

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    July 30, 2019

## Auditor Information

Name: Robert B. Latham	Email: robertblatham@icloud.com
Company Name: Latham Corrections Consulting	
Mailing Address: 677 Idlewild Circle	City, State, Zip: Birmingham, Alabama, 35205
Telephone: 205-746-1905	Date of Facility Visit: February 18-19, 2019

## Agency Information

Name of Agency Georgia Department of Juvenile Justice	Governing Authority or Parent Agency (If Applicable) N/A		
Physical Address: 3408 Covington Highway	City, State, Zip: Decatur, Georgia 30032		
Mailing Address: same as physical address	City, State, Zip: same as physical address		
Telephone: 404-508-6500	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: To protect and serve the citizens of Georgia by holding young offenders accountable for their actions through the delivery of services and sanctions in appropriate settings and by supporting youth in their communities to become productive and law-abiding citizens.

Agency Website with PREA Information: <https://djj.georgia.gov/prison-rape-elimination-act-prea>

## Agency Chief Executive Officer

Name: Avery D. Niles	Title: Commissioner
Email: averyniles@djj.state.ga.us	Telephone: 404-508-6500

## Agency-Wide PREA Coordinator

Name: Adam T. Barnett, Sr.	Title: PREA Coordinator
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<b>Email:</b> adambarnett@djj.state.ga.us	<b>Telephone:</b> 404-683-6844
<b>PREA Coordinator Reports to:</b> Stuart Minor, PREA Unit Supervisor	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

**Facility Information**

<b>Name of Facility:</b> Terrell Regional Youth Detention Center
<b>Physical Address:</b> 1666 Albany Highway, Dawson, Georgia 39842
<b>Mailing Address (if different than above):</b> same as physical address
<b>Telephone Number:</b> 229 995-8550

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input type="checkbox"/> Other

**Facility Mission:** Safety: We will protect the public, our employees and our youth. Service: We will provide rehabilitation and self-improvement opportunities for our youth. Stewardship: We will promote professional excellence, fiscal responsibility and self-sufficiency.

**Facility Website with PREA Information:** <https://djj.georgia.gov/prison-rape-elimination-act-prea>

**Is this facility accredited by any other organization?**  Yes  No

**Facility Administrator/Superintendent**

<b>Name:</b> Albert Medvar	<b>Title:</b> Director
<b>Email:</b> albert.medvar@djj.state.ga.us	<b>Telephone:</b> 229-995-8550

**Facility PREA Compliance Manager**

<b>Name:</b> Tonia Chamberlain	<b>Title:</b> Administrative Ops Coordinator II
<b>Email:</b> toniachamberlain@djj.state.ga.us	<b>Telephone:</b> 229-995-8550

**Facility Health Service Administrator**

<b>Name:</b> Virginia Allen	<b>Title:</b> Lead Nurse
<b>Email:</b> virginiaallen@djj.state.ga.us	<b>Telephone:</b> 229-995-8550

**Facility Characteristics**

Designated Facility Capacity: 56		Current Population of Facility: 32	
Number of residents admitted to facility during the past 12 months			317
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			130
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			273
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	11-17		
Average length of stay or time under supervision:			27 days
Facility Security Level:			Secure
Resident Custody Levels:			Low/Medium/High
Number of staff currently employed by the facility who may have contact with residents:			108
Number of staff hired by the facility during the past 12 months who may have contact with residents:			32
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			3
<b>Physical Plant</b>			
Number of Buildings: 4		Number of Single Cell Housing Units: 56	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Cameras are located throughout the facility and viewed in main control. Terrell RYDC has a total of 205 CCTV cameras. Video footage is retained for 30 days. All incidents are recorded.			
<b>Medical</b>			
Type of Medical Facility:		Local Hospital	
Forensic sexual assault medical exams are conducted at:		Phoebe Putney Memorial Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			18
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			4

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

### Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Terrell Regional Youth Detention Center (RYDC) was conducted February 18-19, 2019. The parent agency for Terrell RYDC is the Georgia Department of Juvenile Justice (DJJ). The Terrell RYDC is located at 1666 Albany Highway, Dawson, Georgia 39842. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed September 12, 2018. There are no known existing conflicts of interest or barriers to completing the audit. The facility agreed to allow the auditor extended time for bereavement and the facility's development of the corrective action plan. This was the first audit for the Terrell RYDC. The facility was built in 2016 and occupied as of December of 2016.

### Audit Methodology Pre-Onsite Audit Phase

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

### Notice of Audit Posting and Timeline

The audit notice was posted December 12, 2018. The notices were in English and Spanish. The audit notice was posted using a large font and easy-to-read language on colorful paper. The audit notices were placed throughout the facility, in places visible to all residents and staff, including the front entrance, education, dining hall, intake, visiting areas, housing units, and recreational spaces. The auditor verified placement through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

### Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was received January 16, 2019. The PAQ was completed on January 16, 2019. The documentation was received on a flash drive. The documentation was well organized by standard. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it to be well organized with minimal omitted

documentation. The Auditor observed the victim advocacy contracts were out of date. The PREA Coordinator procured current contracts and provided them to the auditor.

### Requests of Facility Lists

Terrell RYDC provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
Youthful inmates/detainees	N/A (Terrell RYDC does not accept youthful inmates/detainees.)
Residents with physical disabilities	None were identified.
Residents with cognitive disabilities	None were identified.
Residents who are Limited English Proficient	None were identified.
Lesbian, Gay, and Bisexual Residents	None were identified.
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	N/A (Terrell RYDC does not have segregated housing.)
Residents in isolation	None were identified or observed.
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening	Two (2) resident were identified.
Complete Staff Roster	The staff roster and schedule were provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	The facility identified eleven (11) contractors who have contact with the residents. Medical staff are contracted through Augusta University.
All volunteers who have contact with the residents	The facility has seven (7) volunteers.
All grievances/allegations made in the 12 months preceding the audit	154 grievances total; 2 grievances concerning allegations of sexual abuse and sexual harassment
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	10
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	10
All hotline calls made in the 12 months preceding the audit	47; There were no allegations of sexual abuse or sexual harassment reported through the hotline. The PREA Coordinator stated the residents dial the number for play.

#### External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the preceding 12 months.
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Community Based Organizations (CBOs)	<ul style="list-style-type: none"> <li>• Northstar Psychological Services</li> <li>• Lighthouse Children's Advocacy Center</li> <li>• Children and Teenagers Foundations</li> <li>• Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center</li> <li>• Crumbley Counseling Services</li> <li>• Georgia Center for Child Advocacy (Serves Fulton and DeKalb Counties, but will make referrals to other advocacy centers in other counties.)</li> </ul>
The Georgia Department of Family and Children Services Hotline	The auditor contacted the Georgia Department of Family and Children Services Hotline at 855-422-4453.
SAFE/SANE Programs	Phoebe Putney Memorial Hospital confirmed a SANE would be made available through the Lily Pad.
National Sexual Assault Hotline	The auditor contacted the National Sexual Assault Hotline at 1-800-656-4673.

## Research

- Georgia Mandated Reporter Law - O.C.G.A. §19-7-5 (2016)
  - (a) The purpose of this Code section is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.
  - (b) As used in this Code section, the term:
    - (1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.
    - (2) "Abused" means subjected to child abuse.
    - (3) "Child" means any person under 18 years of age.
    - (4) "Child abuse" means:
      - (A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
      - (B) Neglect or exploitation of a child by a parent or caretaker thereof;
      - (C) Endangering a child;
      - (D) Sexual abuse of a child; or
      - (E) Sexual exploitation of a child.

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

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

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

(6.1) "Endangering a child" means:

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

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

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

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

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

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

(B) Does not provide or refer for abortions;

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

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

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

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

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

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

- (B) Bestiality;
- (C) Masturbation;
- (D) Lewd exhibition of the genitals or pubic area of any person;
- (E) Flagellation or torture by or upon a person who is nude;
- (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
- (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
- (H) Defecation or urination for the purpose of sexual stimulation; or
- (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

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

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

- (A) Prostitution, as defined in Code Section 16-6-9; or
- (B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

#### MANDATED REPORTERS:

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

- (A) Physicians licensed to practice medicine, physician assistants, interns, or residents;
- (B) Hospital or medical personnel;
- (C) Dentists;
- (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;



(E) Podiatrists;

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

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

(H) School teachers;

(I) School administrators;

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

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

(L) Child-counseling personnel;

(M) Child service organization personnel;

(N) Law enforcement personnel; or

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

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

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

aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

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

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

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

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.

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

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

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

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

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

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

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

## **Onsite Audit Phase**

### **Entrance briefing**

An entrance briefing was held with the Director, PREA Coordinator, PREA Compliance Manager, Education Supervisor, ACA Coordinator, Intake Clerk, and the Assistant Director of Security. Introductions were made, the agenda for the two days was discussed, and the auditor began the site review accompanied by the Director, PREA Compliance Manager and Assistant Director of Security.

### **Site review**

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility consists of four (4) buildings. The facility has four (4) housing units. Dorms A, B, and C each have sixteen (16) single rooms and one (1) observation room. Dorm D has eight (8) single rooms and one observation room. The auditor reviewed the gymnasium, outside recreation, classrooms, kitchen/dining room, medical, intake, staff offices, and the lobby. On the first day of the onsite audit the population of the facility was 48 juveniles; 42 males and 6 females.

### **Processes and areas observed**

The auditor observed the intake and risk screening to better understand the process. Grievance boxes and help request boxes are located in each of the housing units and in the school. The grievance forms are in English and Spanish. Writing utensils are available upon request. The grievance boxes are checked daily.

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

### **Specific area observations**

Cameras were located throughout the facility. The auditor observed the toilet and shower areas are out of view of the cameras. All 56 cells are single occupancy. Wherever residents were present, the auditor observed officers actively supervising the residents. Classrooms were all observed to be compliant with the 1:8 ratio requirements. There are 205 CCTV cameras.

### **Exit briefing**

An exit briefing was held with the Director, Assistant Director of Security, PREA Coordinator, and PREA Compliance Manager. The auditor discussed the onsite audit. The auditor did have some areas of concern. The facility needed to expand on resident education regarding outside support services. The interviews with the staff and residents demonstrated training and education were effective, with the one exception mentioned previously. Although the information is communicated through handouts, the resident handbook, and posters, the auditor requested the facility further emphasize the availability and scope of these services.

Staff and resident interviews revealed staff were not consistently announcing their presence when entering a housing unit. The PAQ revealed the facility was meeting staffing ratios approximately 58% of the time. Lastly, the auditor requested the facility provide the Sexual Abuse Incident Review Team Meeting Minutes for one (1) unsubstantiated allegation of youth-on youth sexual abuse.

## **Interviews Logistics**

### **Location and Privacy**

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

### **Selection Process**

Specialized staff were selected based on their respective duties in the facility. Twelve (12) officers, randomly selected from every shift, were interviewed using the random staff interview protocol. Eight (8) residents, randomly selected from each housing unit, were interviewed using the random resident interview questionnaire. The resident population was forty-eight (48) on the first day of the audit. Target interviews were selected by information provided by the facility and resident interviews. Two (2) residents who reported sexual victimization during risk screening were identified. There was a total of two (2) target interviews.

<b>Interview Protocols</b>	<b>Number of Interviews</b>
<b>Administration and Agency Leadership</b>	
Agency Head Designee (PREA Coordinator)	1
Facility Director	1
PREA Coordinator	1
PREA Compliance Manager	1
<b>Specialized Staff</b>	
Medical Staff (Contract)	2
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches	0
Administrative (Human Resources) Staff	1
Agency Contract Administrator (PREA Coordinator)	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation (no isolation)	0
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security Staff First Responders	1
Intake Staff	1
<b>Random Sample of Staff</b>	
First Shift	8
Second Shift	4
Split Shift	0
Total Random Sample of Staff	12
<b>Volunteers Contractors who have Contact with Residents</b>	
Volunteers	2
Contractors	2
<b>Residents</b>	
Random Sample of Residents from all Housing Units	8
<b>Targeted Residents</b>	
Residents who Reported a Sexual Abuse	None identified
Residents with Cognitive Disabilities	None identified
Residents with Physical Disabilities	None identified
Limited English Proficient Residents	None identified
Gay, Lesbian, and Bisexual Residents	None identified
Transgendered and Intersex Residents	None identified

Residents in Isolation	None identified
Residents who Disclosed Prior Sexual Victimization During Risk Screening	2
<b>Interview Totals</b>	
Total Number of Staff Interviews	34
Total Number of Resident Interviews	10
Total Number of Interviews	44

### Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	4
32 Days to 6 Months	3
7 Months to 12 Months	2
13 Months Plus	1
<b>Total</b>	<b>10</b>

### Records Review

Name of Record	Total Records Reviewed
Personnel Records/Documentation	288
Volunteers and Contractors Files/Documentation	39
Training Files/Documentation/Records	113
Resident Records	51
Medical/Mental Health Records and Documentation for Victims	6
Grievance Forms (Sexual Abuse and Sexual Harassment)	0
All Incident Reports (Sexual Abuse and Sexual Harassment)	2
Investigation Records (Sexual Abuse and Sexual Harassment)	2

### Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	0	0	0
Abusive Sexual Contact	0	1	0
Sexual Harassment	3	2	0
<b>Staff-on-Youth Sexual Abuse</b>			
Staff Sexual Misconduct	0	0	0
Staff Sexual Harassment	0	1	0

Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	0	0	0	0
Grievance	0	0	2	0
Verbal Report	1	0	3	1
Anonymous	0	0	0	0
Third Party	0	0	0	0
Reports by Staff	0	0	0	0

## Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

### Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Georgia Department of Juvenile Justice
Other Significant Relationship Information	None
Facility Name	Terrell Regional Youth Detention Center
Facility Address	1666 Albany Highway, Dawson, Ga 39842
Age of Facility	2016
Total Facility Rated Capacity	56
Resident Population Size and Makeup	
Average daily population in the last 12 months	40
Actual population on day 1 of the onsite portion of the audit	48
Population Gender	Male and Female
Population Ethnicity	Multiethnic
Length of Stay	27 days
Staff Size and Makeup	
Total Staff Size	105
Number of Security Staff	54
Types of Supervision Practiced:	Direct Supervision
Number of Volunteers who may have contact with residents	7
Number of Contractors who may have contact with residents	11
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy cells	56
Number of open-bay dorms	0
Number of segregation/isolation units	0
Number of medical units	1
Number of closed units	2
Type of Supervision (direct or indirect)	Direct
Video Monitoring	205 CCTV cameras

## Facility Operations

### Physical Plant Description

Terrell Regional Youth Detention Center is located at 1666 Albany Highway, Dawson Georgia, 39842. The facility receives youth from six (6) counties; Baker, Calhoun, Clay, Dougherty, Early and Terrell Counties. The facility has a 56 bed capacity for male and female youth. Terrell RYDC provides temporary, secure care and supervision to youth who are charged with crimes or who have been found guilty of crimes and are awaiting disposition of their cases by a juvenile court. The facility is a secure facility of brick and block construction built in 2016. The perimeter and recreation areas are secured by razor wire. The facility consists of four (4) housing units capable of holding 56 youth, in single occupancy rooms with integrated toilets and sinks. Units A, B, and C each have 16 cells, one (1) observation room, and a multi-purpose dayroom. Unit D has eight (8) cells one (1) observation room, and a multi-purpose dayroom. The units enable one resident to shower at a time. There are four (4) showers in each unit. One (1) of the showers in each unit is accessible. The showers are behind individual doors giving the youth the ability to undress, shower and dress in privacy. The youths' head and feet are visible. A grievance box with forms, help request box with forms, and informational PREA posters were observed in each unit and in education. In addition to the living units, there is a gymnasium, outside recreation area, a school, a kitchen, dining room, intake area medical facilities, Cosmetology and barbering facilities, staff offices, and a lobby.

### Services Available

Services provided include the following: education, individual and group counseling, medical and mental health services, recreation, and arts and crafts. Clothing, meals, medical and emergency dental care are a part of the center's basic care program. The school at Terrell RYDC is a part of School District 181. This district is made up of all of the 27 facilities operated by the Georgia DJJ. The school district follows the same core curriculum as all public schools in Georgia.

### Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded:** 7

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  
Standard 115.321 Evidence protocol and forensic medical examinations  
Standard 115.333 Resident education  
Standard 115.341 Screening for risk of victimization and abusiveness  
Standard 115.351 Resident reporting  
Standard 115.353 Resident access to outside confidential support services  
Standard 115.354 Third-party reporting

**Number of Standards Met:** 36



Standard 115.312 Contracting with other entities for the confinement of residents  
Standard 115.313 Supervision and monitoring  
Standard 115.315 Limits to cross-gender viewing and searches  
Standard 115.316 Residents with disabilities and residents who are limited English proficient  
Standard 115.317 Hiring and promotion decisions  
Standard 115.318 Upgrades to facilities and technologies  
Standard 115.322 Policies to ensure referrals of allegations for investigations  
Standard 115.331 Employee training  
Standard 115.332 Volunteer and contractor training  
Standard 115.334 Specialized training: Investigations  
Standard 115.335 Specialized training: Medical and mental health care  
Standard 115.342 Use of screening information  
Standard 115.352 Exhaustion of administrative remedies  
Standard 115.361 Staff and agency reporting duties  
Standard 115.362 Agency protection duties  
Standard 115.363 Reporting to other confinement facilities  
Standard 115.364 Staff first responder duties  
Standard 115.365 Coordinated response  
Standard 115.366 Preservation of ability to protect residents from contact with abusers  
Standard 115.367 Agency protection against retaliation  
Standard 115.368 Post-allegation protective custody  
Standard 115.371 Criminal and administrative agency investigations  
Standard 115.372 Evidentiary standard for administrative investigations  
Standard 115.373 Reporting to residents  
Standard 115.376 Disciplinary sanctions for staff  
Standard 115.377 Corrective action for contractors and volunteers  
Standard 115.378 Disciplinary sanctions for residents  
Standard 115.381 Medical and mental health screenings; history of sexual abuse  
Standard 115.382 Access to emergency medical and mental health services  
Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers  
Standard 115.386 Sexual abuse incident reviews  
Standard 115.387 Data collection  
Standard 115.388 Data review for corrective action  
Standard 115.389 Data storage, publication, and destruction  
Standard 115.401 Frequency and scope of audits  
Standard 115.403 Audit contents and findings

**Number of Standards Not Met:** 0

### **Summary of Corrective Action (if any)**

Standard 115.313  
Corrective Action:

The review of the Secure Facility Staffing (SFS) report system from July 2018 thru January 7, 2019, reveals the facility staffing ratios were met 58% of the time. A corrective action plan has been developed. The facility will have 60 days for implementation and documentation of the process.

Six (6) cadets were staff ratio trained April 16-17, 2019. Future cadets, recreation staff and JDC's also will be scheduled to attend the staff ratio training.

During education hours the Lead Teacher will assist security staff with assuring staff to youth ratios are met in classrooms and during events. The Director and Assistant Directors will visit during education hours to ensure the staff ratio is met. The Assistant Director of Security and Captain of Security have constructed a roster that has two Certified Officers from both day shifts to work from 8:30am to 8:30pm to ensure staff ratio is maintained until bedtime for youths. The Administration Team will ensure staffs to youth ratios are compliant by making daily rounds throughout the day where youth are present.

The facility will ensure that every person who provides direct supervision and is PREA ratio trained will be included in the total number of staff supervising youth based on the 1:8 ratios during waking hours and 1:16 ratio during sleeping hours. This information will be documented daily in the Secure Facility Staffing (SFS) report system by staff assigned to perform that function. The security staff providing the supervision on the housing unit(s) will be documented on the facility daily staffing report, notated in the Secure Facility Staffing (SFS) report system, and in each perspective unit's logbook. In education, a security staff person(s) will be assigned to a classroom with the teacher and with recreational staff during times of recreational activities. During times when sufficient staff are not available to meet the ratio requirements, this information will be documented on the facility staffing report and in the Secure Facility Staffing (SFS) report system.

The facility will document each day of the corrective action activities to include the number of staff supervising youth with 1:8 ratios during waking hours and 1:16 during sleeping hours and what staff members are supervising. June 26, 2019, all Secure Facility Staffing (SFS) reports will be sent to the auditor. If Secure Facility Staffing (SFS) reports show that the facility is in compliance with the 1:8 and 1:16 staffing ratios, the final report will be issued by July 26, 2019.

#### Completed Corrective Action:

The facility provided the auditor with documentation demonstrating compliance with the staffing ratios. On June 24, 2019 the Georgia DJJ PREA Coordinator emailed documentation verifying the facility's endeavors to achieve compliance with the ratios has been successful.

The auditor reviewed the following documents and reports:

- Shift Data Reports (March 1, 2019 - June 10, 2019)
- Staff Training Hours Report: PREA Ratio Training (April 24, 2019 - April 25, 2019)
- Commissioner Memorandum: Overtime pay for Security Staff to Work Extra Hours (May 29, 2019)
- Email: Approval for Security Emergency Response Team (SERT) to be posted on units and included in ratios (June 18, 2019)
- Daily Shift Briefings

The Terrell Regional Youth Detention Center Facility Director provided the following PREA Accountability Statement of Fact(s) July 3, 2019.

"During the hours from 3:30pm, (end of the school day) and 8:30pm (youth are secured in their rooms for the night.) In addition to on duty staff, 1 SSW worker, 1 JDC, and 1 recreation employee assist with

the supervision of youth. This aids us to maintain the Staff ratio of 1:8 except during limited and exigent circumstances, which will be fully documented. In addition, the Shift Supervisor and Captain of Security are available.”

**Standard 115.315**

**Completed Corrective action:**

Staff and resident interviews revealed staff of the opposite gender were not all routinely announcing their presence when entering a resident housing unit of the opposite gender. The PREA Compliance Manager issued a directive, on February 19, 2019, reminding staff it is essential to announce “male on the unit” or “female on the unit” when entering the dorms. This corrective action is complete.

**Standard 115.353**

**Completed Corrective action:**

Resident interviews revealed several residents were not aware of or were unsure about outside support services. The facility agreed to provide refresher information to the residents regarding these services. The Facility Director facilitated completing this corrective action and provided the auditor an email with sign-in sheets, confirming the residents received the refresher information. A town hall style meeting was held with the youth on April 8, 2019. This corrective action is complete.

**Standard 115.386**

**Completed Corrective action:**

During the 12 month audit period, there was one (1) unsubstantiated allegation of youth-on-youth abusive sexual contact. The investigation was completed June 8, 2018. The facility agreed to complete the review using the correct form and emailed it to the auditor April 8, 2019 for verification. This corrective action is complete.

## PREVENTION PLANNING

### **Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.311 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

**115.311 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.311

- (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.
- (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.
- (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments, Pages 1-28
  - Section I, Page 1 - Policy
  - Section III, Pages 2-4- Definitions
  - Section IV. A-B, Pages 4-5 - Prevention Planning
  - DJJ 23.1, Attachment K - Requirements of a PREA Case
- Georgia DJJ Policy 23.2, Sexual Assault
- Georgia DJJ Policy 1.2, Organizational Chart

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Letter from Commissioner (Governor’s Certification)
- Requirements of a PREA Case
- Georgia DJJ Organizational Structure
- Georgia DJJ - News Release Identifying PREA Coordinator
- PREA Accountability Statement – Designation of PREA Coordinator
- Terrell RYDC Organizational Structure
- PREA Accountability Statement – Designation of PREA Compliance Manager

#### Interviews

- Agency PREA Coordinator  
The Agency PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all its facilities.
- Facility PREA Compliance Manager  
The Facility PREA Compliance Manager confirmed she has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

#### Conclusion:

The Georgia Department of Juvenile Justice (DJJ) mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract; outlines how the Terrell RYDC will implement the agency’s approach to preventing, detecting, and responding to sexual abuse or sexual harassment; includes definitions of prohibited behaviors; includes sanctions for those found to have participated in such behaviors; and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

DJJ employs an agency PREA Coordinator. The agency PREA Coordinator has complete and unrestricted access to all agency facilities, contract/residential programs, offices, records, staff, and residents. Facility staff, contract providers, and community service staff must cooperate fully with the agency PREA Coordinator without fear of reprisal or reprimand. Additionally, the Deputy Commissioner of Secure Facilities or designee ensures that each facility designates a PREA Compliance Manager. The PREA Compliance Manager for Terrell RYDC is the Assistant Director of Programs.

DJJ has a comprehensive approach when it comes to PREA. From the Commissioner to the direct care security staff, PREA is a part of every aspect of the agency and its facilities. The agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the agency. Additionally, the PREA policy is structured by subject matter and includes references to the PREA Juvenile Standards established by the U.S. Department of Justice, thereby allowing the reader of the policy to discover relevant policy provisions by topic corresponding to standard.

Based upon review and analysis of the available evidence, the auditor has determined Terrell RYDC and DJJ exceed the standard through their comprehensive approach and strong commitment to zero-tolerance toward sexual abuse and sexual harassment. No corrective action is required.

## Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.312

(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IV. C, Page 5 - Contracting with other Entities for the Confinement of Residents
  - Section XIII. C. 2.a-h, Pages 27-28 - Auditing and Monitoring (Community Residential Providers)
- Georgia DJJ Policy 2.16, Contracts Administration

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Contracts with Residential Providers - Including required PREA language
- Room, Board and Watchful Oversight (RBWO) Task Force Audit Tool for Site Visits - CCI (PREA Vulnerability Assessment)

#### PAQ Assertion

- The facility reported the number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA was nine (9).

#### Interviews

- Agency Contract Administrator  
Interviews with the PREA Coordinator confirmed the RBWO Task Force Audit Tool for Site Visits is used for contracts for confinement services to determine if the contractor complies with required PREA practices. All contractors have been audited and found to be in compliance with the PREA standards.

#### Conclusion:

New contracts or contract renewals with public and private entities for the confinement of residents include the entity's obligation to adopt and comply with PREA standards. Contract language is as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C. 15601 ET. Seq.) and with all PREA standards, Department Policies related to PREA and Department Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within Department Facilities/Programs/Offices owned, operated or contracted. Contractor will immediately contact the DJJ Office of Investigations PREA Unit upon knowledge of or receiving notice of any suspicion or receiving and information regarding an incident of sexual abuse or sexual harassment involving the Contractor, subcontractor or employees and a youth. Contractor acknowledges that, in addition to "self-monitoring requirements" Department will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and Department Policies may result in termination of the contract." Contractor will have all personnel sign a PREA Staff Acknowledgement Statement, Annex I and keep the signed form in the employee's file. Contractor will have all youth, upon admission to their care, sign a PREA Youth Acknowledgement Statement, Annex J, and keep the signed copy in the youth's file."

District Directors and Community PREA Compliance Managers monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and submit reports to the Agency PREA Coordinator. Regional Treatment Services Specialists (RTSS) monitor and conduct internal audits of all Community Residential Providers for PREA compliance and submit reports to the Agency PREA Coordinator.

Community Residential Providers follow the guidelines within Georgia DJJ Policy 23.1 and use the attachments for documentation and compliance with program modifications. They are responsible for providing their staff with required PREA training to meet all PREA requirements. Community Residential Providers are responsible for contracting with a Department of Justice Certified Juvenile Auditor to conduct an independent audit every three years, completing all required audit documentation, and uploading required documentation for the auditor.

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

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- Does the 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No



- 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  No
- 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 internal or external oversight bodies?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes    No    NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes    No

### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes    No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes    No    NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes    No    NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes    No    NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.313

(a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

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

(b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation,

or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

(d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

(e) Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments A & B
  - Section IV. D-J, Page 5-6 - Supervision and Monitoring
  - Attachment A, Facility Annual Staffing Report
  - Attachment B, PREA Unannounced Rounds Documentation
- Georgia DJJ Policy 8.1, Security Management
- Georgia DJJ Policy 8.2, Administrative Duty Officer
- Georgia DJJ Policy 8.20, Room Checks
  - Attachment A, Room Observation Form

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- 2018 Facility Annual Staffing Report
- Recommendations for Facilities Staff/Youth Ratios - April 20,2017
- PREA Compliance Alert – Staff/Youth Ratios Documentation
- PREA Ratio Training
- Room Observation Form
- List of Doors - "Restricted Area Youth Not Allowed"
- Closed-Circuit Television (CCTV) Schedule for Upgrades
- PREA Unannounced Rounds
- List of Cameras
- CCTV Review Log

PAQ Assertions

- Since the last PREA audit the average daily number of residents reported was forty (40).

- Since the last PREA audit the average daily number of residents on which the staffing plan was predicated reported was fifty-six (56).

#### Interviews

- Facility Director

The Facility Director confirmed Terrell RYDC regularly develops a staffing plan. Adequate staffing levels to protect residents against sexual abuse are considered in the plan. Video monitoring is part of the plan. The staffing plan is documented through the Facility Annual Staffing Report. He confirmed the assessment of the facility staffing plan considers all factors required by the standard. He checks for compliance with the staffing plan by reviewing daily staffing reports for both shifts. He reported deviations from the staffing plan are documented when they occur. He confirmed ratios are 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- Agency PREA Coordinator

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

- Facility PREA Compliance Manager

The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.

- Intermediate or Higher-Level Facility Staff

The Facility Director confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur. He does not share with others that the rounds are occurring.

#### Conclusion:

Terrell RYDC develops, implements, and documents an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan.

The Secure Facility Staffing Report System is a valuable internet-based tool that provides the agency PREA Coordinator and other administrative staff current staffing ratios and actions taken to address possible deviations from the staffing plan, by shift and by facility.

Terrell RYDC is required to review, make adjustments to, and complete the Facility Annual Staffing Report. The report is submitted with the required signatures to the Agency PREA Coordinator annually.

Intermediate and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. At least two unannounced rounds must be conducted per month. Staff are prohibited from alerting other staff of such rounds. All unannounced rounds must be documented using the Unannounced PREA Rounds form.

#### Corrective Action:

The review of the Secure Facility Staffing (SFS) report system from July 2018 thru January 7, 2019, reveals the facility staffing ratios were met 58% of the time. A corrective action plan has been developed. The facility will have 60 days for implementation and documentation of the process.

Six (6) cadets were staff ratio trained April 16-17, 2019. Future cadets, recreation staff and JDC's also will be scheduled to attend the staff ratio training.

During education hours the Lead Teacher will assist security staff with assuring staff to youth ratios are met in classrooms and during events. The Director and Assistant Directors will visit during education hours to ensure the staff ratio is met. The Assistant Director of Security and Captain of Security have constructed a roster that has two Certified Officers from both day shifts to work from 8:30am to 8:30pm to ensure staff ratio is maintained until bedtime for youths. The Administration Team will ensure staffs to youth ratios are compliant by making daily rounds throughout the day where youth are present.

The facility will ensure that every person who provides direct supervision and is PREA ratio trained will be included in the total number of staff supervising youth based on the 1:8 ratios during waking hours and 1:16 ratio during sleeping hours. This information will be documented daily in the Secure Facility Staffing (SFS) report system by staff assigned to perform that function. The security staff providing the supervision on the housing unit(s) will be documented on the facility daily staffing report, notated in the Secure Facility Staffing (SFS) report system, and in each perspective unit's logbook. In education, a security staff person(s) will be assigned to a classroom with the teacher and with recreational staff during times of recreational activities. During times when sufficient staff are not available to meet the ratio requirements, this information will be documented on the facility staffing report and in the Secure Facility Staffing (SFS) report system.

The facility will document each day of the corrective action activities to include the number of staff supervising youth with 1:8 ratios during waking hours and 1:16 during sleeping hours and what staff members are supervising. June 26, 2019, all Secure Facility Staffing (SFS) reports will be sent to the auditor. If Secure Facility Staffing (SFS) reports show that the facility is in compliance with the 1:8 and 1:16 staffing ratios, the final report will be issued by July 26, 2019.

#### Completed Corrective Action:

The facility provided the auditor with documentation demonstrating compliance with the staffing ratios. On June 24, 2019 the Georgia DJJ PREA Coordinator emailed documentation verifying the facility's endeavors to achieve compliance with the ratios has been successful.

The auditor reviewed the following documents and reports:

- Shift Data Reports (March 1, 2019 - June 10, 2019)
- Staff Training Hours Report: PREA Ratio Training (April 24, 2019 - April 25, 2019)
- Commissioner Memorandum: Overtime pay for Security Staff to Work Extra Hours (May 29, 2019)
- Email: Approval for Security Emergency Response Team (SERT) to be posted on units and included in ratios (June 18, 2019)
- Daily Shift Briefings

The Terrell Regional Youth Detention Center Facility Director provided the following PREA Accountability Statement of Fact(s) July 3, 2019.

"During the hours from 3:30pm, (end of the school day) and 8:30pm (youth are secured in their rooms for the night.) In addition to on duty staff, 1 SSW worker, 1 JDC, and 1 recreation employee assist with

the supervision of youth. This aids us to maintain the Staff ratio of 1:8 except during limited and exigent circumstances, which will be fully documented. In addition, the Shift Supervisor and Captain of Security are available.”

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

## Standard 115.315: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.315

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

(b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

(d) The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

(e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment C
  - Section IV. K-P, Page 6-7 - Limits to Cross-Gender Viewing and Searches
  - Attachment C - Cross-Gender Searches Documentation
- Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
  - Attachment A – Transgender/Intersex Declaration of Preference Statement
- Georgia DJJ Policy 8.22, Searches and Contraband Control
  - Section IV. A-D, Pages 4-5 - Body Searches

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Local Operating Procedures (Post Order) - Showering procedures
- Cross-Gender Searches Documentation Form
- Transgender/Intersex Declaration of Preference Statement Form
- Training Logs

#### Training

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

#### PAQ Assertions

- The facility reported the number of cross-gender strip or cross gender visual body cavity searches of residents in the past 12 months was zero (0).
- The facility reported the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff in the past 12 months was zero (0).
- The facility reported the number of cross-gender pat-down in the past 12 months was zero (0).

- The facility reported the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s) in the past 12 months was zero (0).
- The facility reported the number of searches or physical examinations of transgender or intersex residents for the sole purpose of determining the resident's genital status in the past 12 months was zero (0).

#### Interviews

- **Random Sample of Staff**

Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches of the residents. Staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status. Staff interviewed confirmed not all officers announce their presence when entering a housing unit of the opposite gender. All staff interviewed confirmed residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

- **Random Sample of Residents**

Residents interviewed confirmed not all staff announce their presence when entering the housing area or any area where residents of the opposite gender shower, change clothes, or perform bodily functions. All residents interviewed stated staff of the opposite gender have never performed a pat down search of their body. All residents interviewed stated they are never naked in full view of staff of the opposite gender.

- **Transgendered and Intersex Residents**

No residents identified as transgender male, transgender female or intersex during the on-site audit.

#### Conclusion:

Terrell RYDC does not conduct cross-gender strip and body cavity searches of residents. Cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation.

Apart from medical examinations or urine drug screens, staff will not view residents showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks. Showers are conducted behind doors or "PREA shower curtains" that allow for privacy. Staff members announce their presence when entering a resident housing unit of the opposite gender. This was reinforced through a directive through a corrective action.

Facility non-medical or medical staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during a conversation with the resident or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. The gender of the staff member searching a transgender or intersex resident is determined on a case-by case basis and takes in to consideration the gender expression of the resident.

Staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. However, the PREA Compliance Manager and the Facility Director are the only staff permitted to conduct searches of this manner.

Completed Corrective action:

Staff and resident interviews revealed staff of the opposite gender were not all routinely announcing their presence when entering a resident housing unit of the opposite gender. The PREA Compliance Manager issued a directive, on February 19, 2019, reminding staff it is essential to announce “male on the unit” or “female on the unit” when entering the dorms. This corrective action is complete.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action has been completed.

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.316

(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

(b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

(c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IV. R-U, Pages 7-8 - Residents with Disabilities and Residents who are Limited English Proficient
- Georgia DJJ Policy 15.10, Language Assistance Services
  - Section III. A-C, Pages 1-2 - Services for residents who are limited English proficient
  - Attachment B: "I Speak" Chart (Language Identification)

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Individuals with Disabilities Education Act (IDEA)
- Teachers' Special Education Certifications
- "I Speak" Chart (Language Identification)
- Interpreting Service (Language Line Solutions, 800-523-1786)
- Youth Safety Guide for Secure Facilities (English and Spanish)

- Intake Flyer (English and Spanish)
- PREA Posters (English and Spanish)
- Email - Hearing Impaired Phone

#### PAQ Assertion

In the past 12 months, there were zero (0) reported instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

#### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator confirmed the Agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- Disabled and Limited English Proficient Residents  
No residents were identified as having a disability or being limited English proficient during the on-site audit.
- Random Sample of Staff  
All staff interviewed confirmed the agency does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. No staff interviewed had knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

#### Observations during onsite review of facility

- The auditor observed the "I Speak" Language Identification Chart in the intake area and PREA posters in English and Spanish located throughout the facility.

#### Conclusion:

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff, using interpretive services and special education instructors. Age-appropriate information, in both English and Spanish, is available so all residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Terrell RYDC uses Language Line Solutions phone interpreting service. This service is available 24 hours a day, 365 days a year.

Special education teachers are available for residents who have intellectual, psychiatric, or speech disabilities. Assistive or adaptive technology such TTY phones are made available as needed for residents who are deaf or hard of hearing.

The State of Georgia provides automatic website translation into seven languages, courtesy of Google Translate. The languages include: Chinese (Simplified); Haitian Creole; Korean; Portuguese; Russian; Spanish; and Vietnamese.

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

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)



- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.317

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

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

(b) The agency shall 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.

(c) Before hiring new employees who may have contact with residents, the agency shall:

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and

(3) 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.

(d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

(e) The agency shall 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.

(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the agency shall 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.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment D
  - Section IV. V-EE, Pages 8-9 - Hiring and Promotion
  - Attachment D - PREA Employment Questionnaire

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- List of New Employees
- Criminal Background Checks for New Employees
- List of Employee Promotions
- Criminal Background Checks for Promotions
- List of Contractors
- Contractor Background Checks
- List of Employee Five Year Background Checks
- Five Year Criminal Background Checks for Employees and Contractors
- POST Officer Recertification Letter (Division of Secure Facilities)
- PREA Employment Questionnaires
- Letter from Department of Human Services (DHS)

#### PAQ Assertions

- The facility reported the number of persons hired who may have contact with residents who have had criminal background record checks in the past 12 months was thirty-two (32). There were seven (7) staff promotions requiring criminal background checks in the past 12 months.

- The facility reported the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents in the past 12 months was seven (7).

**Interview Results**

- Administrative (Human Resources) Staff  
The interview with the Human Resources Staff confirmed Terrell RYDC complies with all requirements of the standard.

**Conclusion:**

Applicants for positions with contact with residents are disqualified from employment if they have any convictions for sexual abuse in a prison, jail, secure community placement or juvenile facility; any convictions for engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or in the absence of a conviction, any civil or administrative findings that the applicant engaged in any activity described above. Terrell RYDC asks applicants about the disqualifications for employment via the PREA Employment Questionnaire. These questions are also asked during employee evaluations and promotions. Material omissions or providing false information can lead to termination.

Terrell RYDC does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. All new hires, contractors and employees being considered for promotion undergo a criminal background records check. The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment. Background checks for all employees and contractors are conducted every five years.

Unless prohibited by law or Georgia DJJ Policies, the Department's Office of Human Resources provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom an employee has applied to work.

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

**Standard 115.318: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

## 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.318

(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IV. FF- HH, Page 9 - Upgrades to Facilities and Technology
- Georgia DJJ Policy 8.15, Video Cameras

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Accountability Statements

#### PAQ Assertions

- The facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.
- The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

#### Interviews

- **Agency Head Designee**  
The interview with the Agency Head Designee (Agency PREA Coordinator) revealed the Agency considers the effects of facility design, renovations, modifications and expansion on the Agency's ability to protect residents from sexual abuse.
- **Facility Director**  
The Facility Director confirmed Terrell RYDC was built and first occupied in December of 2016.

#### Observations during onsite review of facility

- The auditor observed the facility was newly constructed and cameras were located throughout the facility.

#### Conclusion:

Terrell RYDC was built in 2016. Georgia DJJ Policy 23.1 states the agency considers the facility's ability to protect residents from sexual abuse when acquiring a new facility. The Agency PREA Coordinator serves on the primary committee for planning purposes.

When the facility updates video monitoring, electronic surveillance, or other monitoring technology, Georgia DJJ Policy 23.1 states the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse. Terrell RYDC has a total of 205 CCTV cameras. Cameras are located throughout the facility and viewed in main control. The interview with the Facility Director corroborated that protecting residents from sexual abuse was considered in the placement of the cameras.

The Facility PREA Compliance Manager is involved in planning and assessing physical structures of the building. Strategic planning team reviews are held every three months. With regards to video monitoring, electronic surveillance, or other monitoring technology, staff supervision is foremost in protecting residents. Cameras augment staff supervision by providing for monitoring and reviewing incidents.

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

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.321

- (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.
- (c) The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
- (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.
- (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
- (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.
- (g) The requirements of paragraphs (a) through (f) of this section shall also apply to:
- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
  - (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.
- (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.



The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section V. A-K, Pages 9-11 - Responsive Planning, Evidence Protocol and Forensic Medical Examinations
- Georgia DJJ Policy 23.2, Sexual Assault, Pages 1-4 - Forensic medical examinations
- Georgia DJJ Policy 22.3, Internal Investigations
- Georgia DJJ Policy, 2.10, Payment of Youth Medical Expenses
  - Section IV. A, Page 2 - Services provided at no cost to resident victims
- Georgia DJJ Policy 8.42, Crime Scene Preservation

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property
- Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding
- Northstar Psychological Services, Inc. - Agreement for Victim Advocacy Services
- Lighthouse Children's Advocacy Center - Agreement for Victim Advocacy Services
- Children and Teenagers Foundations, Inc. - Agreement for Victim Advocacy Services
- Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center - Agreement for Victim Advocacy Services
- Crumbley Counseling Services, LLC - Agreement for Victim Advocacy Services
- Facility Medical and Mental Health Staff Qualifications
- Requirements of a PREA Case
- Georgia Bureau of Investigations (GBI) Evidence Protocol

#### PAQ Assertions

- The facility reported forensic medical exams conducted in the past 12 months was zero (0).
- The facility reported exams performed by SANES/SAFEs in the past 12 months was zero (0).
- The facility reported exams performed by a qualified medical practitioner in the past 12 months was zero (0).

#### Interviews

- PREA Compliance Manager  
The Facility PREA Compliance Manager confirmed a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.
- Random Sample of Staff  
Staff interviewed stated they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff confirmed the DJJ Office of Investigations is responsible for conducting sexual abuse investigations.
- SAFEs/SANES  
The auditor contacted The Lily Pad and Phoebe Putman Memorial Hospital and confirmed the availability of a SANE.
- Residents who Reported a Sexual Abuse

There were no residents who reported sexual abuse present during the on-site audit.

**Conclusion:**

DJJ Office of Investigations PREA Unit conducts administrative and criminal sexual abuse investigations. The Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follows the guidelines of the “National Protocol for Sexual Assault Medical Forensic Examinations”. All residents who experience sexual assault have access to forensic medical examinations at no cost. When SANEs or SAFEs are not available, a qualified medical practitioner will perform forensic medical examinations. DJJ documents efforts to provide SANEs or SAFEs. Terrell RYDC does not conduct forensic medical examinations. Examinations would be performed at Phoebe Putman Memorial Hospital through The Lily Pad.

A qualified victim advocate will provide support to victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention information, and referrals. DJJ maintains contracts with Northstar Psychological Services, Lighthouse Children’s Advocacy Center, Children and Teenagers Foundations, Mary Lou Fraser Foundation for Families - Helen’s Haven Children’s Advocacy Center, and Crumbley Counseling Services. These organizations are available to provide victim advocacy services for all DJJ facilities. If a resident victim of sexual abuse requested a victim advocate from one of the advocacy centers, the juvenile would receive services from the closest center or be transferred to another facility if needed. The DJJ Office of Victim Services also provides advocacy services for resident victims. Lastly, the facility has mental health staff that are qualified to serve as victim advocates.

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

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.322 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.322

(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

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

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

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section V. L&M, Page 11 - Policies to Ensure Referrals of Allegations for Investigations
  - Attachment K - Requirements of a PREA Case
- Georgia DJJ Policy 8.5, Special Incident Reporting
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
- Georgia DJJ Policy 22.3, Internal Investigations
  - Section III. C, Page 3 - Investigations are completed by DJJ Office of Investigations.
  - Section III. N, Page 6 - Investigator training
  - Section III. O.1, Page 6 - All allegations of sexual abuse or harassment are referred for investigation.

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Requirements of a PREA Case (PREA Coding System)

PAQ Assertions

- The facility reported the number allegations of sexual abuse and sexual harassment that were received in the past 12 months was ten (10).
- The facility reported the number allegations resulting in an administrative investigation that were received in the past 12 months was ten (10).
- The facility reported the number allegations referred for criminal investigation in the past 12 months was zero (0).

Interviews

- Agency Head Designee

The Agency Head Designee (Agency PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He stated the process of how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment as described below.

- Investigative Staff

The Investigator confirmed DJJ Office of Investigations, PREA Unit has the legal authority to conduct criminal investigations of allegations of sexual abuse or sexual harassment.

Observation of agency website

- Georgia DJJ Policy 22.3, Internal Investigations is published on the website

**Conclusion:**

All allegations of sexual abuse or sexual harassment are referred for an administrative and/or criminal investigation. The DJJ Office of Investigations, PREA Unit consists of Georgia State certified police officers with the authority to conduct criminal investigations, make arrests, obtain warrants, and refer cases for criminal prosecution. The Georgia Open Records Request Act requires policy regarding referrals for criminal investigations is publicly available upon request.

An administrative or criminal investigation is completed in the following manner: A resident makes an allegation; the staff member receiving the allegation notifies their direct supervisor and completes a Special Incident Report (SIR); the Facility Director notifies the Office of Investigations within two hours; the Investigator in turn instructs the Facility Director how to code the allegation; and at the same time the victim goes to Children’s Healthcare of Atlanta and is examined by a SAFE, SANE, or medical doctor. Victim advocacy services are provided by contracted outside support services, a therapist, a mental health staff member, or by two professionally trained Georgia DJJ victim advocates.

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

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No

- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.331

(a) The agency shall train all employees who may have contact with residents on:

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

(b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

(d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment G
  - Section VI. A&B, Page 11 - Employee training (includes all eleven required topics)
  - Attachment G - PREA Training Series - Modules 1-6

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Prison Rape Elimination Act (PREA) Acknowledgements
- Staff Training Rosters
- Staff Training Certificates

#### Training Curriculum and Materials

- PREA Staff Training Series - Modules 1-6
- PREA Training Matrix
- Staff Gender Responsive Training
- Staff First Responder Cards
- PREA Staff Poster

#### PAQ Assertions

- The facility reported ninety-nine (99) staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above.
- The facility reported the frequency with which employees who may have contact with residents receive refresher training on PREA requirements is every other year, alternating with full training.

#### Interviews

##### Random Staff

Staff interviewed reported receiving PREA training in 2018 and 2019.

#### Conclusion:

Terrell RYDC staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series. A new training curriculum was developed, and all staff were required to complete it in 2018. The six modules of the PREA Training Series cover the eleven required PREA topics for employees who



may have contact with residents. Gender responsive training is designed to provide staff training tailored to the unique needs of and attributes of the gender of the residents at the facility. The facility documents, through electronic verification, that employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate.

Key information is continuously and readily available and/or visible to all staff through posters and PREA compliance discussions, shift briefings, and staff meetings. Agency PREA refresher training is conducted every two years. All full and part-time staff members are required to complete the online refresher training as determined by the Agency PREA Coordinator.

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

## Standard 115.332: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.332

(a) The agency shall ensure 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.

(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment E
  - Section VI. D-G, Pages 11-12 - Volunteer and Contractor Training
  - Attachment E - Staff PREA Acknowledgment
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement and Attachment H
  - Attachment H - Volunteer/Guest Consent and PREA Acknowledgement

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- List of Volunteers
- List of Contractors
- PREA Acknowledgement Statements
- Volunteer/Guest Consent and PREA Acknowledgement

#### PAQ Assertion

The facility reported the number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is eighteen (18).

#### Interviews

- Volunteers or Contractors who have Contact with Residents

The volunteers and contractors interviewed confirmed receiving training about their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They also reported being notified how to report such incidents. The volunteers stated they would report to the Facility Director. The contracted medical staff stated they would report to the Lead Nurse.

#### Conclusion:

Terrell RYDC ensures all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with youth.

All volunteers, interns, and contractors are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. The facility maintains documentation confirming the volunteers, interns, and contractors understand the zero-tolerance policy training they have received.

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

## Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.333 (c)

- Have all residents received such education?  Yes  No

- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
 Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.333

(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

(d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

(e) The agency shall maintain documentation of resident participation in these education sessions.

(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment H
  - Section VI. H-L, Pages 12-13 - Resident Education
  - Attachment H - Youth Acknowledgment Statement
- Georgia DJJ Policy 13.32, Special Education Services
- Georgia DJJ Policy 15.4, Viewing, Listening, and Reading Materials

#### Training Curriculum and Materials

- Youth PREA Curriculum - Phoenix/New Freedom
  - Part 1: Information and Engagement
  - Part 2: Motivation
  - Part 3: PREA Special Issues
  - Part 4: Situational Awareness
  - Part 5: Determination to Act Wisely
  - Part 6: Protective Factors and Asking for Help
- Student Handbook - English and Spanish
- Youth Safety Guide for Secure Facilities - English and Spanish
- Intake Flyer - English and Spanish
- Youth Safety Tips - Handout and Poster
- Posters - English and Spanish
  - Break the Silence, Say no to Sexual Abuse

- Sexual Abuse and Harassment are Never Okay
- Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
- No Means No, Report Sexual Abuse
- Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
- Ombudsman Posters
- Victim Services Posters
- Stop Sexual Exploitation Now Posters
- Commissioner's Orientation Video
- Safeguarding Your Sexual Safety: A PREA Orientation Video - National Institute of Corrections (NIC) 2013
- "End Silence": Youth Speaking Up About Sexual Abuse in Custody Youth Training Booklets
  - *Book 1: Billy Speaks Out* (intended for male youth, ages 14-18)
  - *Book 2: Shelia's Dilemma* (intended for female youth, ages 14-18)
  - *Book 3: Carlo's Question* (focuses on sexual minority youth)
  - *Book 4: Mary's Friend* (intended for female youth, ages 10-13)
  - *Book 5: Charlie's Report* (intended for male youth, ages 10-13)

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Teachers' Special Education Certifications
- PREA Youth Acknowledgement Statements

#### PAQ Assertions

- The facility reported the number of residents admitted in past 12 months who were given information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake is four hundred eighty-three (483).
- The facility reported the number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake is four hundred eighty-three (483).

#### Interviews

- Intake Staff
 

The intake staff confirmed she provides the residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during intake. She stated the residents watch a PREA video and they sign an acknowledgement form.
- Random Sample of Residents
 

Residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. Residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment. All residents interviewed reported they received PREA education.

#### Conclusion:

Terrell RYDC residents are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. This information is provided at intake. The residents receive a PREA intake flyer and watch a PREA video. They sign the PREA Youth Acknowledgement Statement,

confirming they have received PREA education. All residents who were admitted to the Terrell RYDC completed required PREA education during the twelve-month audit period.

Within 10 days of intake, the facility provides 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, and regarding agency policies and procedures for responding to such incidents.

The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Posters, student handbooks, intake flyers, Youth Safety Guides, and other reading materials are readily available in English and Spanish. Special education services are provided by certified special education teachers.

Posters are located throughout the facility. They provide important contact information for the National Sexual Assault Hotline, victim advocate services, ombudsman, civil immigration and consular services, and who to contact to report sexual abuse or harassment.

In addition to the basic PREA education requirements, the residents participate in a six session PREA Curriculum. The curriculum goes beyond simply saying what behavior is not allowed. It is designed to empower residents to make good choices, to take specific action steps, and to address more broadly the range of abuse and victimization so many of them have experienced in their young lives. The goal is for the youth to reduce their vulnerability and to increase positive steps in self-management. DJJ has an extensive PREA education program for short and long-term residents.

Based upon the review and analysis of the available evidence, the auditor has determined the extensive resident PREA education exceeds the requirements of the standard. No corrective action is required.

## Standard 115.334: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.334

(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.



(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VI. L&M, Page 12 - Specialized Training: Investigations
- Georgia DJJ Policy 22.1, Sworn Law Enforcement ID Cards
- Georgia DJJ Policy 22.3, Internal Investigations

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Unit Investigators Training Records
- NIC Training Certificates
- Georgia Bureau of Investigations (GBI) Evidence Protocol Process
- Georgia DJJ Hearings on Sexual Victimization in U.S. Juvenile Correctional Facilities by the Review Panel on Prison Rape

Training

- Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA Staff Training Series - Modules 1-6

PAQ Assertion

The facility reported the number of investigators currently employed who have completed the required training is twenty-six (26). Four (4) investigators are in the PREA Investigations Unit.

Interview

- Investigative Staff

An interview with the PREA Unit Field Supervisor confirmed he has received the required training and is knowledgeable about his duties and responsibilities.

Conclusion:

DJJ Office of Investigations (PREA Unit) investigators receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. Additionally, investigators are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting".

NIC training includes: conducting investigations of sexual abuse in confinement settings, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's office for prosecution. All PREA investigators in the Office of Investigations have completed NIC PREA training. Training is

documented by certificates of completion.

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

## Standard 115.335: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No

- 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?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.335

(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VI. O&P, Page 13 - Specialized Training: Medical and Mental Health Care is documented by certificates of completion.

### Supporting Documentation

- List of Mental Health Care Practitioners
- List of Medical Practitioners
- "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates
- "Medical Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates

### Training

- PREA Modules 1-6
- PREA: Medical Health Care for Sexual Assault in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA: Behavioral Health Care for Sexual Assault in a Confinement Setting - National Institute of Corrections (NIC) 2013

### PAQ Assertions

- The facility reported the number of all medical and mental health care practitioners who work regularly at the facility who received the training required by agency policy is eleven (11).
- The facility reported the percent of all medical and mental health care practitioners who work regularly at the facility who received the training required by agency policy is 100%.

### Interviews

- Medical Staff  
The physician's assistant confirmed no forensic medical examinations are conducted at the Terrell RYDC. He confirmed he has received training on the specialized topics.
- Medical Staff  
The RN interviewed confirmed no forensic medical examinations are conducted at the Terrell RYDC. She confirmed she has received training on the specialized topics.
- Mental Health Staff  
The Social Services Provider II confirmed she has received training on the specialized topics.

### Conclusion:

DJJ Office of Medical Health Care Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. Additionally, medical care staff are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Medical Health Care for Sexual Assault in a Confinement Setting".

Georgia DJJ Office of Behavioral Health Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. Additionally, behavioral health care staff are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Behavioral Health Care for Sexual Assault in a Confinement Setting".

All Terrell RYDC full time, part-time, and contract medical and mental health staff have completed PREA training. Terrell RYDC medical staff do not conduct forensic medical examinations.

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

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- 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  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.341

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

(b) Such assessments shall be conducted using an objective screening instrument.

(c) At a minimum, the agency shall attempt to ascertain information about:

(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.

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

(e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

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

- Section VII. A-L, Pages 13-15 - Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents

- Georgia DJJ Policy 11.1, Medical Intake Screening
- Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination
- Georgia DJJ Policy 12.10, Mental Health Screening
- Georgia DJJ Policy 17.1, Admission and Release
- Georgia DJJ Policy 17.3, Custody and Housing Assessment
- Georgia DJJ Policy 15.6, Access to Mail
- Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
  - Attachment A – Transgender/Intersex Declaration of Preference Statement

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Screening Report User Guide
- PREA Screening Reports
- PREA Screening Reports - Reassessments
- Classification and Housing Assessments – 90 Day Reassessments
- Transgender/Intersex Declaration of Preference Statement Form

#### PAQ Assertion

- The facility reported the number of residents entering the facility within the past 12 months (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility is two hundred seventy-three (273).

#### Interviews

- Agency PREA Coordinator  
The Agency PREA Coordinator confirmed Georgia DJJ policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.
- Facility PREA Compliance Manager  
The PREA Compliance Manager confirmed policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. She stated the information is available on a need-to-know basis.
- Staff Responsible for Risk Screening  
The staff responsible for risk screening confirmed residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs in less than 72 hours of intake. It is usually done within 24 hours. The initial intake screening includes all factors required by the standard. The information is ascertained by asking the residents questions. Resident's risk levels are reassessed every 3 months and after an allegation of sexual abuse or sexual harassment.
- Random Samples of Residents  
Nine (9) of the residents interviewed entered the facility within the past twelve months. They confirmed they were asked questions like the following examples at intake:  
(1) Have you have ever been sexually abused?  
(2) Do you identify with being gay, bisexual or transgender?



- (3) Do you have any disabilities?
- (4) Do you think you might be in danger of sexual abuse at the facility?

**Conclusion:**

The Terrell RYDC completes a PREA Screening Report (PSR) on all residents who enter the facility. The first question the intake officer asks each resident is “Have you been sexually exploited, assaulted, raped, and/or molested within the past 72 hours?” If the resident answers yes, then the staff will immediately follow the protocol for preserving and protecting the evidence, reporting the incident, and obtaining medical, victim advocate and investigative services.

If the resident answers no, the regular intake procedures will proceed to determine the resident’s risk of sexual victimization and abusiveness. DJJ uses a comprehensive risk assessment process. Extensive, individual risk assessments such as medical assessments, mental health assessments, nursing health appraisals, physical examinations, education level and other risk factors are entered into a data base. The data base then populates the required PREA information into a single objective screening instrument, the PREA Screening Report (PSR).

The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offence history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident’s own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The Juvenile Detention Counselor reviews the report and determines the resident’s risk level of sexual victimization or abusiveness. This process enables housing assignments and all other PREA related decisions to be made with all the necessary information needed to make informed decisions.

The Facility PREA Compliance Manager disseminates results of the PREA Screening Report to the facility management team on a need-to-know basis. Staff members working directly with the residents are advised of the status of a resident at risk of victimization or a resident that is at risk of harming others. The facility treatment team members and program and supervising staff continually review a resident’s adjustment within the facility to reduce the risk of sexual abuse by or upon a resident. Ninety day reassessments, throughout a resident’s confinement, are completed using the Classification and Housing Assessment Form.

Based upon the review and analysis of the available evidence, the auditor has determined the inclusive, team-focused approach of assessing residents’ risk for sexual victimization and abusiveness demonstrates DJJ policies, practice, and procedures exceed this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- 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  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to 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  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.342

(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

(b) Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

(d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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

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

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

(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

(1) The basis for the facility's concern for the resident's safety; and

(2) The reason why no alternative means of separation can be arranged.

(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VII. M-P, Pages 15-16 - Placement of Residents in Housing, Bed, Program, Education, and Work and Assignments
- Georgia DJJ Policy 15.11, Request for Services
- Georgia DJJ Policy 16.6, Services in Confinement
  - Attachment A - Confinement Checks Form
- Georgia DJJ Policy 17.3, Custody and Housing Assessment
  - Section IV. A. 1-3, Pages 2-3 - Housing Assessment
  - Section V. A&B. Pages 3-4 - Custody Level Assessment
- Georgia DJJ Policy 18.4, Work Activities for Youth
- Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
  - Attachment A – Transgender/Intersex Declaration of Preference Statement

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### PAQ Assertions

- The facility reported the number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero (0).
- The facility reported the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months was zero (0).
- The facility reported the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months was not applicable.

#### Interviews

- Facility Director  
The Facility Director confirmed the facility does not use isolation.
- PREA Coordinator

The Agency PREA Coordinator confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. He confirmed transgender or intersex residents would be permitted to shower separately.

- PREA Compliance Manager

The PREA Compliance Manager confirmed the PREA Screening Report is used for housing, bed, program, education, work assignments, and for keeping residents safe from sexual abuse. LGBTI residents would be treated no differently than any other residents. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. She confirmed transgender or intersex residents would be permitted to shower separately.

- Staff Responsible for Risk Screening

The staff responsible for risk screening confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or mental health practitioner within 14 days. However, she stated the follow-up meeting usually occurs within one day. She stated the facility uses the risk screening information to make custody and housing. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by-case basis and reassessed at least every six months. She said the reassessment would usually occur closer to two months. She confirmed transgender or intersex residents would be permitted to shower separately.

- Medical and Mental Health Staff

The Medical and Mental Health Staff interviewed confirmed the facility does not use isolation.

- LGBTI Residents

No residents identified as LGBTI during the on-site audit.

**Conclusion:**

Housing, bed, program, education and work assignments are based on the PREA Screening Report. LGBTI residents are not placed in particular housing, bed, program, education and work assignments. Their identification or status is not considered as an indicator of likelihood of being sexually abusive.

Placement and programming assignments for transgender or intersex residents are reassessed at least every six months to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her safety will be given serious consideration. Transgender residents are given the opportunity to shower separately from other residents. The facility reported not having any transgender or intersex residents during the twelve-month audit period.

Isolation is only used as a last resort, if less restrictive measures are inadequate, and only until an alternate means of providing safety can be arranged. The basis and reason for isolation would be documented. While isolated, residents receive educational programming, special education services, daily large-muscle exercise, and daily visits from a medical or mental health care clinician. Continuation of isolation would be assessed weekly and reviewed every 30 days. The Facility Director reported placing no residents at risk of sexual victimization in isolation within the twelve-month audit period.

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

## REPORTING

### Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  
 Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Standard 115.351**

- (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- (b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- (d) The facility shall provide residents with access to tools necessary to make a written report.
- (e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
 Policy



- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII. A-H, Pages 16-18 - Resident Reporting
- Georgia DJJ Policy 8.5, Special Incident Reporting
  - Section III. A-F, Pages 3-7 - Documenting Verbal Reports
- Georgia DJJ Policy 15.2, Grievance Process
  - Section III. C. 1-6, Pages 3-4 – Filing a Formal Grievance
- Georgia DJJ Policy 15.3, Youth Access to Courts and Counsel
- Georgia DJJ Policy 15.5, Youth Visitation
- Georgia DJJ Policy 15.6, Access to Mail
- Georgia DJJ Policy 15.7, Access to Telephone
- Georgia DJJ Policy 15.9, Ombudsman
- Georgia DJJ Policy 17.1, Admission and Release

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Posters with Telephone Numbers and/or Mailing and Email Addresses
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
  - No Means No, Report Sexual Abuse
  - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    - ⇒ 800-656-4673 The National Sexual Assault Hotline
    - ⇒ 866-922-6360 DJJ Office of Victim Services  
3408 Covington Highway, 1<sup>st</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of the Ombudsman  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of Investigations  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-422-4453 The Georgia Department of Family and Children Services Hotline
    - ⇒ 678-904-2880 Georgia Center for Child Advocacy
    - ⇒ 404-346-2300 United States Immigration and Customs Enforcement
    - ⇒ [www.djj.state.ga.us](http://www.djj.state.ga.us) Georgia DJJ Online Intelligence Tip Form
  - Consular and Trade Offices Contact Information
  - Notification of Foreign National in Detention Form

#### PAQ Assertions

- The facility reported staff are required to document verbal reports. The time frame required to document the reports is "immediately".
- The facility reported staff are informed of procedures, to privately report sexual abuse and sexual harassment of residents, through policy and PREA training.

#### Interviews

- PREA Compliance Manager

The PREA Compliance Manager was knowledgeable of the outside entities for reporting and confirmed residents are given a pencil when they wish to write a grievance or help request form. They ask for a pencil or pen while in the dorm and they are available during education.

- **Random Sample of Staff**

Most staff interviewed stated they would privately report sexual abuse and sexual harassment of residents by calling the Sexual Assault Hotline, contacting the DJJ Ombudsman, or using the DJJ tip line. All Staff interviewed confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. Staff named the Sexual Assault Hotline. All staff interviewed confirmed verbal reports would be documented immediately.

- **Random Sample of Residents**

Residents interviewed could name methods to report verbally, by telephone or in person. All residents interviewed confirmed there is someone who does not work at the facility that they could report to about sexual abuse or sexual harassment. All residents identified a family member. Residents interviewed acknowledged they are allowed to make a report without having to give their name and a parent or guardian could make the report for them.

- **Residents who Reported a Sexual Abuse**

No residents who reported a sexual abuse were present during the on-site audit.

#### Observations during onsite review of facility

- Various English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services and legal representation.

#### Conclusion:

DJJ provides residents with numerous, internal and external methods for reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment. Residents can report in writing by completing a help request form or grievance form. Residents can report verbally to a counselor, medical or mental health staff; the Facility Director or Assistant Director, parent or guardian, chaplain, minister, Facility PREA Compliance Manager, or any trusted staff member. All verbal reports are documented by using the Special Incident Reporting (SIR) form. Residents can report by calling or contacting the DJJ Office of Victim Services, the DJJ Office of the Ombudsman, by using the DJJ Online Intelligence Tip Form: "If You See Something, Say Something", and by calling the external National Sexual Abuse Hotline.

Calls to the National Sexual Abuse Hotline are routed through Georgia's sexual assault coalition of rape crisis centers, the Georgia Network to End Sexual Assault (GNESA). GNESA is a coalition of 27 rape crisis centers. If a resident calls the National Sexual Abuse Hotline, the call is routed to the local rape crisis center. If their call is unanswered, the calling system allows a resident's call to be transferred to the next nearest rape crisis center until the call is answered, eventually contacting all 27 statewide centers if needed. It provides an exceptional service for a resident reporting sexual abuse. The advanced calling system ensures a resident's call will be answered.

The DJJ Online Intelligence Tip Form is available on the agency's website. Contact information for the Intelligence Tip Form is included on PREA posters in the facility. The Intelligence Tip Form provides an

avenue for the public, parents, or friends to report sexual abuse in the facility. They can do so as third-parties and provide anonymity if the resident requests to remain anonymous.

Various English and Spanish language posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: National Sexual Assault Hotline, Georgia DJJ Office of Victim Services, United States Immigration and Customs Enforcement, Georgia DJJ Office of Ombudsman, the Georgia Center for Child Advocacy and the Georgia Department of Family and Children Services. In addition to posters, residents are provided reporting information in English and Spanish by way of Student Handbooks, the Youth Safety Guide for Secure Facilities, the PREA Intake Flyer, and the Youth Safety Tips handout.

If a non-English speaking resident is admitted, interpretive services are available from Language Line Solutions, 800-523-1786. A Language Identification Chart is available for residents to point at the language they speak.

There have been no residents detained solely for immigration purposes within the twelve-month audit period.

DJJ has been innovative and resourceful in providing avenues for residents to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment.

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

## Standard 115.352: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from regarding a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes    No    NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.352

(a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

(b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

(c) The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(d)(1) The agency shall 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.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the resident may consider the absence of a response to be a denial at that level.

(e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) 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.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

(f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII., I-M, Page 18 - Exhaustion of Administrative Remedies
- Georgia DJJ Policy 15.2, Grievance Process
  - Section I.-IV., Pages 1-7 - Grievance Process

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Grievance Form

#### PAQ Assertions

- The facility reported the number of grievances that were filed that alleged sexual abuse in the past 12 months was two (2).

- The facility reported the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed in the past 12 months was two (2).
- The facility reported the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days in the past 12 months was zero (0).
- The facility reported, in cases where the agency requested an extension of the 90 day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, zero (0) grievances took longer than a 70 day extension period to resolve.
- The facility reported the number of the grievances alleging sexual abuse filed by residents which the resident declined third-party assistance, containing documentation of the resident's decision to decline in the past 12 months was zero (0).
- The facility reported the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero (0).
- The facility reported the number of the grievances alleging substantial risk of imminent sexual abuse filed that reached final decisions within 5 days in the past 12 months was zero (0).
- The facility reported the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith in the past 12 months was zero (0).

#### Interviews

- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

#### Observations during onsite review of facility

- The auditor observed locked grievance boxes and help request boxes in each of the housing units. Forms were available in English and Spanish

#### Conclusion:

Terrell RYDC uses the grievance process as an administrative procedure to address resident allegations regarding sexual abuse and sexual harassment. Grievances regarding sexual abuse and sexual harassment are not resolved informally. The facility places no time limits on when a resident may submit a grievance for such incidents. Grievances are not referred to a staff member who is the subject of the complaint, but may be submitted to a staff member who is not the subject of the complaint.

Grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of receipt, and assigned for investigation. DJJ shall issue a final ruling within 45 days of the initial filing of a grievance. Extensions may be approved by DJJ Commissioner or designee and residents will be notified in writing. Emergency grievances alleging a resident is subject to imminent sexual abuse require the Facility Director or designee to provide a response within 24 hours and a final decision within 5 days. Residents are disciplined for grievances filed in bad faith.

DJJ permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing grievances and appeals. These same individuals may file a grievance on behalf of a resident. If a resident declines to have a grievance processed on their behalf, the decision is documented. A parent or legal guardian may file a grievance although the resident has declined.



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

## Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making 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  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  
 Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.353

(a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

(b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

(d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII. N-P, Pages 18-19 - Resident Access to Outside Support Services and Legal Representation
  - Attachment F - Consent to Disclose Protected Confidential PREA Related Information
- Georgia DJJ Policy 15.3, Youth Access to Courts and Criminal Counsel
- Georgia DJJ Policy 15.5, Youth Visitation

- Georgia DJJ Policy 15.6, Access to Mail
- Georgia DJJ Policy 15.7, Access to Telephone
- Georgia DJJ Policy 15.9, Ombudsman
- Georgia DJJ Policy 15.11, Requests for Services

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Posters with Telephone Numbers and/or Mailing and Email Addresses
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
  - No Means No, Report Sexual Abuse
  - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
    - ⇒ 800-656-4673 The National Sexual Assault Hotline
    - ⇒ 866-922-6360 DJJ Office of Victim Services  
3408 Covington Highway, 1<sup>st</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of the Ombudsman  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ 855-396-2978 DJJ Office of Investigations  
3408 Covington Highway, 4<sup>th</sup> Floor  
Decatur, Georgia 30032
    - ⇒ Northstar Psychological Services, Inc.  
5755 North Point Parkway, SR 256  
Alpharetta, Georgia 30022  
770-667-3877
    - ⇒ Lighthouse Children's Advocacy Center  
P.O. Box 732  
Americus, Georgia 31709  
229-931-4486
    - ⇒ Children and Teenagers Foundations, Inc.  
4151 Memorial Drive  
Atlanta, Georgia 30032  
404-229-2087
    - ⇒ Mary Lou Fraser Foundation for Families - Helen's Haven Children's Advocacy Center  
203 Mary Lou Drive  
Hinesville, Georgia 31313  
912-369-2326
    - ⇒ Crumbley Counseling Services, LLC  
154 East Railroad Street  
Pelham, Georgia 31779  
229-246-2872
    - ⇒ 855-422-4453 The Georgia Department of Family and Children Services Hotline

- ⇒ 678-904-2880 Georgia Center for Child Advocacy (Fulton and DeKalb Counties)
- ⇒ 404-346-2300 United States Immigration and Customs Enforcement
- ⇒ [www.djj.state.ga.us](http://www.djj.state.ga.us) Georgia DJJ Online Intelligence Tip Form

- Consular and Trade Offices Contact Information
- Consent to Disclose Protected Confidential PREA Related Information
- Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding

#### Interviews

- Facility Director

The Facility Director confirmed the facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls and visits. Counselors can assist the residents with placing a call.

- PREA Compliance Manager

The PREA Compliance Manager confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians through phone calls, and visits. Residents are provided stamps and there are designated, confidential visiting areas.

- Random Sample of Residents

A majority of the residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Many stated counseling services or therapy would be available. Most residents interviewed knew mailing addresses and telephone numbers for these outside services were posted on the walls. Resident interviewed knew calling the sexual assault hotline or other outside services would be a free call. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer or another lawyer privately. Residents interviewed confirmed the facility would allow them to see or talk with their parents or someone else, such as a legal guardian.

Several residents who stated they were unaware of services available outside of the facility for dealing with sexual abuse. The auditor showed the residents the posters with the mailing addresses and telephone numbers. Additionally, the auditor explained to the residents the nature and scope of outside services available for dealing with sexual abuse.

- Residents who Reported a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

#### Observations during onsite review of facility

- Posters with contact information for outside support services

#### Conclusion:

Terrell RYDC provides residents with outside access to victim advocates and immigrant service agencies by providing mailing addresses and telephone numbers. Residents detained solely for civil immigration purposes are provided contact information for United States Customs and Immigration Enforcement. Various posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: Georgia DJJ Office of Victim Services, United States Immigration and Customs Enforcement, Georgia DJJ Office of Ombudsman, the Georgia Center for Child Advocacy, the Georgia Department of Family and Children Services and the National Sexual Assault Hotline. DJJ has an agreement with the Georgia

Network to End Sexual Assault (GNESA). GNESA is a coalition of 27 rape crisis centers. When a resident calls the National Sexual Assault Hotline the calls are routed through GNESA.

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

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians through visitation, mail and telephone. The facility informs residents about the extent to which communication with outside support groups can be monitored and informs the residents about mandatory reporting rules governing privacy and confidentiality.

Completed Corrective Action: Resident interviews revealed several residents were not aware of or were unsure about outside support services. The facility agreed to provide refresher information to the residents regarding these services. The Facility Director facilitated completing this corrective action and provided the auditor an email with sign-in sheets, confirming the residents received the refresher information. A town hall style meeting was held with the youth on April 8, 2019. This corrective action is complete.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding resident access to outside confidential support services and legal representation by providing such a wide range of outside support services. Corrective action has been completed.

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.354

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section VIII. Q&R, Page 19 - The Agency provides for third-party reporting.

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something"
  - Posters with Information for the Online Intelligence Tip Form and Contact Information
  - Sexual Abuse and Harassment are Never Okay
  - Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
  - No Means No, Report Sexual Abuse

#### PAQ Assertion

The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website.

#### Conclusion:

Third-party reporting of sexual abuse and sexual harassment is accessible through the online Intelligence Tip Form, <http://www.djj.state.ga.us/Employees/DjjDrupalTipsFormWeb.aspx>, located on the DJJ website, [www.djj.state.ga.us](http://www.djj.state.ga.us).

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

- Email at [djjombudsman@djj.ga.us](mailto:djjombudsman@djj.ga.us)
- Telephone at 1-855-396-2978
- Mail at 3408 Covington Highway, 1<sup>st</sup> Floor, Decatur, Georgia 30032.
- On-Line Referral Form at [www.djjnewsandviews.org/djjombudsman](http://www.djjnewsandviews.org/djjombudsman)

Based upon the review and analysis of the available evidence, the auditor has determined the agency exceeds this standard regarding third-party reporting. The agency provides numerous methods for

third-party reports of sexual abuse or sexual harassment. Two online reporting systems and reporting by mail, email, or telephone provides the residents, staff, and the public with many reporting options. Third-party reporting information is provided on the agency website and PREA posters located throughout the facility. No corrective action is required.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If 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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.361

(a) The agency shall 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; 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.

(b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

(c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

(d)(1) Medical and mental health practitioners shall be 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.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

(e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

(f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX, A-C, Pages 19-20 - Official Response Following a Youth Report: Staff and Agency Protection Duties
- Georgia DJJ Policy 8.5, Special Incident Reporting

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Georgia Child Protective Services Mandated Reporter Form
- Serious Incident Report (SIR) Form

#### Interviews

- Facility Director
  - The Facility Director stated he would report allegations of sexual abuse to the Office of Investigations PREA Unit Supervisor and the Regional Administrator. If the victim is under the

guardianship of the Department of Family and Children Services, he stated the general counsel would report the allegation to DFACS. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted by the same process. Lastly, he confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to DJJ Office of Investigations PREA Unit. If the allegation is made by grievance, it is reported to the DJJ Ombudsman.

- PREA Compliance Manager

The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse she reports the allegation to the Director. The Director then reports the DJJ Office of Investigations PREA Unit. If the victim is under the guardianship of the Department of Family and Children Services, she stated the allegation would be reported to DFACS through the DJJ legal department. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record.

- Random Sample of Staff

All staff interviewed confirmed they are mandated by Georgia law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor.

- Medical and Mental Health Staff

Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They all confirmed they are mandated by Georgia law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor.

#### Conclusion:

Terrell RYDC requires all staff, volunteers, interns, or contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Allegations are documented by using the Special Incident Report (SIR).

Medical and mental health staff are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Upon receiving an allegation of sexual abuse or sexual harassment, including third-party and anonymous reports, the Facility Director or designee will promptly report the allegation to the DJJ Office of Investigators. The Facility Director will also report the allegation to the alleged victims' parents or legal guardians; unless the facility has official documentation showing the parents or legal guardians should not be notified. If a resident is under the guardianship of the Department of Children and Family Services, the report shall be made to the alleged victims' case worker. If a juvenile court retains jurisdiction over the alleged victim, the Facility Director or designee shall report the allegation to the resident's attorney of record within 14 days of receiving the allegation.

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

## Standard 115.362: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.362

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. D-E, Page 20 - Official Response Following a Youth Report: Agency Protection Duties

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### PAQ Assertions

- The facility reported the number the number of times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse in the past 12 months was zero (0).
- The facility reported, in the past 12 months, the amount of time passed before taking action, on average was not applicable.
- The facility reported, in the past 12 months, the longest time passed before taking action was not applicable.

#### Interviews

- **Agency Head Designee (Agency PREA Coordinator)**  
The Agency PREA Coordinator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. Staff would be put on “No Contact Status” and housing changes or transfers may be required.
- **Facility Director**  
The Facility Director confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating the youth, placing the youth on one-on-one supervision, and formulating a plan with the Office of Investigation PREA Field Supervisor. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.
- **Random Sample of Staff**  
Staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor, close observation, protecting the youth in the safety room next to the staff desk, reporting to their supervisor, and calling for assistance.

#### Conclusion:

Terrell RYDC immediately reports any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Staff take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other residents or staff. The facility employs multiple protection measures, including custody and housing changes, special management plans, "no contact status", or transfers for resident victims or abusers.

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

## **Standard 115.363: Reporting to other confinement facilities**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.363

(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The agency shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. F, Page 20 - Official Response Following a Youth Report: Reporting to Other Confinement Facilities

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### PAQ Assertions

- The facility reported the number of allegations the facility received that a resident was abused while confined at another facility in the past 12 months was zero (0).
- The facility reported the number of allegations of sexual abuse the facility received from other facilities in the past 12 months was zero (0).

#### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator stated DJJ Office of Investigations is the designated point of contact if another facility within DJJ refers allegations of sexual abuse or sexual harassment that occurred in a Georgia DJJ facility.
- Facility Director  
The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to DJJ Office of Investigations. The Director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of another facility or agency reporting such allegations within the twelve-month audit period.

#### Conclusion:

Georgia DJJ policy requires that upon receiving an allegation that a resident has been sexually abused or sexually harassed while confined at another facility, the Facility Director will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the DJJ Office of Investigations. The facility will document that it has provided the required notification.

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

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.364

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M
  - Section IX. G-I, Pages 20-21 - Official Response Following a Youth Report: First Responder Duties
  - Attachment M - Sexual Abuse Coordinated Team Response
- Georgia DJJ Policy 23.2, Sexual Assault

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Accountability Statement
- Facility Coordinated Response to a Sexual Assault Incident
- Staff First Responder Cards

PAQ Assertions:

- The facility reported the number of allegations that a resident was sexually abused in the past 12 months was ten (10).
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero (0).
- Of these allegations, the number of times the first security staff member to respond to the report:
  - Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero (0).
  - Requested 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 was zero (0).



- Ensured 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 was zero (0).
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was two (2).
- Of those allegations responded to first by a non-security staff member, the number of times that staff member:
  - (1) Requested that the alleged victim not take any actions that could destroy physical evidence was zero (0).
  - (2) Notified security staff was zero (0).

#### Interviews

- Security Staff First Responders  
An interview with a security staff first responder confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse.
- Non-Security Staff First Responders  
An interview with a non-security staff first responder confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse.
- Random Sample of Staff  
Staff interviewed had a good knowledge of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Staff interviewed stated they would report the alleged sexual abuse to their supervisor. Interviews revealed staff would not share sensitive information with other staff and residents.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

#### Conclusion:

DJJ has a staff first responder policy for allegations of sexual abuse. Staff members receiving sexual abuse information will immediately refer the resident to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation.

Upon learning of an allegation that a resident has been sexually abused, the first direct care staff member to respond to the report shall be required to: separate the alleged victim and abuser and immediately refer the youth to the medical services staff for initial evaluation of the need for an outside medical referral for further testing and evaluation; obtain basic information such as where the incident occurred and who may be involved, but will not ask other questions; preserve and protect any crime scene, if applicable, until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

If the first staff responder is a non-direct care staff member, he or she is required to ensure the victim is safe and request the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff.

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

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.365

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

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M
  - Section IX. J-N, Pages 21-22 - Official Response Following a Youth Report: Coordinated Response
  - Attachment M - Sexual Abuse Coordinated Team Response
- Georgia DJJ Policy 23.2, Sexual Assault

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Terrell RYDC Sexual Abuse Coordinated Team Response
- Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart
- DJJ & State of Georgia SART (Incarcerated Victim) Draft

Interview

- Facility Director

The Facility Director confirmed Terrell RYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Conclusion:

The Terrell RYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

The Facility Director or designee must immediately contact the Office of Investigations PREA Unit Supervisor for PREA coding confirmation and assignment of an investigator. The Agency PREA Coordinator, Director of Investigations, and Director of Victim Services will immediately receive Special Incident SQL alerts upon entering the PREA codes into the Special Incident database. The Director of Victim Services will review the incident and make a determination regarding the immediate and critical need for additional services.

Medical and mental health staff maintain secondary materials documenting the timeliness of the emergency medical treatment and crisis intervention services that are provided, the appropriate response by non-health staff in the event medical staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. When medical examines a youth for sexual abuse, youth will be given the youth victim services information card prepared by the Office of Victim Services.

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

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

## 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.366

(a) 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 of whether and to what extent discipline is warranted.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. O, Page 22 - Official Response Following a Youth Report: Preservation to Ability to Protect Residents from Contact with Abusers

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### Interview

- Agency Head Designee (Agency PREA Coordinator)  
The PREA Coordinator confirmed DJJ does not participate in collective bargaining agreements.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. DJJ does not participate in collective bargaining agreements. No corrective action is required.

## **Standard 115.367: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.367 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### **115.367 (b)**

- Does the agency employ multiple protection measures 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  No

#### **115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.367

(a) The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

(b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) In the case of residents, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment L
  - Section IX. P, Page 22 - Official Response Following a Youth Report: Agency Protection Against Retaliation

#### Secondary Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Retaliation Monitoring Sheet

#### PAQ Assertions

- The agency has designated the facility PREA Compliance Manager with monitoring for possible retaliation.
- The facility reports it monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for 90 days.

- The facility reported the number of times an incident of retaliation occurred in the past 12 months was zero (0).

#### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator stated housing changes or transfers as some examples of measures to protect residents or staff who report retaliation.
- Facility Director  
The Facility Director stated assigning staff to another unit and separating youth by and programming as examples of measures to protect residents or staff who report retaliation. If retaliation is suspected the Office of Investigation PREA Field Supervisor would be notified.
- Designated Staff Member Charged with Monitoring for Retaliation  
The PREA Compliance Manager is charged with monitoring for retaliation. She stated some of the measures she would take to protect residents and staff from retaliation are no contact status for staff, housing changes, and placing staff on administrative leave. She stated some of the things she would look for in detecting possible retaliation are residents trading food, bullying, residents isolating themselves from others, and assaultive behavior. She confirmed she would monitor the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse for 90 days or until the retaliation ends or a youth is released.
- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)  
The facility does not use isolation.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

#### Conclusion:

Georgia DJJ policy requires Facility Directors, Facility PREA Compliance Managers, and other supervisors to take immediate actions to ensure residents alleging sexual abuse or sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident reports alleged sexual abuse or sexual harassment, staff must complete the PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the resident's adjustments in the facility and document their findings. The auditor reviewed retaliation monitoring sheets for two residents. The residents reported no retaliation and stated they felt safe in the facility.

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

## **Standard 115.368: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.368 (a)**



- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.368

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section IX. Q, Page 22
- Georgia DJJ Policy 8.5, Special Incidents Reporting
- Georgia DJJ Policy 8.7, Protective Custody
- Georgia DJJ Policy 8.8, Use of Isolation
- Georgia DJJ Policy 23.2, Sexual Assault

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### PAQ Assertions

- The facility reported the number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero (0).

#### Interview

- Facility Director

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

#### Conclusion:

The Terrell RYDC does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse. A new Custody and Housing Assessment will be completed after an alleged victim returns from emergency medical treatment. The Facility Director or designee, in consultation with the Designated Health Authority, will make a final decision regarding housing placement for the alleged victim. The safety, security, and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator.

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

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was

committed by a juvenile resident and applicable law requires a shorter period of retention?

Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?

Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside 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  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.371

(a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged

victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

(e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall 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.

(g) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

(i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

(j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

(k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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

(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section V. A, Page 9 - Office of Investigations
  - Section X. A-E, Page 22-23 - Investigations: Criminal and Administrative Agency Investigations
- Georgia DJJ Policy 8.5, Special Incident Reporting
- Georgia DJJ Policy 22.1, Sworn Law Enforcement Identification Cards

- Georgia DJJ Policy 22.3, Internal Investigations

#### Training

- Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
- PREA Modules 1-6

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- PREA Unit Investigators Training Records
- NIC Training Certificates
- Georgia Bureau of Investigations (GBI) Evidence Protocol Process
- Georgia DJJ Hearings on Sexual Victimization in U.S. Juvenile Correctional Facilities by the Review Panel on Prison Rape
- Serious Incident Report (SIR) Form
- Chain of Custody Form
- Report of Investigation Form

#### PAQ Assertion

- The facility reported the number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero (0).

#### Interviews

- Facility Director  
The Facility Director confirmed the Office of Investigations PREA Unit Supervisor would be the liaison if an outside agency were to investigate an allegation.
- PREA Coordinator  
The PREA Coordinator confirmed the Office of Investigations PREA Unit Supervisor would be the liaison if an outside agency were to investigate an allegation.
- PREA Compliance Manager  
The PREA Compliance Manager confirmed the Office of Investigations PREA Unit Supervisor would be the liaison if an outside agency were to investigate an allegation.
- Investigative Staff  
The PREA Investigator confirmed that he has received training through the NIC. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted.
- Residents who reported a Sexual a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

#### Conclusion:

DJJ Office of Investigations conducts administrative and criminal investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The Office of Investigations has authority as sworn officials to investigate all allegations of criminal violations occurring at Georgia DJJ facilities. The Office of

Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies such as the GBI, and local law enforcement as needed.

All Georgia DJJ PREA investigators have received specialized training including: 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 prosecution referral. They are required to complete NIC online training.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses and review any prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigations are not terminated solely because the source of the allegation recants the allegation.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. DJJ doesn't 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.

All PREA related investigations must be completed within 30 calendar days from case assignment unless the investigation is handled by outside agencies or as approved by the Director of the PREA Investigations Unit. The investigator will produce a final investigative report. The report will determine whether staff actions or failure to act contributed to the abuse and include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the investigative facts and findings.

DJJ retains all written investigations and Special Incident Reports (SIR) as long as the alleged abuser is incarcerated or employed plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

When outside agencies investigate sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The Director of the PREA Investigations Unit is the official liaison with all outside law enforcement agencies.

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

## **Standard 115.372: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.372 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.372

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section X. F, Page 23 - Investigations: Evidentiary Standards for Administrative Investigations

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### Interview

- Investigative Staff
  - The interview with the PREA investigator confirmed this policy.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding an evidentiary standard for administrative investigations. DJJ Office of Investigations imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. No corrective action is required.

## Standard 115.373: Reporting to residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.373 (a)



- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.373

- (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.
- (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
- (1) The staff member is no longer posted within the resident's unit;
  - (2) The staff member is no longer employed at the facility;
  - (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  - (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- (d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (e) All such notifications or attempted notifications shall be documented.
- (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.
- 

The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment I
  - Section X. H, Page 23 - Investigations: Reporting to Residents
  - Attachment I - Resident Notification of Investigative Outcome

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Report of Investigation (ROI)
- Resident Notification of Investigative Outcome

PAQ Assertions

- The facility reported the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months was ten (10).
- Of the investigations that were completed of alleged sexual abuse in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation is nine (9).
- The facility reported the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero (0).
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation is not applicable.
- The facility reported the number of notifications to residents that were made pursuant to this standard in the past 12 months was zero (0).
- Of those notifications made in the past 12 months, the number that were documented is not applicable.

Interviews

- Facility Director

The Facility Director confirmed the Office of Investigation PREA Unit notifies a resident who makes an allegation of sexual abuse through the DJJ Victim Services. The resident is notified that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Investigative Staff

The PREA Investigator confirmed that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Residents who Reported a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

Following an investigation, the DJJ Office of Victims Services informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded. The Office of Investigations provides the required case information to the Office of Victim Services as soon as possible, but no later than five (5) calendar days upon completion of the Report of Investigation (ROI). If the Office of Investigations did not conduct the investigation, the Office of Investigations will request relevant information from the investigative agency and provide the required information to the Office of Victims Services as soon as possible, but no later than five (5) calendar days upon receipt of the information from the investigative agency. The Office of Victim Services informs residents no later than (5) calendar days upon receipt of the information from the investigative agency.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Office of Victim Services subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The Agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that she has been sexually abused by another resident, the Office of Victim Services subsequently informs the alleged victim whenever:

- (1) The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Office of Victim Services documents all notifications or attempted notifications in the Juvenile Tracking System (JTS). If the resident is released from the Terrell RYDC, the Office of Victim Services' obligation to report will terminate. Both residents who alleged sexual abuse were released prior to the conclusion of the investigations. The auditor reviewed nine (9) Resident Notifications of Investigative Outcome for allegations of sexual abuse and sexual harassment.

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

## DISCIPLINE

## Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.376

(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

(c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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.

(d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XI. A-D, Pages 23-24 - Discipline: Disciplinary Sanctions for Staff
- Georgia DJJ Policy 3.80, Employee Progressive Discipline

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### PAQ Assertions

- The facility reported the number of staff from the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).

#### Conclusion:

Staff are subject to disciplinary sanctions up to termination and criminal prosecution for violating Georgia DJJ sexual abuse and sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of acts committed, a staff member's disciplinary history, and the sanctions imposed for comparable offenses

by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would be terminated if not for their resignation, are reported to the appropriate law enforcement agency and to any relevant licensing bodies unless the activity was clearly not criminal.

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

## Standard 115.377: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.377

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XI. E&F, Page 24 - Discipline: Corrective Action for Contractors and Volunteers
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
  - Section III. H, Page 9 - Termination of Volunteer Services

#### Supporting Documentation:

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

#### Interview

- Facility Director  
The interview with the Facility Director confirmed that any volunteer or contractor who engages in sexual abuse would be placed on no contact status pending an investigation.

#### PAQ Assertion

- The facility reported the number of contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months was zero (0).

#### Conclusion:

Georgia DJJ policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Terrell RYDC takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.378

(a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

(b) Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

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

(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions

as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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

(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section I., Page 1 - Zero-tolerance policy
  - Section XI. G-I, Page 24 - Discipline: Interventions and Disciplinary Sanctions for Residents
- Georgia DJJ Policy 16.4, Pre-Hearing Confinement
- Georgia DJJ Policy 16.5, Disciplinary Reports and Hearings and Attachment B
  - Attachment B – Behavioral Infractions Grid

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Behavioral Infractions Grid
- Resident Disciplinary Report Form

#### PAQ Assertions

- The facility reported the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility in the past 12 months was zero (0).
- The facility reported the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse who were denied access to other programs and work opportunities in the past 12 months was zero (0).

#### Interviews

- Facility Director  
The Facility Director confirmed sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. A resident's mental disability or mental illness is

considered in determining appropriate disciplinary sanctions. Isolation is not used as a disciplinary sanction for resident-on-resident sexual abuse.

- **Medical and Mental Health Staff**

The Social Service Provider II confirmed that counseling would be available for residents who have been determined to have committed resident-on-resident sexual abuse to trauma therapy. She confirmed if a resident refuses to participate in counseling they would not be denied access to education and other programming.

**Conclusion:**

Terrell RYDC residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions are 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. Also, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility would offer the offending resident participation in such interventions. The agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. The agency will discipline a resident for sexual contact with staff only upon finding the staff member did not consent to such contact. Isolation is not used as a disciplinary measure for resident-on-resident sexual abuse.

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.

DJJ has a zero-tolerance policy toward all sexual activity between residents and may discipline residents for such activity. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

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

## **MEDICAL AND MENTAL CARE**

### **Standard 115.381: Medical and mental health screenings; history of sexual abuse**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.381

(a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

(d) Medical and mental health practitioners shall 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.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment F
  - Section XII. A-C, Pages 23-24 - Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse
  - Attachment F - Consent to Disclose Protected & Confidential PREA Related Information
- Georgia DJJ Policy 11.1, Medical Intake Screening
- Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination
- Georgia DJJ Policy 12.10, Mental Health Screening
- Georgia DJJ Policy 22.3, Internal Investigations
  - Section III. O, Pages 6-7

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- SIR Codes Guide - B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening)
- Consent to Disclose Protected and Confidential PREA Related Information
- Georgia DJJ Office of Victim Services Card
- Prior Victimization Assessments

#### PAQ Assertions

- The facility reported the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner in the past 12 months was six (6).
- The facility reported the percent of residents who disclosed previously perpetrated sexual abuse, as indicated during screening who were offered a follow up meeting with a mental health practitioner in the past 12 months was zero (0).

#### Interviews

- **Staff Responsible for Risk Screening**

The staff responsible for risk screening confirmed if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or medical health practitioner within 14 days. She elaborated that the meeting would occur immediately.

- **Medical and Mental Health Staff**

The interviews with the Medical and Mental Health Staff confirmed youth over the age of 18 are required to give informed consent before reporting prior victimization that did not occur in an institutional setting.

- **Residents who Disclose Sexual Victimization at Risk Screening**

Two (2) residents who disclosed sexual victimization during risk screening were present during the on-site audit. One resident confirmed she was offered a follow-up meeting with a mental health practitioner the next day. The other resident confirmed she was offered a follow-up meeting with a mental health practitioner within 2 weeks.

**Conclusion:**

When a resident discloses prior sexual victimization during the intake screening, the resident is referred for medical and/or mental health services within 72 hours of the screening. If the screening indicates a resident has previously perpetrated sexual abuse, the resident is offered a follow-up meeting with mental health services within 14 days of the intake screening. Interviews with a resident who reported prior sexual victimization and medical and mental health care staff confirmed the follow-up meeting would be offered well before 14 days.

Medical and mental health practitioners obtain informed consent from youth before reporting information about prior sexual victimization what did not occur in a facility setting, unless the youth is under the age of 18.

The information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Georgia DJJ policy and all other federal, state, and local laws.

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

## **Standard 115.382: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.382

(a) Resident victims of sexual abuse shall 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.



(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

(c) Resident victims of sexual abuse while incarcerated shall be 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.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XII. D, Page 25 - Medical and Mental Care: Access to Emergency Medical and Mental Health Services
- Georgia DJJ Policy 2.10, Payment of Youth Medical Expenses

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Agreements for Victim Advocacy and Outside Support Services
- Sexual Abuse Coordinated Team Response
- Facility Coordinated Response to a Sexual Assault Incident

#### Interviews

- Medical and Mental Health Staff  
The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of emergency medical and mental health services is determined according to their professional judgment and based on professional guidelines and Georgia DJJ policy. The medical staff confirmed victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.
- Security Staff and Non-Security Staff First Responders  
Interviews with staff first responders confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse, including immediate notification of appropriate medical and mental health practitioners.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

#### Conclusion:

The Facility Director ensures resident victims of sexual abuse while incarcerated shall be 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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

If there is an allegation of sexual assault within a 72 hour time frame, the resident will be taken to the emergency room for a forensic examination and STD testing. Treatment services are provided to victims at no financial cost. DJJ would be responsible for payment of medical and treatment expenses.

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

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

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.383

(a) The facility shall 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.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

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

(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) The facility shall 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.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XII. E-G, Page 25 - Medical and Mental Care: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- Georgia DJJ Policy 22.3, Sexual Assault

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Facility Medical and Mental Health Staff Qualifications
- Re: The Emergency Medical Treatment and Labor Act (EMTALA)

#### Interviews

- Medical and Mental Health Staff  
Medical and Mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. All staff interviewed confirmed medical and mental health services are consistent with community level of care. The medical staff interviewed confirmed victims are given timely information and access to all lawful pregnancy-related services if pregnancy results from sexual abuse while incarcerated. The Social Services Provider II interviewed confirmed mental health evaluations of all known resident-on-resident abusers would be completed as soon as possible and treatment is offered at a Youth Development Centers.
- Residents who Reported a Sexual Abuse  
No residents who reported a sexual abuse were present during the on-site audit.

#### Conclusion:

Terrell RYDC offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse, whether inside or outside the facility. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The evaluation and treatment of victims of sexual abuse shall include, as appropriate, follow-up

services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. This was corroborated through interviews and review of policy and procedures.

Female victims of sexual abuse while confined in a secure facility are 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. The facility will provide the required services or the services will be provided by Phoebe Putney Memorial Hospital.

The Facility conducts a mental health evaluation of all known youth-on youth abusers within 72 hours of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

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

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.386

(a) The facility shall 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.

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments J&M
  - Section XIII. A, Pages 25-26 - Sexual Abuse Incident Reviews
  - Attachment J - Sexual Abuse Incident Review Team Meeting Minutes
  - Attachment M - Sexual Abuse Coordinated Team Response

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Sexual Abuse Incident Review Team Meeting Minutes Form

#### PAQ Assertions

- The facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility; excluding only unfounded incidents in the past 12 months was one (1).
- The facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents in the past 12 months was zero (0).

#### Interviews

- Facility Director

The Facility Director confirmed the Terrell RYDC has a sexual abuse incident review team. The team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The team uses the information from the sexual abuse incident review to ensure residents are protected, address any blind spots, and consider more training. She confirmed the team considers motivating factors, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in that area during different shifts, and assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.

- **Facility PREA Compliance Manager**  
The PREA Compliance Manager revealed she is a member of the PREA Incident Review Team. She confirmed the facility reports its findings using the Sexual Abuse Incident Review Team Meeting Minutes form. The report includes any recommendations for improvement.
- **Incident Review Team**  
The Facility Director confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area are assessed for different shifts. She confirmed the PREA Incident Review Team assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.

#### Conclusion:

Terrell RYDC conducts sexual abuse incident reviews after the conclusion of every investigation of a sexual abuse incident, unless the incident is unfounded. The PREA Incident Review Team includes upper-level facility management staff, with input from line supervisors, investigators, and medical and mental health practitioners. The PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The facility implements the recommendations for improvement or shall document its reasons for not doing so.

The review team considers the following: (1) whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse; (2) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) whether physical barriers in the area may enable abuse; (4) protective measures taken following a sexual abuse incident; (5) the adequacy of staffing levels in the area during different shifts; (6) whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff; (7) was the incident immediately reported to supervisors and the Facility Director; and (8) was the proper documentation completed for the incident.

Terrell RYDC had one (1) unsubstantiated administrative investigation of an allegation of youth-on-youth abusive sexual contact within the twelve-month audit period. The facility did not have a sexual abuse incident review team meeting. This was addressed through corrective action.

Completed Corrective Action: During the 12 month audit period, there was one (1) unsubstantiated allegation of youth-on-youth abusive sexual contact. The investigation was completed June 8, 2018. The



facility agreed to complete the review using the correct form and emailed it to the auditor April 8, 2019 for verification. This corrective action is complete.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. Corrective action is complete.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

#### Standard 115.387

- (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The agency shall aggregate the incident-based sexual abuse data at least annually.
- (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.
- (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

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The auditor gathered, analyzed and retained the following evidence related to this standard:  
Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment K
  - Section XIII. B, Page 26 - Data Collection
  - Attachment K -Requirements of a PREA Case
- Georgia DJJ Policy 8.5 - Special Incident Reporting

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Requirements of a PREA Case
- PREA COMSTAT Allegations Report
- Georgia DJJ 2016 Annual PREA Report
- Georgia DJJ 2017 Annual PREA Report
- 2016 Survey of Sexual Victimization, State Juvenile Systems Summary Form
- 2017 Survey of Sexual Victimization, State Juvenile Systems Summary Form

Conclusion:

DJJ collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the Special Incident Report (SIR). The agency completes a PREA Report and the Survey of Sexual Victimization, State Juvenile Systems Summary Form annually, as required by the U.S. Department of Justice. The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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

## Standard 115.388: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Standard 115.388

(a) The agency shall 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:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report shall be 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.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XIII. B. 2&3, Pages 24-25, Data Review for Corrective Action

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

- Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form
- Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form
- Georgia DJJ 2016 Annual PREA Report
- Georgia DJJ 2017 Annual PREA Report

#### Interviews

- Agency Head Designee (Agency PREA Coordinator)  
The Agency PREA Coordinator confirmed the Commissioner approves the Annual PREA Report and the Agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions. All identifying information is redacted from the report.
- PREA Compliance Manager  
The PREA Compliance Manager confirmed the facility reports incidents of sexual abuse and sexual harassment to be included in the data the agency collects and aggregates in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

#### Conclusion:

The DJJ Agency PREA Coordinator reviews, analyzes, and uses all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices and training. The Annual PREA Report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report is approved by the Commissioner and linked to the DJJ website to provide PREA information to the public.

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

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.389

(a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

(b) The agency shall 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.

(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

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

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The auditor gathered, analyzed and retained the following evidence related to this standard:

#### Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
  - Section XIII. B. 4&5, Pages 26-27, Data Storage, Publication and Destruction

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC

- Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form
- Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form
- Georgia DJJ 2016 Annual PREA Report
- Georgia DJJ 2017 Annual PREA Report

**Interview**

- Agency PREA Coordinator  
The Agency PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. He confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data.

**Conclusion:**

DJJ securely retains sexual abuse data for 10 years after the date of initial collection. Additionally, the agency maintains all data on all staff, contractors, volunteers, and/or interns who have sexually abused or sexually harassed a resident for an additional five years after they no longer work or are involved with the agency. The Agency PREA Coordinator submits an Annual PREA Report for publication on the Agency’s website. All personal identifiers are redacted.

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

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

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

**115.401 (b)**

- Is this the first year of the current audit cycle? *(Note: a "no" response does not impact overall compliance with this standard.)*  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? *(N/A if this is not the second year of the current audit cycle.)*  Yes  No  NA

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

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.401

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.



(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

(e) The agency shall bear the burden of demonstrating compliance with the standards.

(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

(l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watch tour) that may be relevant to the provisions being audited.

(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Interviews
- Research
- Policy Review
- Document Review

- Observations during onsite review of facility

**Conclusion:**

During the three-year period starting on August 20, 2013, and the current audit cycle, Georgia DJJ ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited. Terrell RYDC is a new facility. The current PREA audit is the first for the facility.

The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

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

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Standard 115.403

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

(e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

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The auditor gathered, analyzed and retained the following evidence related to this standard:

- PREA Audit: Pre-Audit Questionnaire for Terrell RYDC
- Policy Review
- Documentation Review
- Interviews
- Observations during onsite review of facility

#### Conclusion:

All Georgia DJJ PREA Audit Reports are published on the agency's website at:

<https://djj.georgia.gov/prea-reports>.

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



## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham

July 30, 2019

**Auditor Signature**

**Date**

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

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.