of the bullet points in detail that are listed on the Acknowledgement Statement with the youth to ensure the youth understood the information provided. The auditor had the Intake Officer provide a simulation of the intake process since there were no new intakes being processed during the site visit. Interviews with the Intake Officer, JDC, and Special Education Teacher confirmed that interpreters would be provided if needed, to assist deaf and non-English speaking youth, although none of them recalled ever having a youth needing these services. Additionally, any special accommodations required to ensure a disabled youth has equal access to the PREA program will be activated, as discussed in 115.316. During the youth's first encounter with the JDC within 72 hours the zero-tolerance policy is discussed again in a one-on-one setting.

Interviews with youth confirmed they were informed of the zero-tolerance policy and how to report incidents of sexual abuse or harassment during intake upon arrival at the facility. The auditor found all youth interviewed able to explain various aspects of the training they received. They understood their rights to be free from sexual

abuse and sexual harassment and that they are to be protected from retaliation for making a report. All were well aware of the various reporting methods and all of them named at least one staff member that they would be able to make a report. When asked about advocate services all youth recalled having heard about the services or saw the signage posted on the unit. The auditor observed the Commissioner's video and the agency informational handouts, available for both genders and various age ranges. 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 and to meet the requirements of this standard.

115.333(c): Based on a memorandum and interview with the Agency's PREA Coordinator, between December 17, 2012 - December 19, 2012, the designated PREA training was delivered to all youth housed at a DJJ facility and documented by signed PREA Acknowledgement Forms as a baseline for the agency's initial PREA roll-out. The same intake and orientation process is repeated each time a youth transfers from another facility. Interviews with youth who had been held in other DJJ facilities confirmed they received the same training every time they transferred to another or if they returned to the same facility.

115.333(f): Policy 23.1 establishes that the facility Director will ensure key PREA information is continuously available or visible to youth through posters, student handbooks, or other written formats. During the site visit, the auditor 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. All signage was large with large print and colorful. Additionally, handout literature was observed in the library, education, and staff offices. The auditor observed that signage can be easily read/accessed by all youth. Signage is provided in English and Spanish and may be translated for other languages if there is a need. The information displayed on the signage was found to be accurate and consistent throughout the facility. Informal conversations with staff and youth verified that signage is placed throughout the facility on a continuous basis.

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

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 8.42; 22.1, 22.3, 3.22; 3.22 Attachment B; GBI Evidence Protocol; GBI Operations Support; Investigations: Modules 1-6 Investigation Training; PREA Training Matrix; DOJ Letter - Investigator Training Requirements; 2023 List of PREA Investigators; Investigator Training Records; Information Obtained from

Interviews.

115.334(a)(b)(c): Documentation Review: 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 training records provided for all five investigators to indicate their completion of basic PREA and annual refresher training and certificates documenting their completion of the NIC investigator's training. All Investigators in the unit have the required specialized investigations training and additional specialized training including Fundamentals of Criminal Investigations, Interviews and Interrogations, Commercial Exploitation of Children, Child Sexual Abuse Prevention, PREA Management Training, Sexual Assault Investigations, Crime Scene Processing, Responding to Sexual Assaults, Victim Assistance Training, Investigation and Prosecution of Child Abuse, Investigation and Prosecution of Child Abuse, Investigations of Crimes Against Children, and Crime Scene Photography. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b).

Interviews with the PREA Investigation Unit Supervisor and with a unit assigned investigator confirmed that all Investigators in the unit have the required specialized investigations training and additional specialized training including Fundamentals of Criminal Investigations, Interviews and Interrogations, Commercial Exploitation of Children, Child Sexual Abuse Prevention, PREA Management Training, Sexual Assault Investigations, Crime Scene Processing, Responding to Sexual Assaults, Victim Assistance Training, Investigation and Prosecution of Child Abuse, Investigation and Prosecution of Child Abuse, Investigations of Crimes Against Children, and Crime Scene Photography. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b). Additionally, (14) additional investigators of the Office of Investigations received specialized training as confirmed by auditor's review of the certificates provided.

115.334(d): The agency is responsible for conducting investigations related to sexual abuse; therefore, the facility meets this standard through non-applicability.

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

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1453 456">Evidence Reviewed: Policy 23.1; List of Medical and Mental Health Staff; Augusta Medical College Contract; NIC PREA Certificates; PREA Training Matrix; Modules 1-6 PREA Training; Training Records; Information Obtained from Interviews.</p> <p data-bbox="280 497 1469 1032">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 training completion is maintained in the staff file for this training. There are (9) medical and (6) mental health staff who regularly work at the facility. The facility indicates that 100% of the medical/ mental health staff have received the required training. The auditor reviewed a sample of (6) medical staff files and (2) mental health staff files and verified they received the designated specialized training. The established training curriculum meets all topic requirements of this standard.</p> <p data-bbox="280 1072 1469 1352">Interviews with (2) mental health and (2) medical staff confirmed they had received the basic PREA training and specialized training for medical and mental health staff through NIC. They explained that the training received covered topics such as: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="280 1393 1398 1426">115.335(b): The facility/agency staff does not conduct forensic medical exams.</p> <p data-bbox="280 1467 1477 1666">115.335 (d): Medical and mental health care practitioners are contract employees subject §115.332; however, they are required to complete the same training as DJJ employees as mandated under §115.331. The facility provided training rosters for all mental health and medical staff, verifying receipt of all departmental PREA training for staff.</p> <p data-bbox="280 1706 1398 1778">Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Reviewed: Policies 11.1, 11.2, 12.10, 15.6, 17.1, 17.3, 23.1, 23.3; PREA Screening Reports (PSR); Custody and Housing Assessments; Transgender/Intersex Declaration; PREA Screening Report User Guide; Observations During Site Visit; Information Obtained from Interviews.

Evidence Reviewed During the Corrective Action Period: PSRs completed between June 1, 2024-October 3, 2024; Interviews; Justification about August 2024 N/C; PREA Standard 341 Dekalb RYDC Corrective Action DC Davis; Dekalb Youth PSR Spreadsheet.

115.341(a): Documentation Review: Policy 23.1 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the PREA Compliance Manager will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Facility Director, Lieutenant Level or higher designee, and PREA Compliance Manager review the PREA screening report to make the final determination of the youth's vulnerability to victimization. When a youth is admitted to a secure facility, the youth is screened for vulnerability to victimization and sexually aggressive behavior before room assignment. The PCM reviews the room assignments made by intake staff to determine that they are placed appropriately. All youth are afforded a single occupancy room. The facility indicates that (322) 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, but the facility information data entry indicated only (276). The auditor confirmed with the PCM that (276) is the correct number. The auditor reviewed a sample of (87) youth PSRs conducted since January 2023 and found that (45) were conducted within 72 hours, for a 52% compliance rate. Policy 17.3 establishes that a Custody & Housing Assessment is completed for all youths before assigning them to a room. This assessment is used to determine the appropriate housing placement within the facility and is used for both assessment and reassessment. The Custody & Housing Assessment is used in conjunction with the PSR to ensure the safe placement of youth. Each facility completes the Custody & Housing Assessment for each youth upon admission and then again every 90 days or more often when required. As a result, the facility was found non-compliant with provision (a) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to implement a practice of completing the risk screening within 72 hours of the youth's arrival at the facility.

Corrective Action Taken: The facility provided a written corrective action plan that designated the Assistant Director of Programs to complete a daily sweep of the PSRs to ensure compliance and the facility Director will be monitor in absence of the AD of Programs. An email will be sent to medical/mental health personnel to complete their assessments if the PREA assessment is approaching the 72-hour mark. The interim report was issued May 21, 2024, and the facility developed their CAP by the end of the month. PSRs were monitored from June 1-October 3, 2024. The auditor reviewed documents for (15) youth who entered the facility in June 2024, and found (8) had their PSRs completed within 72 hours. It was determined that continuing monitoring was necessary. The auditor reviewed documents for (7) youth who entered the facility in July 2024, and found (6) had their PSR completed

within 72 hours which demonstrated marked improvement. It was determined that the facility would be monitored for an extended period to ensure institutionalization of the procedures. An additional (8) youth were admitted in August, and all of the PSRs were completed outside of the 72-hour required time. Through continued monitoring, (21) youth were admitted between September 1-October 3, 2024, and (20) had PSRs completed within 72 hours with (1) being one day late. An interview with the facility Director during the corrective action period learned that the ADP/PCM was on extended leave during the month of August and at that time there was no backup person to complete the PSRs. Additionally, the auditor met with the Agency's PREA Coordinator and PREA Specialist and discussed the multi-faceted PSR process. While the PSRs are sometimes finalized beyond the required 72 hours, the medical health appraisal, medical intake screening and mental health screening are completed within 24-72 hours, barring any exigent circumstances. It is during these three separate screenings that the following information is obtained (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development;(6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Housing and programming decisions are based on the collective information with the finalization of the PSR generating the actual report. The agency has implemented that the facility will have backup staff to finalize the PSRs going forward, and the facility has identified staff and requested credentials to access the system. Based on these facts, the auditor concludes that the facility and agency have implemented sufficient controls to ensure that the PSRs be completed within 72 hours.

The auditor interviewed the intake officer, (2) medical staff, and (2) JDCs and confirmed that all youth are screened upon arrival at the facility. These screenings take place on the first day of the youth's arrival and are completed whether or not this is a new admission or if the youth is transferring from another DJJ facility. Some of the questions for the initial screening are asked and entered into the system by the intake officer and some are completed by medical staff. The PCM completes a review and finalizes the PSR, reviewing the information for appropriate housing placement. Agency policy requires that the assessments be completed within 72 hours in accordance with the standard; however, interviews found that sometimes these assessments are not completed within 72 hours because only certain staff are authorized to complete the assessment within the system. JDCs reassess youth housing and risk every 90 days. Youth interviews revealed that either/both the intake officer and medical staff asked them questions from the risk screening instrument and understood that these questions were being asked for safety and housing purposes. Youth who had been at the facility for more than 90 days said that their JDC had asked them these same questions again every few months. During the site review, no new intakes were processed so the intake officer provided



a simulation for the auditor. During the simulation, the auditor confirmed that the screening occurs one-on-one and in a private office; that the information is entered directly into the computer database which is protected through restricted access; that staff used terminology and manner appropriate for youth and that would elicit accurate responses. The intake officer explained that any information revealed during the risk screening process that indicated the youth might be at risk for vulnerability to sexual abuse or aggressive behavior would be passed along to the shift supervisor and PCM to determine appropriate housing decisions.

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

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 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.

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 understand the importance of protecting sensitive information. Information collected during the risk assessment is entered directly into the database and protected through restricted access limited to employees who have a need to know. Any printed documents are

	<p>retained in the youth's institutional file and stored in the file room in a locked filing cabinet behind a locked door. The file room has restricted access, and all files must be signed out and are accessed only by staff authorized to have access to this information.</p> <p>A systematic review and analysis of the evidence presented during the initial phases of the audit and during the corrective action period concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.342	Placement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 15.11, 17.3, 18.4, 23.1, 23.3; 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; 23.3 Attachment B, Sexual Orientation, Gender Identify and Expression Assessment; Custody and Housing Assessment; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.342(a): Policy 23.1 establishes that the PCM will disseminate the PREA Screening Report (PSR) results to the facility management team on a need-to-know basis. The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The auditor reviewed a sample of (87) PSRs and (96) Custody and Housing Assessments. Documentation indicates that reassessments are conducted every 90 days or as information becomes available that may affect a youth's custody and housing risks. Interviews with the Regional Administrator and (2) JDCs learned that the facility treatment team meets on a regular basis to discuss housing, programming, education, and treatment needs of all youth. 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 youth confirmed that they have regular communication with staff about their well-being.</p> <p>115.342(b)(h)(i): Policy 23.1 states that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility shall clearly document the basis for the facility's concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. The facility indicated on the PAQ and during interviews that no residents at risk of sexual</p>

victimization were placed in isolation. As there were no youth placed in isolation for sexual safety purposes, no documentation was available for review. Interviews with the Regional Administrator, PCM, security staff, JDCs medical and mental health staff confirmed that youth have never been placed in isolation for risk of sexual abuse. Youth are only placed on isolation status for disciplinary reasons during which time they are not denied any services during isolation status, but if exigent circumstances existed where services were unable to be provided, they would be appropriately documented. Interviews with medical and mental health staff confirmed that they make rounds at least once daily, if not more frequently, for any youth in isolation status, regardless of the reason.

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. 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. There were no youth who disclosed a sexual orientation of gay or bisexual and one youth who identified as transgender housed at the facility during the on-site audit. The auditor interviewed the one youth who expressed transgender identity who confirmed placement on a dormitory with other youth on the same day of arrival and having no adjustment problems.

115.342(d)(e)(f)(g): Policy 23.1 establishes that when assigning a transgender or intersex youth to a male or female facility, staff considers on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. Such placements and programming assignments are reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration is given to the youth's views concerning their safety. Policy 23.3 requires that if a youth identifies as a LGBTI youth, the SOGIE Assessment (23.3 Attachment B) will be completed within 2 hours to assist with a custody and housing assessment. Additionally, the policy requires when a transgender or intersex youth has been identified, the youth will complete the Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) which will be used to guide housing decisions along with other management decisions. Policy 23.3 further establishes that placement and programming assignments for transgender or intersex youth will be reassessed at least every 30 days, or as needed, based on the safety and well-being of the youth, by the PCM and the facility leadership team in consultation with the youth's treatment team to review any threats to safety experienced by the youth. Interviews with the PREA Coordinator, Classification Director, Regional Administrator, PCM, JDCs, and medical and behavioral health staff confirmed that each youth is assessed individually and given a treatment plan that considers all information available to staff and the youth's own perception of safety and needs when making decisions about where they will be housed. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's

	<p>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. An interview with the youth who identified as transgender confirmed that no special shower request had been made due to all youth being able to shower separately. The facility provided a Transgender/Intersex Declaration of Preference Statement completed on the youth's date of arrival indicated staff met with the youth to discuss needs and to ensure safe placement. The Regional Administrator explained the requests made by the youth had been forwarded to Central Office Classification pending review and 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>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5; 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1, and 17.1 Attachment A; Ombudsman Call Report; Consular and Trade Offices Contact Information/Manual; Outside Advocacy Services Pamphlet; See Something Say Something Pamphlet; MOU: DJJ and Children's Advocacy Centers (CAC); Third-Party Tip Line Pamphlet; Telephone Systems Test Confirmation; 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</p>

through pamphlets, the resident handbook, and other written material. The Auditor reviewed a call report from the Ombudsman Manager, indicating their office received no PREA-related reports within the prior 12 months. The Auditor's test of the phone system found the phones were in working order and gave specific prompts to reach the various entities where the caller could make a complaint. The auditor completed a call to the Ombudsman and Victim Services Offices. Youth are not charged for calls to these offices, and the caller may remain anonymous if they choose. Interviews with random staff confirmed that residents can privately report sexual abuse or sexual harassment, or staff neglect through by telling any responsible adult, reporting by phone, or submitting a grievance or any form in writing.

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

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

	<p>All explained there was someone at the facility they would feel comfortable telling but they also understood they could use the hotline, call the Ombudman's office or victim's services; additionally, they knew that they could tell a family member and have them report it on their behalf.</p> <p>115.351(e): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents by using the Stop Crime Online, the Intelligent Tip Line Form, or a third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may also be submitted to DJJ Ombudsman's office by email at <a href="mailto:djjombudsman@djj.stat.ga.us">djjombudsman@djj.stat.ga.us</a> or by calling 1-855-396-2978. Staff is informed of these procedures through policy and during training. Random staff interviews confirmed that 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 as outlined in the documentation review of provision (e) of this standard.</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>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 15.2, 23.1; 15.2 Attachment A; Student Handbook English and Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Youth 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. Based on the FAQ published July 19, 2022, interviews 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 (3) allegations reported by youth on a grievance form and dropped in the grievance box. All (3) allegations were forwarded for investigation according to the investigation protocols in Policy 23.1. Youth interviews confirmed that they are aware they can submit a grievance form to report sexual abuse, sexual harassment, retaliation, or any staff misconduct</p>

	<p>that is observed.</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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<p><b>115.353</b></p>	<p><b>Resident access to outside confidential support services and legal representation</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Policies 15.11, 15.3, 15.5, 15.6, 15.7, 15.9, and 23.1; 23.1 Attachment F; CSEC Response Pamphlet; Consular and Trade Offices Contract Information/Manual; CSEC Response Contact Sheet and Comprehensive Assessment; First Responder Guide; Staff First Responder Cards; Youth Consent to Disclose Protected and Confidential PREA Information; MOU Children's Healthcare of Atlanta, Stephanie V. Blank Center (Advocacy); MOU Between DJJ and Children's Advocacy Centers (CAC): Edmondson Telford Center of Gainesville, Harbor House of Rome, and Georgia Center for Child Advocacy in Atlanta; 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 detained solely for civil immigration purposes, immigrant services agencies. During orientation at each facility, staff inform 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. Contact information for all advocacy resources available to youth is posted on the housing units and other common areas. During the site review, the auditor observed posted signage throughout the facility with instructions, including phone numbers and mailing addresses, for civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services. The information was found to be readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Signage was posted in all areas frequented by youth in the facility, including housing units, multi-purpose room, education area, counselor's offices, medical, and recreational areas. Additionally, the signage was found to be of an age-appropriate reading level. This colorful signage was large with large and legible print and easily visible from a distance. Youth confirmed during interviews they can communicate (talk or write) with outside confidential services in</p>

a confidential way as described in provision of this standard.

During resident interviews, all youth referred to the signage posted and were able to explain to the auditor about the availability of emotional support services. An interview with the designated administrative staff who handles mail explained that the youth may correspond by mail confidentially with their attorney, legal guardian, or an outside advocate. Youth explained they could write a letter to anyone on the outside and put it in the designated box for processing, although none has used the mail service. A request for envelopes, writing utensils, and paper can be made through any staff. They understood that they could talk with a mental health counselor at the facility, but also knew that there were child advocacy groups available in the community for their use as well. DJJ does not house youth who may be held for civil immigration purposes. The outside emotional support service contract is accessed by the resident making a request through staff at the facility or by contacting the Ombudsman's Office. The auditor successfully placed a call to the Ombudsman's Office and confirmed that they would facilitate putting a resident in contact with advocacy services upon request. Interviews with medical and mental health staff, case workers, PCM, and the Regional Administrator confirmed that staff inform youth during intake and before giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. All youth were aware that disclosure of any kind of abuse would have to be reported by staff. The auditor contacted CHOA, designated as the primary advocate provider for this facility, confirming the accessibility of services. A designated staff member would contact them directly if their services were needed and connect the youth with an advocate. The interview also confirmed there have been no requests for services within the audit period. Any special accommodations to ensure communication (Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non- English speaking, and/or have limited reading skills) would be arranged by the DJJ.

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 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 CAC, Mary Lou Fraser Foundation; Children's/Teenagers Found, Inc; and Norstar Psychological Services for emotional support services. In addition, the National Sexual Assault Hotline (RAINN) will provide phone counseling services through the posted hotline number. Youth will be connected with an advocacy center that is



	<p>closest to their home area to ensure a continuum of services upon release. The Georgia Center for Child Advocacy in Atlanta is the designated local center for the Dekalb area. Contact is coordinated with this center through the youth's case manager (JDC) or behavioral health.</p> <p>115.353(d): The facility provides youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in Policy 15.3, Youth Access to Courts and Counsel; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; and Policy 15.7, Access to Telephone. Interviews with the Regional Administrator, PCM, and JDC confirmed staff will arrange an unmonitored phone call with an advocate if the youth requests. Interviews also confirmed the staff inform youth during intake and before giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</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>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5; 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1; 17.1 Attachment A; Ombudsman Call Report; Consular and Trade Offices Contact Information/Manual; Outside Advocacy Services Pamphlet; See Something Say Something Pamphlet; MOU: DJJ and Children's Advocacy Centers (CAC); Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.</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 is found on postings at the facility's main entrance and in visiting areas, as well as on the agency's public website. The TIP-Line was set up to provide another channel for reporting sexual abuse, sexual harassment, staff misconduct and policy violations. Information shared on the DJJ TIP-Line can include victims' names and identify their alleged assailants, so the TIP-Line can actually result in arrests and prosecutions. If staff or public partners have something important to report and they want to keep it anonymous, they can</p>

	<p>complete the email form on the TIP-Line site. The auditor placed a test call from the facility housing unit phone, from outside the facility, and sent an email directly to the ombudsman's office, and completed the TIP form. The hotline was answered by an automated system with a prompt to leave a message. The auditor received confirmation that the test by all methods was received, and had it been an actual report, would have been sent directly to the Office of Investigations, PREA Unit. A report provided by the Ombudsman's Office confirms there were no 3rd party reports received on behalf of a youth regarding sexual abuse within the audit period.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.5, 8.9, and 23.1; 8.5 Attachment B; 8.5 Attachment J; 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. Interviews with random staff and review of training material confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361(b)(d)(e): Policy 8.9 establishes that the DJJ shall utilize a standardized process for reporting and responding to child abuse allegations. All suspicions of child abuse, child neglect, youth-on-youth sexual penetration, youth-on-youth sexual contact, penetration by staff/contractor/volunteer/intern, and staff/contractor/volunteer/intern sexual contact involving any DJJ youth shall be reported immediately in compliance with Georgia law. Any sexual contact between staff and youth, regardless of whether it is consensual, is prohibited and is subject to administrative sanctions and criminal prosecution. Policy 23.1 establishes that upon receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and the alleged victim's parents/legal guardian; unless the facility has official documentation</p>

showing the parents/legal guardians should not be notified. If a youth is under guardianship of the Child Welfare System, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. 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. In cases where youths reported prior sexual abuse, notification was made according to the state's mandatory reporting laws. Interviews with random staff confirmed staff received training and had a thorough understanding on how to fulfill responsibilities regarding sexual abuse and sexual harassment reporting and response and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and relevant laws regarding the applicable age of consent. Medical and mental health staff interviewed indicated that they disclose the limitations of confidentiality and their duty to report during the initiation of services to a resident. Interviews also verified that they are mandated reporters and are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

115.361(c): Documentation Review: Policy 23.1 establishes that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions, and all staff interviewed were knowledgeable of this requirement. In addition, policy 8.5, Attachment J provides a specific Chain of Command Notification list and protocol for incidents to ensure the parties who need to be made aware of an incident are notified. Random staff and supervisory staff interviewed were well trained on the prohibition to share information related to a sexual abuse report to anyone outside of the need-to-know parameters and understood there would be disciplinary consequences if they violated this policy.

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. A review of the case files verified that sexual abuse or sexual harassment allegations were referred to the Office of Investigations, PREA Unit for investigation.

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

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.7, 8.9, 23.1, 23.2; 18.7 Attachment B; Youth Safety Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): Policy 8.7 establishes that the DJJ shall ensure that all youth have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Staff will ensure that youth who make such notifications are protected 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 Regional Administrator, PCM, and other staff confirmed that upon notification that a youth may be at risk of harm from others, they would immediately be taken to a safe location or secured in their rooms until the threat could be assessed and resolved in the most appropriate means. Each youth is afforded a single occupancy secure room. An interview with the Agency Head found that when a resident is subject to risk of imminent sexual abuse, the facility is trained to respond immediately, with no delay, and make an initial assessment which includes speaking with the youth. This assessment will determine if a change in housing, facility, treatment, or services provided is needed. In the interim, the PREA Compliance Manager will monitor the situation. The initial assessment, which includes speaking with the youth, will determine if there should be changes in housing, facilities, treatment, and services. The Regional Administrator explained that a notification of the threat will immediately be made to the Regional Administrator and a request for transferring the youth to another facility will be made if the youth cannot be housed safely at the current facility. The youth will be separated from the threat, mental health will be notified, medical will be notified, and the shift will be briefed on the situation. The random staff and supervisory staff interviewed explained that they would separate the youth from danger and secure them in either their room or in a staff area under direct staff supervision awaiting further direction from the facility Director. Staff are trained to respond to reports of substantial risk of imminent sexual abuse immediately. The facility reports that no instances were reported that a resident was subject to a substantial risk of imminent sexual abuse. Interviews confirmed that upon notification that a youth may be at risk of harm from others, they would immediately be taken to a safe location or secured in their rooms until the threat could be assessed and resolved in the most appropriate means.</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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Evidence Reviewed: Policy 23.1; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Policy 23.1 establishes that upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Regional Administrator of the facility that received the allegation will notify the Regional Administrator of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation. The facility will document that it has provided the required notification. The facility indicated that they had not received an allegation that a youth was abused while confined at another facility.</p> <p>115.363(d): The agency policy requires that allegations received from other agencies or facilities are investigated following the PREA standards. The facility indicated that no allegations were received from other facilities claiming sexual abuse or sexual harassment occurred at this facility. Interviews with the Agency Head and Regional Administrator confirmed that these allegations would be forwarded to the Office of Investigations where they would be investigated, regardless of where it was alleged to have occurred or where the allegation was reported.</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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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; 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</p>

	<p>not to take any actions that will destroy physical evidence and then immediately notify direct care staff. The Auditor's review of the case files verified that first-responder duties were enacted. Additionally, the auditor observed the Staff First Responder Cards issued by the agency with instructions on how to respond to sexual abuse. All staff interviewed were proficient in explaining their first responder duties and did not rely on the Staff First Responder cards as reference but said they have them available if needed.</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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 115.365 PREA Acknowledgement Statement; Facility Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.365(a): Policy 23.1 establishes that the facility will use the Sexual Abuse Coordinated Team Response (23.1, Attachment M) to respond to all sexual incidents. This plan outlines the procedures and specific duties of the First Responders, Control Room Operator, Medical Staff, Mental Health Staff, Administrative Duty Officer, Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members. The auditor reviewed a signed and approved Attachment M, Sexual Abuse Coordinated Team Response form and found it complete and comprehensive; this plan has been reviewed and signed by the designated team members and the Agency PREA Coordinator with the last review being conducted in February 2023. Interviews with these team members confirmed a thorough knowledge of their roles and responsibilities in response to a sexual abuse incident. During interviews with the Regional Administrator, PCM, medical staff, mental health staff, and investigators the auditor verified they were knowledgeable about the coordinated response plan and explained to the auditor how they would all work together to ensure an immediate and cohesive response would be enacted in the event of a sexual abuse at the facility.</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>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; Information Obtained from Interviews.</p> <p>115.366(a): Policy 23.1 establishes that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Based on interviews with the Agency Head and the PREA Coordinator, the auditor further confirmed that DJJ is not involved in collective bargaining. The auditor's review of investigative files confirmed that suspected staff perpetrators are removed from youth contact during an investigation.</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; Completed Retaliation Forms; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Policy 23.1 establishes that Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident alleges sexual abuse or sexual harassment, designated staff must complete the Attachment L, PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the youth's adjustment within the facility and document their findings. Monitoring for retaliation shall start immediately once an allegation of sexual abuse or sexual harassment has been made. Policy 23.1 further establishes that retaliation monitoring shall last at least 90 days. Monitoring termination can only occur before 90 days if the investigation has determined that the allegation is unfounded, or the person (youth/staff) is no longer at the site. Monitoring can occur beyond 90 days if there is reason to believe retaliation or fear is an ongoing concern or if there are any extenuating circumstances. The PCM is the designated retaliation monitor for the facility, but all of the Treatment Team will participate and provide information during the monitoring period. The auditor's review of (8) case files found completed retaliation forms as required.</p> <p>Interviews with the Regional Administrator and PCM confirmed that during monitoring the conduct and treatment of a resident or staff who reported sexual</p>

	<p>abuse and sexual harassment is observed; monitoring for disciplinary reports, housing or program changes, or any negative performance reviews are conducted. With staff, monitoring includes any reassignments of duties. An interview with the Agency Head confirmed that the PCM is the designated staff at each facility responsible for monitoring retaliation; if local staff cannot conduct the monitoring, the PREA Coordinator or Victim Services Director will conduct the monitoring. Furthermore, during the monitoring, if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. Residents who reported sexual abuse were no longer housed at the facility; therefore, no interviews were conducted with youth about retaliation.</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>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5, 8.7, 8.8, 23.1, and 23.2; 115.368 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility must clearly document the basis for the facility’s concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. This weekly meeting is a function of the Treatment Team which also invites parent involvement. Medical and mental health make daily visits with youth who are on any type of segregated housing status for any reason. The facility indicated no incidents where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the audit period. In addition, interviews with the Regional Administrator, 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>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed: Policies 8.5, 22.1, 22.3, 23.1; 23.1, Attachment K, Requirements of a PREA Case; 115.371 PREA Accountability Statement; Specialized Training for Investigations; Specialized Investigation Training Certificates; Case Files; Observations During Site Visit; Information Obtained from Interviews.

115.371(a)(c)(d)(k): Documentation Review: 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.

The auditor conducted interviews with the Office of Investigations PREA Unit supervisor and the field investigations supervisor confirming that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data in the course of their investigation. Interviews are conducted with alleged victims, suspected perpetrators, and witnesses and investigators review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations. Investigators also confirmed their completion of the agency's extensive training programs, as outlined in standard 115.334. These interviews also confirmed that criminal investigations are documented and include thorough descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence. An interview with the PCM and review of the Allegations Tracking Spreadsheet found (8) sexual abuse or sexual harassment allegations were made during the audit period. A review of the case files confirmed that all allegations are referred for investigation. The auditor's review of the investigative files found that a prompt, objective, and thorough investigation was completed; video footage was retrieved and reviewed, and statements were gathered from youth involved and witnesses.

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

Investigations has a specialized unit to handle PREA investigations consisting of (5) investigators and (1) investigator supervisor. All (6) investigators have completed the NIC Investigating Sexual Abuse in a Confinement Setting training. Additionally, (14) additional certificates were provided for review to indicate that all investigators complete the specialized training. The auditor reviewed (8) investigative files and found that all cases were investigated by a specially trained investigator.

115.371(e)(g)(h)(i): Documentation Review: Policy 23.1 establishes that the investigator will produce a final investigative report within the established timeframes for the completion of the investigation unless time is extended in writing by the Commissioner or designee. The final report will determine whether staff actions or failure to act contributed to the abuse, and the written report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. DJJ employees are required to cooperate with investigative efforts and compelled interviews will only be conducted after consultation with prosecutors. When the quality of evidence appears to support a criminal prosecution, Investigators are required to submit the case for administrative action or referral to District Attorney's Office for prosecution. An interview with the Office of Investigations PREA Unit Supervisor and the designated PREA Field Investigator confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. There were (2) substantiated cases but none met the criteria for prosecutorial referral.

The auditor observed the secondary copy of case files were stored in the PCM's secured office, in a locked filing cabinet. The official investigative file is maintained in the Office of Investigations electronically stored in a secured database, with access granted only to those on a need-to-know basis. Facility staff do not have access to all documents related to a PREA investigation, only the final disposition and relevant information is needed for management and placement decisions. Informal conversations with staff regarding access to secure information, including medical and mental health files and sexual abuse and sexual harassment reports, are restricted to authorized staff only.

115.371(f): Policy 23.1 establishes that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. An interview with the PREA Investigations Unit supervisor and field investigations supervisor confirmed that credibility assessments for victims, suspects, and witnesses are being made based on the facts presented and not based on their status as a resident or staff. Documentation found in the investigative files corroborated this practice by investigators. There were no residents housed at the facility who had reported sexual abuse or harassment at the facility to interview.

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

	<p>unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention which was confirmed during interviews with the investigators.</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>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment K; 115.371; Case Files; PREA Accountability Statement; Information Obtained from Interviews.</p> <p>115.372(a): Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview with the Office of Investigations PREA Unit supervisor and the field investigations supervisor confirmed that the investigators use a preponderance of evidence standard when substantiating a case. Eight (4-abuse/4-harassment) were investigated and closed during the audit period. The auditor's review of the case files confirmed that the investigators used a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. File reviews indicated 2-substantiated; 4-unsubstantiated; 2-unfounded.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

<b>115.373</b>	<b>Reporting to residents</b>
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	<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, Resident Notification of Outcome; Case Files; Information Obtained from Interviews.</p> <p>115.373 (a)(e): Policy 23.1 establishes that the Office of Victim Services will inform</p>

the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. The facility had (4) allegations of sexual abuse, (2) were substantiated, (2) unsubstantiated. The auditor observed notifications were served to the victims in (3) closed cases, the youth released from custody prior to the closing of the investigation in the remaining case. An interview with the Regional Administrator and (2) investigators determined that once an investigation is concluded, the Office of Victim Services is responsible for generating the notification to the resident of the outcome. The auditor interviewed the Office of Victim Services Director and confirmed that a representative from their office makes the notification to the victim of the outcome of the investigation once they are notified that the case is closed.

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

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

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

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

**Auditor Discussion**

Evidence Reviewed: Policies 3.80 and 23.1; 115.376 PREA Acknowledgement Statement; Observations During Site Visit; Information Obtained from Interviews.

Evidence Reviewed During Corrective Action Period: Staff Disciplinary Action Memorandums; Email re: GA Peace Officers Standards & Training (POST) Notification; Memorandum of No Additional Cases; Information Obtained from Interviews.

115.376(a)(b)(c)(d): Documentation Review: 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. Interviews with the Agency Head, PREA Coordinator, Regional Administrator, and Investigator confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously and are dealt with swiftly. The Regional Administrator reported that there were no substantiated sexual abuse allegations involving staff at this facility during the audit period, nor any violations of the policies relating to sexual abuse or sexual harassment; however, the auditor's review of investigative files during the Post Audit Period found employee misconduct substantiated related to PREA policy violations and no documentation has been provided to indicate these employees received disciplinary action as a result of their violations. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to provide evidence that staff who violated agency sexual abuse or sexual harassment policies are subject to disciplinary sanctions up to and including termination.

Corrective Action Taken: The facility provided documentation that the staff who engaged inappropriately with a resident was terminated after the investigation was substantiated. The Peace Officer Standards & Training (POST) office was notified of this termination. Additionally, during an investigation in another case, an officer was found to violate agency policy; a copy of the disciplinary action was provided to indicate the infraction was addressed. A follow-up interview with the Regional Administrator confirmed that the agency will continue to hold accountable staff who violate the agency's sexual safety policies. The facility provided a memorandum on October 21, 2024, that there have been no additional PREA cases involving staff between April 2024-October 21, 2024.

A systematic review and analysis of the evidence presented during the initial phases

	of the audit and during the corrective action period concluded the facility and agency have demonstrated compliance with all provisions of this standard.
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 14.3 and 23.1; 115.377 PREA Acknowledgement Statements; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.377(a)(b): Policy 23.1 establishes that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer following 14.3, Citizen and Volunteer Involvement, the facility will take appropriate remedial measures and consider whether to prohibit further contact with youth. There were no substantiated cases involving volunteers or contractors or violations of related policies within the audit period. Interviews with the Agency Head, PREA Coordinator, Investigators, and Regional Administrator confirmed that contractors and volunteers who violate sexual abuse policies would be terminated from access to the facility and reported to law enforcement as applicable and any relevant licensing body when required.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.8, 23.1,16.05; 16.05 Attachment B, Behavioral Infractions Grid; Case Files; 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-</p>

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. Based on the auditor's review of case files, there was one substantiated allegation of sexual abuse perpetrated by another youth but the youth had left the facility prior to the conclusion of the investigation. Interviews with mental health counselors confirmed that the facility would offer therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The resident's participation as a condition of access to services is not required.

115.378(b): Policy 8.8 governs the use of isolation for youth. Before placing a youth in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. Youth in isolation will be observed, and behaviors documented at irregular 15-minute intervals or following any suicide precautions that are in place for the youth. A medical services staff shall be notified immediately when the youth requires isolation. Notification will include a verbal assessment of the youth to medical services staff. Behavioral health and nursing staff will evaluate the youth for clinical stability following each 4-hour reauthorization which will be documented in an Isolation Consultation progress note. 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 Regional Administrator, PCM, JDCs, and security staff confirmed that youth placed in isolation are monitored strictly by the established policies, and they are allowed daily large-muscle exercises. The facility provided the Behavioral Infractions Grid used to determine codes and severity ratings of infractions and to determine sanctions appropriate to the offense.

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. Interviews with the disciplinary hearing officer and behavioral health practitioner confirmed these procedures are implemented at the facility.

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>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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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<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) B6P Codes; Youth Consent Form; Prior Victimization forms 12-months; 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 the youth discloses prior sexual victimization or sexual abuse during intake, medical/mental health screening, or health history, whether it occurred in a facility setting or the community, staff will ensure the youth is referred for medical and mental health services within 72 hours of the screening. Staff must address the youth's prior sexual victimization and document the youth's response in the JTS notes. The facility indicated there was one resident who reported prior victimization, and none that had reported prior perpetration. When youth report prior sexual victimization during intake screening and SIR is completed and it is coded as B6P. These reports are forwarded to the office of investigation and reported to the state child welfare services office. Based on the auditor's review of the B6P report run for April 1, 2023, through April 1, 2024, there was (1) resident housed at the facility during the site visit who reported prior sexual victimization during the risk screening. Based on an interview with the youth and review of file records, this youth was referred for a mental health evaluation and was seen by a provider within 72 hours.</p> <p>The auditor interviewed the intake officer, medical and mental health staff and learned that they all have contact with the youth as part of the initial screening on the youth's first day of arrival. When a resident discloses they have experienced prior sexual victimization, whether in an institutional setting or in the community, an SIR is completed, mandatory reporting laws are followed and a report is made to CPS, and the youth is offered a follow-up meeting with a medical and/or medical health practitioner. Additionally, staff indicated that follow-up services would also</p>



	<p>be offered to any resident with a history of sexual perpetration.</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 obtain informed consent from the youth before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others providing care and treatment who need to know. The facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and the facility PCM. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. In interviews with the PCM and intake, mental health, and medical staff, they confirmed that information obtained during the intake and screening process is protected and only disseminated under strict guidelines, within mandatory reporting guidelines, and when needed to further the individual's treatment. Interviews with medical and mental health staff confirmed that all youth sign an informed consent form upon arriving and receiving services; additionally, they remind the youth during encounters about the limitations of liability. All reported abuse of a youth in DJJ custody must be reported regardless of age.</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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 2.10 and 23.1; 23.1 Attachment M; 23.2 Attachment A; 115.382 PREA Acknowledgement Statement; Contract with Children and Teenager's Foundation, Inc; Contract with Norstar Psychological Services, Inc; Contract with Mary Lou Fraser Foundation for Families, Inc; 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. An interview with the Regional Administrator and the Medical Director confirmed that youth who report an allegation of sexual abuse will be</p>

	<p>transported Children's Hospital of Atlanta (CHOA) for treatment. An advocate from the nearest CAC will be dispatched to the local hospital to ensure that a SANE/SAFE examiner is available. The auditor corroborated by phone call to CHOA that a youth confined to Dekalb RYDC would receive timely, unimpeded access to emergency medical treatment. An interview with the Regional Nurse Manager confirmed that youth would be offered timely information access to sexually transmitted infections prophylaxis at the local hospital, then the facility will provide follow-up treatments according to the physician's orders. These services will be provided timely and consistent with professionally accepted standards of care. No youth received emergency medical treatment for sexual abuse within the audit period. The auditor reviewed all closed investigations and found that the incidents did not warrant a forensic medical examination. Interviews with random staff revealed they were knowledgeable about their first responder duties and knew exactly what steps to take to protect a victim of sexual abuse and preserve evidence.</p> <p>115.382(d): Documentation Review: 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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<p><b>115.383</b></p>	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Policies 2.10, 23.1, 23.2; 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 onsite health care staff for initial screening. Appropriate first aid or emergency care will be provided, and then the youth will be sent to a hospital for further examination, treatment, and forensic evidence collection, as appropriate. Medical services staff will deliver follow-up care and treatment. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offer pregnancy prophylaxis. Policy 23.1 states that the facility Director will ensure that victims of sexual abuse, while confined, shall be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis following</p>

	<p>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-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. Interview with medical and behavioral health staff confirmed that evaluations, treatment, and referrals are offered timely and according to community level standards. One youth had reported prior victimization during the risk screening and was interviewed by the auditor. The youth is currently receiving services from a mental health provider.</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. This facility does not house female residents; therefore, this standard is not applicable to this facility.</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. Interviews with mental health staff confirmed that a behavioral health evaluation would be conducted with a known abuser within 24 hours of being notified.</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>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment J; 23.1 Attachment M; 115.386; Completed Sexual Incident Reviews; PREA Acknowledgement Statements; Information Obtained from Interviews.

Evidence Reviewed During Corrective Action Period: Completed Incident Review Forms (4); Memorandum RE: New Cases; Interviews.

115.386(a)(b)(c): Policy 23.1 establishes that each facility and community residential provider will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. The PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. There were (4) sexual abuse investigations conducted during the audit period but only (2) incident reviews provided for review. One of the incident reviews provided was not completed. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide completed Incident Reviews for all applicable cases that occurred within the audit period and any new cases closed during the post-audit and corrective action period.

Corrective Action Taken: The facility provided a corrective action that identified the Assistant Director of Programs as the designated staff to ensure the completion of the Team Review Meetings once an investigative summary is completed. Incident Reviews were completed on the (3) cases where none were presented before and the (1) Incident Review that was found incomplete was completed. Additionally, the Agency's PREA Compliance Specialist provided the auditor with a document confirming there were no new cases investigated since April 2024. Based on the information reviewed and the fact the facility has had no new cases since the audit, the auditor finds the facility has meets substantial compliance.

An interview with the Regional Administrator confirmed the facility has a sexual abuse incident review team that includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Interviews with the review team members concluded that they meet as a team and 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; and/or other group dynamics at the facility. Before conclusion of this meeting the PCM prepares a written report utilizing the agency's template, 23.1 Attachment J, Sexual Abuse Incident Review Team Meeting and each member present signs the form.

115.386(d)(e): The Sexual Abuse Coordinated Team Response (23.1, Attachment M) provides directions consistent with the requirements of this standard for the Incident Review Team. The Auditor reviewed the Sexual Abuse Incident Review Team Meeting Minutes (23.1, Attachment J), which provides the designated team in reviewing the case. This form requires the team to consider all actions delineated in 1-5 of provision (d). The completed form constitutes the written report of the team's findings and any improvement recommendations. This report is submitted to the facility Director (Regional Administrator currently) and PCM. Interview with the Regional Administrator confirmed that any reasonable recommendations made by the PREA Incident Review Team would be implemented. All incident review team

	<p>members were all knowledgeable about their responsibilities as outlined by the documentation review section of this standard.</p> <p>A systematic review and analysis of the evidence presented during the initial phases of the audit and during the corrective action period concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K; PREA Annual Report - 2022; PREA Annual Report - 2021; PREA Annual Report - 2020; PREA Annual Report - 2019; SSV Report 2022; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(e)(f): Policy 23.1 establishes that the agency will collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), following Policy 8.5, Special Incident Reporting. The SIR process includes, at a minimum, the data necessary to answer all questions from 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 (2022) and PREA Annual Report (2022) for review. An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. She further confirmed the SSV is completed and submitted to the DOJ as requested. The yearly comparison report began in FY2013 and has been produced consistently since inception.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5 and 23.1; PREA Annual Report - 2019; PREA Annual Report 2020; PREA Annual Report 2021; 2022 PREA Annual Report; DJJ Website Search; Information Obtained from Interviews.</p>

	<p>115.388(a)(b): Policy 23.1 establishes that the Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training and maintain a current link on the DJJ website to provide PREA information to the public. The auditor reviewed the 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 removes all personal identifiers. The interview with the PREA Coordinator and review of the 2022 Annual Report confirmed it was approved by the Agency Head prior to publishing. Additionally, a web search found the 2022 PREA Annual Report published on the 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>115.389</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; PREA Annual Reports - 2019, 2020, 2021, 2022; SSV Report 2020, 2021, 2022; Public Website; Information Obtained from Interviews.</p> <p>115.389(a)(c)(d): Policy 23.1 establishes that the agency will maintain sexual abuse data collected under 115.387 for at least ten years after the date of its initial collection, following Policy 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required ten years, the agency will maintain data on all staff, contractors, volunteers, and interns who committed sexual abuse or sexual harassment of youth for an additional five years after the staff, contractor, volunteer, and intern no longer work or are involved with the agency. According to the PREA Coordinator, all data collected is securely retained in the agency's computer database with restricted access. Paper files at the facility are stored securely locked filing cabinets in a secured room with limited access.</p> <p>115.389(b): The requirement for PREA compliance and data collection at the community sites began in 2023; therefore, there was no sexual abuse data collected from contracted facilities prior to 2023.</p>

	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>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: DJJ Website Search; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): Documentation Review: The agency ensured that each facility operated by the agency or by a private organization on behalf of the agency was audited at least once. Also, one third of each facility type used by the agency was audited. The last PREA Audit for this facility was conducted on April 7-8, 2021, with a final report date of August 18, 2021. Based on the projected schedule and interview with the PREA Coordinator, each facility will be audited at a rate of one-third per year, during the current audit cycle. The auditor reviewed the agency's website and found final reports for all facilities and that they are being audited at the rate required of this standard.</p> <p>115.401(h)(i): The auditor was provided a complete tour of the facility and surrounding grounds and allowed access to all areas. The auditor received copies of any relevant documents (including electronically stored information), upon request.</p> <p>115.401(m): The auditor was provided use of a conference room easily accessible by staff and youth for purposes of interviews. The room was comfortable and allowed the auditor to privately interview each individual.</p> <p>115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility, as required. This audit was previously contracted with another auditor who was unable to complete the audit. Notices were replaced with this auditor's notices on March 1, 2024, which was only five weeks prior to the audit. As a result, the facility was instructed to ensure the audit notices remain posted until the Final Report is issued to allow sufficient time for any desired correspondence. These notices were posted per the auditor's instructions and photos of the postings were provided to the auditor by email for verification of posting. The auditor further verified that the youth and staff interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the auditor confidentially. During an interview with administrative staff who handle mail and the PCM, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. 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>

<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>		
<b>115.311 (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 (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 (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 (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 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (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

	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.)	na
<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

	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.)	no
	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.)	no
	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

	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

	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

	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

	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>	



<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

	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>	

	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

	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 responsible for investigating allegations of sexual abuse.)	na
<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.)	na
<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

<b>115.322 (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 (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 (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

	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

<b>115.331 (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 (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 (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 (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 (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 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<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>	



	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

<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.)	na
<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

<b>115.335 (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 (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 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (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

	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

	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

<b>115.342 (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 (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 (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 (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

	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

	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? 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>	



	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>	

	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

	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

	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

	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

	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

	accordance with these standards?	
<b>115.364 (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 (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 (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 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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



	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

<b>115.371 (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 (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 (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 (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 (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>	

<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

	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

	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

<b>115.376 (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 (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 (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 (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 (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

<b>115.378 (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 (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 (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 (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

	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>	



	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

	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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (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 (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 (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 (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 (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

	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

	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

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

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<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