

PREA Facility Audit Report: Final

Name of Facility: Macon Regional Youth Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/15/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 01/15/2026

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	12/03/2025
End Date of On-Site Audit:	12/04/2025

FACILITY INFORMATION	
Facility name:	Macon Regional Youth Detention Center
Facility physical address:	4164 Riggins Mill Road, Macon, Georgia - 31217
Facility mailing address:	

Primary Contact

Name:	Zachery Brown
Email Address:	zacherybrown@djj.state.ga.us
Telephone Number:	404-947-9915

Superintendent/Director/Administrator	
Name:	Zachery Brown
Email Address:	zacherybrown@djj.state.ga.us
Telephone Number:	404-947-9915

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

Facility Health Service Administrator On-Site	
Name:	Maya Bivins
Email Address:	maya.bivins@djj.state.ga.us
Telephone Number:	404-947-9981

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	72
Average daily population for the past 12 months:	56
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	11-19
Facility security levels/resident custody levels:	All
Number of staff currently employed at the facility who may have contact with residents:	70
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	17
Number of volunteers who have contact with residents, currently authorized to enter the facility:	9

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

Name:	Jennifer Walls	Email Address:	jenniferwalls@djj.state.ga.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

6

- 115.331 - Employee training
- 115.333 - Resident education
- 115.351 - Resident reporting
- 115.354 - Third-party reporting
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.386 - Sexual abuse incident reviews

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-03
2. End date of the onsite portion of the audit:	2025-12-04

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	56
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	52
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>70</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>9</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	17
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed youth from each of the housing units. I also interviewed a resident who had transferred into Macon RYDC from other areas of the State.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System and interviewed the medical, educational, and mental health staff, the Facility Director, and the Facility PREA Compliance Manager. During my tour, I also asked both the staff and the youth whether any youth were low-vision or wore glasses. I observed the residents in the classroom, during meals, and during interviews.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System and interviewed the medical, educational, and mental health staff, the Facility Director, and the Facility PREA Compliance Manager. During my tour, I also asked staff if they were aware of any youth who were hard of hearing. I observed the residents in the classroom, during meals, and during interviews.</p>

<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System and interviewed the medical, educational, and mental health staff, the Facility Director, and the Facility PREA Compliance Manager. During my tour, I also asked staff if they were aware of any youth who were any youth that didn't speak English.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System and interviewed the medical, educational, and mental health staff, the Facility Director, and the Facility PREA Compliance Manager. During my tour, I also asked the staff if they were aware of any youth who were aware of any transgender or intersex youth.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System and interviewed the medical, educational, and mental health staff, the Facility Director, and the Facility PREA Compliance Manager. I also review all allegations of sexual abuse to determine if any youth were at the center.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System and interviewed the medical, educational, and mental health staff, the Facility Director, and the Facility PREA Compliance Manager. During my tour, I also asked the staff who conduct the screening instrument if they were aware of any youth who indicated they had disclosed prior sexual victimization during the intake screening.</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the PAQ and the Juvenile Tracking System, and I interviewed the medical staff, the Facility Director, and the Facility PREA Compliance Manager. During the tour, there were no residents secured in their rooms. The center does not have a segregation unit.</p>

<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
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63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The center, located in Macon, Georgia, is a Regional Juvenile Detention Center. At the time of the audit, it was housing male youth. The female youth was placed in a cottage at the Macon Youth Development Center, a female youth development center located in close proximity to the Macon Regional Detention Center. The center has four dormitories. The housing unit has a PREA board that includes information in English and Spanish for the Victim Advocate program, as well as PREA-specific posters providing general information on sexually safe facilities. It also included internal and external reporting telephone numbers that were accessible to the auditor during the tour. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment. Medical Request Forms, PREA/grievance forms, and the corresponding locked boxes are posted in the communal area and are accessible to all residents, staff, and visitors. All residents have access to the writing utensils needed for completing the forms. During the comprehensive facility tour, signs were also posted with general PREA information and contact numbers for reporting sexual abuse or sexual harassment. Also presented were the phone number and address for the Child Abuse/Neglect hotline and the Crescent House victim advocacy center.

Other posters included Grievance Process, No Means No, Rules, How to Report, and Notification of PREA audit information. The auditor spoke with the youth for several minutes about the center, access to services, and feelings of safety. Residents were observed interacting with staff and under staff direct supervision during dinnertime and leisure activities.

The Auditor conducted a comprehensive facility tour of the administrative area, education building, dormitories, intake area, medical/mental health department, and food services.

Cameras were noted in all areas, including corridors except the bathrooms, showers, and medical examination rooms. A clear, direct line of sight was observed throughout, and doors marked "No Youth Access" were controlled with restricted key access and had camera views at the area entrance doors; no residents are allowed in the administrative, laundry, or kitchen areas. The auditor had informal conversations with the control room officer and discussed the various camera views, camera functionality, and how determinations are made regarding facility and internal area entry at different access points.

The auditor tested the phones in two dormitories and confirmed they were live and working.

The auditor placed test calls to the Ombudsman's Office and to the RAINN Hotline. The auditor also called the Department of Family and Children Services (DFCS) Child Protective Services hotline and reached a staff member who indicated she would accept the call and notify the closest DFCS office.

All youth interviewed corroborated that the telephones are and have been in working order. The auditor toured all areas of the facility and held informal conversations with staff and youth during the site inspection. Youth were aware of my presence at the center and were willing to share their knowledge of PREA with minimal prompting. Staff were aware that I was at the center and were willing to discuss PREA during the tour. Several of the staff who have been at the center for several years stated that they felt youth are safer now that there are consequences for sexual abuse or sexual harassment.

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

Documentation Sampling

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

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

Yes

No

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

The auditor identified the following personnel file documents that the center uploaded

- Three complete background checks
- Five PREA questionnaire for new hires
- Five PREA questionnaire for promotions, the DJJ application for employment
- Five child registry checks, Five NCIC verification

The auditor requested copies of specific residents in staff, including the following

- 12 Custody and Housing Assessment
- 32 PREA Vulnerability Screening, including any reassessments
- 22 Orientation and comprehensive education for the Residents
- 8 Consent to Disclose PREA information
- 8 Retaliation Logs
- 1 Notification of investigation outcomes
- 18 Staff Training Files
- 8 Unannounced rounds.

The center also uploaded all investigative files for review.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	2

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The finding of sexual abuse was unsubstantiated for sexual abuse. There were substantiated for staff misconduct and youth assault.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence relied upon in deciding on compliance with the Pre Audit Questionnaire</p> <p>Policy Number 23.1 Prison Rape Elimination Act (PREA) Policy Number 1.2 Organizational</p> <p>Policy Number 23.2 Sexual Assault Policy Number 23.1 Attachment K,</p> <p>Policy 23.1 Prison Rape Elimination Act Disciplinary Sanctions Page 2 DJJ Organizational Chart</p> <p>Macon Regional Youth Detention Center accountability statement</p> <p>Audits Org Structure (FY26)</p> <p>Memo Agency PREA Coordinator</p> <p>Interview with</p>

Agency Head PREA coordinator

PREA Compliance Manager (Facility Director)

115.311 (a): The PAQ requires that an agency 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.

The center provided policy 23.1, Prison Rape Elimination Act (PREA), and policy 23.2, Sexual Assault.

Policy 23.1 has a zero-tolerance policy for sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting, and responding to such conduct. This standard also requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency-wide efforts to comply with PREA standards across all facilities.

The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

All staff, volunteers, and contractors must complete training that includes the Juvenile Detention Center Zero Policy Acknowledgement.

The agency has developed and implemented policies to comply with PREA standards for Juvenile Facilities. Policies include clearly defined definitions, and residents, staff, contractor, and volunteer roles in preventing, detecting, and responding to sexual abuse and sexual harassment.

Policy mandates that everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation.

This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. The policy outlines sanctions for those found to have engaged in prohibited behaviors.

Policy 23.2 Sexual Assault establishes that the center, staff, residents, volunteers, contractors, or visitors are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights. They will be provided with access to interpreters and presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, are blind, or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Macon Regional Youth Detention Center efforts to prevent, detect, and respond to

	<p>sexual abuse and sexual harassment.</p> <p>115.311 (b):</p> <p>The PAQ requires that an agency employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency-wide efforts to comply with PREA standards across all facilities.</p> <p>The facility provided an organizational chart, the audit organizational chart, and an interview with the PREA coordinator.</p> <p>The Agency's organizational chart establishes that the PREA Coordinator reports to the Agency Head for PREA-related activities.</p> <p>The interviewed PREA Coordinator stated that her responsibility is to oversee PREA at all Juvenile Facilities. She indicated there are 25 sites, all with PREA Compliance Managers. Quarterly Meetings are held with the PREA Compliance Managers in the facilities. There is also a Statewide PREA Compliance Analyst who works very closely with the Facility PREA Compliance Managers.</p> <p>115.311(c)</p> <p>The PAQ requires that, 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.</p> <p>The facility provided an organizational chart. At Macon RYDC, the director is the PREA Compliance Manager. According to the PAQ, the program's assistant director is the center's PREA compliance manager. At present, the center's assistant director of programs serves as the interim center director and PREA compliance manager. He reports to the regional administrator.</p> <p>In an interview, the PREA compliance Manager stated that he has sufficient time and authority to coordinate the facility's efforts to address PREA-related issues.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making compliance determination 46100-324-0000131937

Chenault Youth Services.pdf 46100-324-0000140910 Anchor of Hope House -
46100-324-0000144047 Gentle Loving Care

Anchor of Hope House Comprehensive Audit 10-11-24.pdf Anchor of Hope House
PREA Final Report 6-14-24.pdf Chenault Comprehensive Audit 9-11-24.pdf

Chenault Youth Services- Final PREA Audit Report 11-14-23 Gentle Loving Care
Comprehensive Audit 8-5-24.pdf

Policy 2.16 Financial Services Section I Page 1.pdf

Policy 20.1 Community Quality Assurance Monitoring.doc

Policy 23.1 PREA Section IV C Page 6 & Section XIII C2 a-I Page 31-32.pdf Right Path
Oasis Final Report 6-28-24.pdf

Right Path Oasis Final Report 6-28-24.pdf Right Path Oasis #156345 revised
5-30-24.pdf

Right Path Oasis Comprehensive Audit 8-5-24.pdf Interview with
Contracting staff Facility Coordinator

115.312 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.

115.312 a 1 The agency has entered into or renewed a contract for the confinement
of residents on or after August 20, 2012, or since the last PREA audit, whichever is
later.

115.312 a 2 All of the above contracts require contractors to adopt and comply with
PREA standards.

115.312 a 3 The number of contracts for the confinement of residents that the
agency entered into or renewed with private entities or other government agencies
on or after August 20, 2012, or since the last PREA audit, whichever is later: (39)

The number of the above contracts that DID NOT require contractors to adopt and
comply with PREA standards: (0)

115.312 b Any new contract or contract renewal shall provide for agency contract

monitoring to ensure the contractor complies with the PREA standards.

The agency provides a list of all contracting center PREA Final Reports, contracting PREA subsections, annual assessments, Policy 23.1 PREA Section IV C Page 6 & Section XIII C2 a-I Page 31-32.pdf, Policy 20.1 Community Quality Assurance Monitoring, and Policy 2.16 Financial Services Section I Page 1.

Contracting documents were reviewed and found to contain a statement that Contractor, to include any subcontractors, will comply with the Prison Rape Elimination Act "PREA" (34 USC § 30301 et seq.), and with all applicable 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. Contractors will immediately contact the Department of Juvenile Justice Office of Investigations PREA Unit upon receiving knowledge of or notice of any suspicion or 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," the Department will conduct announced or unannounced compliance monitoring, including "on-site" monitoring. Failure to comply with PREA, including PREA Standards and Department Policies, may result in termination of the contract.

Contractor will require all personnel to sign the PREA Staff Acknowledgement Statement (Annex I) and retain the signed form in the employee's file. Contractor will have all youth, upon admission and while in their care, sign the PREA Youth Acknowledgement Statement (Annex J) and maintain the signed form in the youth's file.

The auditor reviewed five complete audits and found that all met the standards required by agency contracting policy.

The agency contracting staff indicated that the contracting division defers to the community corrections and facility coordinator to conduct annual assessments of all contracting centers.

Five completed yearly assessments were reviewed. Each review required that the center be PREA-compliant and included the following:

1. Latest PREA Audit
2. Staff's PREA Acknowledgement Statement
3. Youth PREA Acknowledgement Form
4. The provider has protocols in place to address the Prison Rape Elimination Act(PREA).
5. The required PREA language is in the Residential Provider contract.

	<p>6. PREA Posters or Handouts are prominently displayed.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations, Policy 8.1 Security Management Section</p> <p>Macon RYDC 2022 Facility Annual Staffing Report</p> <p>Macon RYDC Facility Annual Staffing Report 2023</p> <p>2024 Facility Annual Staffing Report-Macon RYDC.</p> <p>List of Cameras and Locations.pdf</p> <p>SFS Reports October 1st,10th,20th 2025</p> <p>Staffing Plan.pdf</p> <p>List of staff utilized with the PREA ratio</p> <p>PREA Unannounced Rounds through Oct 2025. CCTV LOG (through 11_12).</p> <p>Accountability statement.</p> <p>313.313 (a): The PAQ requires 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.</p> <p>The center provided staffing plans for Policies 8.1, 23.1, and 23.2. staffing plan and an interview with the PREA coordinator and facility director.</p>

Policy 8.1 mandates that the Department of Juvenile Justice secure facilities shall provide an environment that is safe, secure, and orderly. Sufficient staff shall be scheduled and on duty to supervise the youth. The safety and well-being of youth, staff, visitors, and the general public shall be the primary consideration in all decision-making and planning in DJJ facilities and programs.

A. Direct care staff shall be assigned to areas adjacent to housing areas to allow staff to maintain contact with youth and to permit observation, listening, and prompt response to emergencies.

B. The facility Director, Assistant Director, or department heads will conduct weekly rounds of all facility areas (e.g., living and activity areas) to ensure informal contact with staff and youth. Rounds will be documented in the logbooks when youth are present (e.g., education, dining hall, living units).

C. Youth will never be given approval or authority to supervise or have authority over any other youth in custody.

D. Gender-specific needs will be considered when establishing security schedules. When both males and females are housed in the facility, at least one male and one female staff member will be on duty at all times.

E. When a staff member enters a housing unit where youth of the opposite gender are present, they will verbally announce their presence immediately upon entering the unit.

F. All incoming security shifts (including split-shift) must hold a daily shift briefing. Uniformed staff must attend all shift briefings to receive relevant and necessary information from the outgoing shift and prepare for the oncoming shift. Holdover

Staff are not required to attend shift briefings for their holdover shift.

G. Staff must remain at the assigned post until relieved or otherwise authorized to leave the post.

Each facility director will establish the minimum number of staff required to be on duty when working directly with youth.

B. Staffing patterns should provide for adequate security and supervision of juveniles during recreation and other activities.

C. Security staff will be assigned to shifts in adequate numbers to operate security posts that are active during the change and to ensure that youth have access to staff, programs, and services. All facilities will meet the minimum staffing requirements for each shift.

D. Each shift will have a senior official responsible for determining the presence of sufficient staff and, when necessary, taking steps to correct any deficiencies.

E. If an insufficient number of security staff report for duty to meet minimum coverage requirements, the senior official in charge will initiate measures to call in

and/or hold over sufficient officers to meet the minimum coverage requirements. The Director or Administrative Duty Officer will be notified immediately if minimum staffing requirements cannot be met by holding over officers.

Policy 23.1 mandates that Facilities develop, implement, and document an approved staffing report that provides adequate levels of staffing and, where applicable, video monitoring to protect youth from sexual abuse. Each time the staffing plan is not complied with, the facility will document and justify all deviations. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report (Attachment A), and submit it by the 10th of December, with the required signatures, to the Agency PREA Coordinator.

The facility will require an Administrative Duty Officer to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds will cover all shifts and all areas of the facility. At least two unannounced rounds must be conducted each month, after 12:30 am and no later than 4:30 am. Staff are prohibited from alerting other staff of such rounds. Staff members cannot conduct unannounced rounds during his/her assigned shifts. All such rounds must be documented using Attachment B, Unannounced PREA Rounds, and maintained in a binder for PREA audits. The unannounced PREA rounds logbook or documentation must be maintained in the central control room at all times for audits and PREA investigators' review.

Facilities/Programs/Offices will maintain a clear, unobstructed view of offices, classrooms, or any room/location where a youth and staff may interact.

Clear and Unobstructed View:

1. In secure facilities, areas, windows, and doors will be free of posters, blinds, paper, etc. that obstruct the direct line of sight into offices and rooms/ locations. Locations primarily used for administrative (non-youth) purposes may have blinds; however, the blinds must be up whenever youth are in the area and after the close of business.
2. Blinds may remain in the medical examination rooms. The blinds must stay up or open except when a health care provider is examining a youth in the room.
3. Except medical examination rooms, areas that have solid doors will be open at all times when youth and staff are both in the room.

Policy mandates that the center director, in collaboration with the PREA Coordinator, shall review the staffing plan to see whether adjustments are needed to:

- a. The staffing plan;
- b. Prevailing staffing patterns;
- c. The deployment of monitoring technology;
- d. The allocation of agency or facility resources to commit to the staffing

plan to ensure compliance with the staffing plan.

The 2024 Staffing Plan includes

- (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.

Each year, the facility reviews its staffing. It assesses the need for additional cameras, staffing adjustments, or rearranging the staffing plan to ensure the required staff are in place for maintaining a safe and secure operation. Their staffing plan's annual reviews, conducted in April 2025, were found to comply with this standard. The staffing plan included: 1) Generally accepted detention and correctional/non-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. The facility did report deviation from the staffing plan during the past 12 months.

According to the PAQ, the staffing plan is based on 64 residents.

Based on conversations with the PREA coordinator and the facility's PREA compliance manager, it was clear that the facility reviews all areas of the center for additional staffing or cameras, based on resident movement, to meet the requirements of this standard. The direct care staff were observed throughout the

center during the tour.

The center provided an accountability statement that indicated the center utilized

(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.

The Auditor conducted a comprehensive facility tour of the administrative area, education building, cottages, intake area, kitchen, and Medical Department.

Cameras were noted in all areas, including corridors except the bathrooms, showers, and medical examination rooms. Additional cameras have been installed since the last PREA audit.

The staffing plan is an in-depth review of all areas and identifies blind spots, off-limits areas for residents, and strategies to manage them.

During the on-site review, the auditor visited each classroom and each living unit. The ratios were reviewed during the tour and exceeded the expectations of 1 to 8 in each classroom. There were no residents in the living units during the tour.

Staff interviewed indicated that they are required to remain in their assigned area until relieved. They indicated that youth are never allowed to be left unsupervised.

Residents interviewed during the tour indicated they are not permitted to leave the classroom unless a staff member accompanies them.

The PREA coordinator indicated that the agency has an automated system for uploading staffing plans and reports. If a facility requests changes to the

computerized database, the PREA Coordinator is consulted before any changes to the report/data.

313.313(b):

The PAQ requires the agency to comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan.

Plan during such circumstances.

The facility has had no deviations from the plan for the last 12 months.

The center provided an accountability statement that there had been no deviation in the last 12 months.

The facility director indicated that when direct staff were unavailable, the center would use recreation, counseling, or education staff to provide supervision. He noted that all have completed the required training for supervision. He also indicated he could request assistance from the YDC co-located next to the RYDC or from a nearby RYDC.

The facility provided policy 8.1, 23.1, and the facility annual assessment.

115.313 (c):

The PAQ requires that each secure juvenile facility 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 outlined in this paragraph shall have until October 1, 2017, to achieve compliance.

Facility policies 8.1 and 23.1 state that the center shall ensure its staffing and monitoring plans comply with the requirements of PREA standard 115.313.

The center was in compliance with the staffing ratio of 1 to 8 during the last 12 months. The center indicated they utilized recreation staff and counselors to provide supervision until direct care could be assigned to that post.

The center's director stated in an interview that the center consistently maintains or exceeds the required ratio. He noted that, as a residential program, direct care staff includes case managers, supervisory staff, and monitors. All staff are trained as first responders and on how to supervise male and female residents.

During the facility tour, staff interviews revealed that the line staff and supervisory staff collaborate as a team. They can call sergeant or other staff to provide necessary coverage at the facility.

The staffing plan includes direct care staff, transportation staff, and utility staff.

The interview with staff confirmed that assignments are based on activities at each unit, which will affect the staffing plan. The facility director provided a daily roster indicating the staffing used during the prior 24 hours.

During the tour of the center, the auditor noted that staff were always assigned to the education area during the school day. On each occasion, there were 12 direct care staff members located just outside the classrooms or inside the classrooms. There is a Sergeant assigned to the education to oversee supervision of the education areas.

115.313 (d):

The PAQ requires, 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 under paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided an annual assessment for the last three years.

The PREA Coordinator interviewed indicated that the evaluation will occur annually, and a meeting will be held to discuss the staffing plan, necessary revisions, technological adjustments (and how to consider PREA), and other areas that are addressed during this meeting. The coordinator also indicated that the agency has an automated system where staffing plans/reports are uploaded. If a facility requests changes to the computerized database, the PREA Coordinator is consulted before any changes to the report/data.

115.313 (e):

The PAQ requires that each secure facility 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 policies and practices shall be implemented for both night and day shifts. Each secure facility shall have a policy prohibiting staff from notifying other staff that supervisory rounds are occurring, unless the announcement relates to the facility's legitimate operational functions.

The center provided Policy 8.1, Unannounced Rounds, and interviews with intermediate staff members. The center also offered a copy of the unannounced rounds forms.

Policy 8.1 stipulates that.

A. Facility Directors shall designate members of the facility's staff to function as Administrative Duty Officer (ADO) during weekends, holidays, and evenings.

	<p>B. The ADO shall function as the Director’s designee in ensuring that department policies are followed and directing on-duty supervisory staff in the management of the facility.</p> <p>C. The Director may designate other supervisory staff members who have the knowledge, training, and experience to perform the duties to serve as ADO.</p> <p>D. The ADO or facility Director shall conduct unannounced rounds to identify and deter any potential for staff sexual abuse and/or sexual harassment.</p> <p>E. The unannounced rounds will cover all shifts and areas of the facility.</p> <p>F. Staff are prohibited from alerting other staff of such rounds.</p> <p>G. At least two unannounced rounds per month must be conducted after 12:30 am and no later than 4:30 am.</p> <p>H. Unannounced rounds cannot be conducted by a staff member during his/her assigned shift.</p> <p>I. All such rounds must be documented using DJJ 23.1 Attachment B - Unannounced PREA Rounds. Completed documents shall be filed in a binder specifically for PREA audits.</p> <p>The shift supervisors were interviewed as intermediate staff who conduct unannounced rounds. They indicated they conduct rounds during different shifts, each day, including weekends and holidays. These rounds are documented. They indicated they don't tell staff when they arrive at the center or when they make rounds. They indicated they vary the days and times.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations
	Female Announcements
	Cross Gender Pat Search Training Video.
	Guidance_on_cross-gender_and_transgender_pat_searches_facilitator_guide
	Limits to Cross Gender Viewing and Searches PowerPoint

Policy 4.5 Staff Training Requirements Section I

Policy 7.6 Video Monitoring Systems Section III

Policy 8.22 Searches and Contraband Control Section IV Pages 4-7

Policy 23.1 Attachment C Cross-Gender Search Documentation

Policy 23.1 Prison Rape Elimination Act Section IV K Page 7-8.

Policy 23.3 Attachment A Transgender-Intersex Declaration of Preference Statement.

LOP and POST ORDER.

PAQ

Staff interviews

Resident interviews

115.315 (a)(b)(c):

The PAQ requires 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.

Based on the PAQ and interviews with the center director and randomly selected staff, the facility does not permit cross-gender pat-down searches of residents.

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

Staff members of the opposite gender are prohibited from viewing residents while showering, changing clothes, and performing bodily functions, except in exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff members of the opposite gender must announce their presence when entering a housing unit or any area where residents are likely to be showering, using the restroom, or changing clothes.

The facility provided a Local Operations Procedure that indicated

- Youth of the LGBTIQ community will be showered according to their preference and will have the option to shower in the intake area in private as requested.
- Facility Leadership Team Members will consist of the following: Facility Director, Assistant/Associate Director(s), Security Supervisor(s), Medical Staff, Mental Health Staff, and JDCs.

Transgender and Intersex residents will be allowed to choose if a female or male staff member will conduct pat-down searches respectfully and professionally.

The center provided policy 8.22, which requires the following:

A. Trained staff will perform searches. When possible, at least two staff members will be present for strip searches and frisk (pat down) searches. Before a search, the person being searched will be informed of what is about to happen and given instructions. Youth will be asked in advance of the search to turn in any contraband.

B. Strip searches will be conducted in an area that provides privacy by trained, POST-certified officers of the same sex as the youth being searched. When a same-sex staff member is not available, the person to be searched must be kept under constant visual supervision in a secure location until a same-sex staff member is available to search.

1. A strip search will be conducted upon intake, after visitation, during facility-wide searches, when the youth is suspected of possessing contraband, or upon return from outside details or activities.

2. A strip search may be conducted after any internal disturbance.

3. The entire body will be visually checked, including hair, ears, mouth, armpits, hands, pubic region, between toes, soles of feet, outside rectum, and inner portions of legs.

4. Searching staff will not touch the body during a strip search.

5. Clothing and personal property will be thoroughly hand-searched for contraband. Shoes will be examined for split soles, false linings, and removable insoles or heels.

6. After a strip search, a youth will not be allowed back into the visitation area until the area has been searched by staff.

Frisk (pat-down) searches will be conducted by trained staff of the same sex as the youth being searched, when possible. When a same-sex staff member is not available, the person to be searched may be kept under constant visual supervision in a secure location until a same-sex staff member is available to search.

Gender Identification:

a. Examination of transgender individuals to determine their genital status shall only be conducted by medical personnel in private settings and only when a youth's genital status is unknown.

b. Cross-gender searches and viewing are prohibited except in exigent circumstances or when performed by medical personnel.

c. Officers of the same sex shall conduct all visual body cavity searches as the detainee being searched.

d. If a detainee's gender status is unknown, it may be determined during conversation with the detainee, by reviewing medical records, or as part of a broader medical examination.

e. If there is doubt of a detainee's gender and it cannot be readily identified, the detainee shall be placed on Administrative Status until a gender can be determined.

f. All security staff members shall be trained on conducting cross-gender pat-down searches and searches of transgender and intersex detainees professionally and respectfully, consistent with security needs.

Based on interviews with staff and residents, there have been no cross-gender pat-down searches in the last 12 months.

Sixteen residents were interviewed. All indicated that a person of the other gender had not searched them.

Twelve staff were interviewed. Every member of staff attended the cross-gender training and signed the training roster.

All staff interviewed indicated they had not searched a resident of the other gender since working at the center.

During the center tour, the auditor spoke with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other gender.

The residents engaged in a conversation during the on-site audit. They indicated a female staff member had never searched them.

115.315 (c):

The PAQ requires the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

According to the PAQ, there were no cross-gender searches during the last 12 months.

During the tour of the center, the auditor had conversations with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other gender.

The residents indicated they had never been searched by staff of the other gender.

115.315 (d):

The PAQ requires the facility to 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 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.

The facility provided policy and 23.1 along with training on Guidance on Cross-Gender and LGBTQ searches, and posters located throughout the facility.

23.1 mandates with the exception of medical examinations or urine drug screens, staff will not view youth showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks. Each facility will install "PREA friendly" shower curtains on all shower stalls that provide a view of the youth's upper body (shoulder and head) and lower body (knees to feet) while the middle of the curtain prevents viewing of the youth's mid-sections. The facility shower Local Operating Procedure (LOP) or Post Order must include a detail backup process for same gender showering supervision.

A tour of the center revealed that all areas used for housing residents have necessary barriers, ensuring residents can shower without being viewed by people of the opposite gender and maintain privacy from other residents during the showering process.

In touring the facility, the auditor noted that cameras were located in all living units, classrooms, the dining hall, and the administrative building. No cameras were located in restrooms, showering areas, and dressing areas in the cottages.

The 16 residents stated they are allowed to change clothes and shower in private. All staff of the other gender always announce their presence when entering a housing unit. Reminders are posted at the entrance of each housing unit.

115.315 (e):

The PAQ requires that 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.

The standard is no longer applicable.

115.315 (f):

The PAQ requires 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 the

The standard is no longer applicable.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

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

Auditor Discussion

Evidence relied upon in making the compliance determinations.

Policy 13.32 Special Education Services.

DJJ Website Translations.

Email Deaf Hard of Hearing ACA-covered in Special Education Program, GA Prep Academy.

Intake Flyer, English and Spanish.

Interpreters+Unlimited+Statewide+Contract+Information+Sheet.pdf Language Line Solutions.

LIONSBRIDGE+-+Statewide+Contract+Information+Sheet.

Policy 15.7 Access to Telephone.

Policy 15.10 Attachment A Language Assistance Services Providers.pdf Policy 15.10 Attachment B Language Identification Flashcard.pdf

Policy 15.10 Rights of Youth Language Assistance Services Section III A-C Pg. 1-2.pdf

Policy 23.1 Prison Rape Elimination Act Section IV Page 8-9.pdf

PREA Posters and Handouts in Spanish and English. Translation+Station+v2.pdf

Language Assistance Service Providers.pdf

115.316 (a)(b)(c): The PAQ requires that 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 facilitate effective communication with residents with disabilities, including residents with 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.

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.

The agency shall not rely on resident interpreters, resident readers, or other resident assistants except in limited circumstances in which 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.

The facility provided the training curricula for policies 23.1, 15.7, and 15.10, as well as an interpreter.

Contact information, and PREA Posters in English and Spanish.

Policy 23.1 mandates R. Accommodations will be made in accordance with DJJ 15.10, Language Assistance Services, to ensure that youth who are limited-English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.

The facility will use DJJ 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. Each Director, in consultation with the Education Principal/ Lead Teacher, will ensure that education staff develop guidelines to assist youth with disabilities in delivering PREA information.

Policy 15.10 requires that processes for accessing services include weekend, holiday, and after-hours access.

A. Language assistance services will be available at no cost to youth with limited English proficiency (LEP).

1. As needed, documents intended for youth (e.g., youth handbooks, help request forms, grievance forms, etc.) will have a Spanish language translation. Other translations may be developed as needed.
2. Oral communication with LEP youth will be provided by bilingual staff or through an interpreter. Interpreter services may be provided by staff or through community interpreter services.
3. For additional language resources, staff members may use the Language Assistance Service Providers list (Attachment A).
4. Interpretation services may be provided in person, over the telephone, through video conferencing, through social media such as email or texting using only DJJ-approved electronic communications devices, or other appropriate technology.

3. Documentation in JTS;

4. Timeframe in which service is to be delivered; and

5. Follow-ups.

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agency's zero-tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.

The interviewed agency head reported that the agency 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.

The center should take appropriate steps to ensure that youth with disabilities and

Those with limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The training curriculum requires that staff not rely on youth interpreters, readers, or other youth assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety.

The twelve staff members interviewed indicated they would use contracted staff or a bilingual staff member. They would not use residents to report on behalf of another resident.

During the on-site portion of the audit, the auditor observed materials in English and Spanish, and the intake area had additional resources for interpreters and for residents with disabilities.

Policy 15.10 Rights of Youth Language Assistance Services Section

Requires A.

1. Language assistance services will be available at no cost to youth with limited English proficiency (LEP).

2. As needed, documents intended for youth (e.g., youth handbooks, help request forms, grievance forms, etc.) will have a Spanish language translation. Other translations may be developed as needed.

3. Oral communication with LEP youth will be provided by bilingual staff or through an interpreter. Interpreter services may be provided by staff or through community interpreter services.

4. For additional language resources, staff members may use the Language Assistance Service Providers list (Attachment A).

5. Interpretation services may be provided in person, over the telephone, through

video conferencing, through social media such as email or texting using only DJJ-approved electronic communications devices, or other appropriate technology.

6. Family members, children, friends, and untrained volunteers will not be used as interpreters, unless specifically requested by the youth or the youth's parent or legal representative, and upon approval of the Juvenile Detention Counselor or Community Case Manager.

B. Facility/program/office Directors will ensure that all staff are trained in how to access language assistance services.

C. Each secure facility will provide youth with LEP the "I Speak" Form (Attachment B) at intake to identify the youth's language needs. The youth's identified language of proficiency will be documented in the Juvenile Tracking System.

Macon RYDC will ensure that all written materials provided to residents are in a format or delivered through methods that facilitate effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or who are blind or have low vision. Facilities will not rely on residents, readers, or other individuals being served.

Residents who are special education students receive an Individualized Education Program meeting that includes parents, legal guardians, or child advocates.

Family members or friends of the youth may not serve as the sign language interpreter unless specifically requested by that individual. Other youth may not be used for translating. The facility has a contract for language services, including sign language services. Staff would read all required information for facility orientation and the comprehensive PREA training for residents who can't read.

Whenever communication accommodation is needed, the facility program director is responsible for arranging an interpreter or another auxiliary aid to ensure reasonably prompt and effective communication with the youth.

The center provided an intake brochure available in English and Spanish, along with four other posters displayed throughout the center. The brochure and posters were brightly colored and provided no means of reporting, how to protect oneself from being abused, and the agency's zero tolerance for sexual abuse or harassment.

At the time of the audit, there were no LEP residents and no residents with cognitive disabilities.

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agency's zero-tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.

The center has several posters that staff can use to call a translation service.

The auditor called Language Line and used the code to speak with a staff member who was willing to connect the auditor with an interpreter.

	<p>The center policy and training included the following: Reasonable accommodations shall be made to ensure that all written information about sexual abuse policies, including how to report sexual abuse, is transmitted verbally to youth with limited reading skills or who are visually impaired.</p> <p>Resident shall not be used to provide interpretive services to other youth unless an exigent circumstance exists that could affect a resident's safety, the staff's performance of first responder duties, or the investigation of a resident's allegations.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations.</p> <p>DHS Division of Family and Children Services Child Abuse Registries Email from HR about PREA Pre-employment questionnaire.</p> <p>HR Agenda-Reference Check</p> <p>Memo from HR Director-Backgrounds</p> <p>Policy 3.52 Background Investigations Section I pg. 1 & Section IV Pg. 3-4</p> <p>Policy 23.1 Attachment D PREA Employment Questionnaire Policy 23.1 Attachment E PREA Employee Acknowledgement</p> <p>Policy 23.1 Prison Rape Elimination Act Section IV V-EE Page 9-10. Macon RYDC PREA Pre-employment questions.</p> <p>Check 5-year Background Check Human Resources.</p> <p>Requested background check has been loaded into the PAQ.</p> <p>Requested child registry checks loaded in the PAQ.</p> <p>Requested the PREA questionnaire loaded in the PAQ</p> <p>Human Resources Interview</p> <p>115.317 (a)(b)(c)(d):</p> <p>The PAQ requires that 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</p>

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.

The PAQ indicated that 22 employee background checks and four contracting background checks have been completed in the last 12 months.

The PAQ requires 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.

The PAQ requires before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults 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.

The PAQ requires 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.

The center provided policy 3.52, Background Investigation; policy 23.1; background-check documents;the and DHS Child Abuse Registries.

Policy 3.52 provides that the Department of Juvenile Justice shall conduct background investigations on applicants, volunteers, interns, contractors, employees, and potential non-parental home placements or visits for youth.

A. Persons subject to a background investigation will include:

- ◇ All external applicants selected for a position;
- ◇ Employees, in accordance with Section VI of this policy;
- ◇ Volunteers (DJJ 14.3, Citizen and Volunteer Involvement);
- ◇ Interns (DJJ 14.6, Interns);
- ◇ Contractors, unless specifically excluded in writing by the Assistant Commissioner; and
- ◇ Non-parental home placements or visits for youth.

B. Background investigations will include the investigation and/or verification of the following information:

- ◇ Criminal history (including fingerprint check);
- ◇ Sex offender registry;
- ◇ Employment history;
- ◇ Internal investigations;
- ◇ Social media;
- ◇ Education verification;
- ◇ Professional credential (DJJ 3.55, Professional Credentials);
- ◇ Credit history (DJJ 2.15, State Credit Card Programs);
- ◇ Military service record investigation (for applicants with prior military service);
- ◇ Driver's history; and/or
- ◇ Any information provided on the State of Georgia Application for Employment and/or the State of Georgia State Security Questionnaire Loyalty Oath.

C. All applicants, except independent contractors, shall be required to report all convictions, including traffic violations for which a fine of more than \$35 was imposed and any violation that was pardoned or dismissed, on the State Security Questionnaire Loyalty Oath (see Criminal History Unit Manual).

D. Applicants will not be disqualified from employment/service for pending non-serious traffic offenses.

A. All employees and contractors will have a criminal record check completed every five (5) years.

Policy 23.1 mandates that Facilities/Programs/Offices will not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment.

All new hires and employees being considered for promotion will have a background investigation completed in accordance with DJJ 3.52, Background Investigations.

In accordance with the Prison Rape Elimination Act, DJJ is required to determine if all prospective employees and/or employees being considered for promotions have any allegations of sexual assaults, sexual harassment, or any civil/administrative liabilities for sexual misconduct before employment and/or promotion. Each applicant is required to complete Attachment D, PREA Pre-Employment Questionnaire, as a part of the interview process.

The Department shall conduct criminal background record checks at least every five years for non-security employees in facilities and offices as well as contractors in accordance with DJJ 3.52, Background Investigations.

The Department shall perform a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth in accordance with DJJ 3.52, Background Investigation.

115.317 (e):

The PAQ requires 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.

The facility provided policy 3.52 and memo from Agency Personnel Director. The memo indicated that

1. The CHU will establish and maintain a schedule, by organizational unit, that will ensure that the criminal record check of every employee and contractor is checked every five (5) years.
2. All current employees selected to fill a position as a result of a promotion shall have a criminal record check prior to being placed into the position.
3. A criminal record check, as specified in paragraphs 1 or 2 above, will not be required if a criminal record check has been completed in the last 90 days.
4. If the background check reveals any new arrests or serious traffic offenses, then CHU will notify the HR Director and the Office of Legal Services. The Appointing Authority will be notified and consulted regarding the future employment status of the employee or contractor.

In 2022, the Office of Human Resources' Criminal History Unit (CHU) ran background checks for the entire agency to be in compliance with PREA standards. However, to ensure that no one was missed, CHU will restart the 5-year cycle, beginning the pt of the 2025 calendar year and conclude no later than the end of the 1st quarter of 2025. This will be the re-start of running background checks for the entire agency every five years. (i.e. 2025, 2030, 2035, 2040, etc.) This process will also include contractors for the agency.

The interviewed HR staff reported that the agency conducts all background checks through the Criminal History Unit. The center is responsible for contacting the child abuse registry. The child abuse registry will only advise that a person is not on the registry.

115.317 (f):

The PAQ requires 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.

The facility provided policy 23.1, Macon RYDC PREA Pre-employment questionnaire and application for employment.

1. The Juvenile Detention Center shall not hire or promote a staff member, or enlist the services of a contractor, who may have contact with a resident, who:

a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

b. 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;

c. Has been civilly or administratively adjudicated of having engaged or attempted 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.

2. The Juvenile Regional Detention Center shall consider any incidents of sexual harassment in determining in whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.

115.317 (g):

The PAQ requires material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The facility policy 23.1 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination

Staff are required to sign the form affirming that they have a continued "affirmative duty to disclose any of the above-mentioned misconduct.

115.317 (h):

The PAQ requires 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.

The center provided 23.1 and 3.52 which indicates unless prohibited by law or DJJ Policies, the Department's Office of Human Resources in coordination with the Office of Investigations and Office of Legal Services will provide information on

	<p>substantiated allegations of sexual abuse or sexual harassment between a current or former employee and a youth upon receiving a request from an institutional employer.</p> <p>According to interviews with the human resources staff, the center would have the perspective candidate to sign a release statement, and they would send the requested information.</p> <p>Based on the review of the documentation and the interview with the Facility Director and Human Resources staff, the facility is complying with all provisions of this standard.</p> <p>Based on this analysis, the facility exceeds the compliance standard, and corrective action is not required.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Updated video monitoring system.</p> <p>Facility Schematic- Layout.</p> <p>Policy 7.1 Physical Plant Requirements Section IV Pages 5-7</p> <p>Policy 23.1 Prison Rape Elimination Act Section IV FF-HH Pg. 10-11 PREA Design compliance-2025-0516.</p> <p>Interviews with</p> <p>Agency head</p> <p>Facility Director</p> <p>115.318 (a)</p> <p>The PAQ requires that 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.</p> <p>The agency provided policy 7.1, policy 23.1, and a memo from the design architecture team.</p> <p>Policy 7.1 mandates that new facilities, additions, and renovations will meet the</p>

following requirements:

1. Operate with living units of no more than 16 juveniles each. Facility capacity will comply with best practices and standards at the time of construction.
2. The physical plant design allows for direct supervision of staff office locations to be adjacent to juvenile living units to facilitate personal contact and interaction between staff and juveniles, observe, hear, and respond promptly.
3. Facilities will be designed and constructed so that youth can be grouped according to a classification plan.
4. The number of juveniles in a facility will not exceed the facility bed capacity. Pregnant youth with unborn child(ren) will be considered as a single occupant for the purposes of counting bed space.
5. Facility design will provide a sufficient number of rooms or living units in an appropriate configuration so that various categories of juveniles can be housed separately.
6. New facility conformance to applicable federal, state, and/or local fire safety codes shall be documented by the authority having jurisdiction.
7. Outdoor and indoor recreation areas provide at least 15 square feet of unencumbered space per juvenile for the number of juveniles who may use the space at one time and meet the following criteria:

Policy 23.1 requires that when the agency designs or acquires a new facility or is planning substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse, in addition to the requirements in DJJ 7.1, Physical Plant Requirements. The agency will not consider open-bay living units for housing youth. The Agency PREA Coordinator will serve on the primary PREA planning committee.

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. Youth will not be recorded or viewed when showering, performing bodily functions, or changing clothing. CCTV will not be installed in youth rooms.

Males and females are prohibited from occupying the same sleeping room.

A memo from the design team indicated that

- a) When designing or planning any substantial expansion or modification of existing facilities, NELSON works with DJJ to consider the effect of the design, expansion, or modification upon the agency's ability to protect juveniles from sexual abuse. This means evaluating plans and designs for any flaws that could put juveniles at risk for sexual abuse (e.g., blind spots). DJJ staff who are educated about the dynamics of

	<p>sexual abuse in confinement work jointly with NELSON to confirm that new facilities and upgrades to existing facilities are planned with sexual safety in mind (e.g., eliminating blind spots).</p> <p>b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, NELSON and Nelson’s consultants work jointly with DJJ to consider how such technology may enhance the agency’s ability to protect juveniles from sexual abuse, and how the new systems can be used to improve sexual safety (e.g., positioning cameras to monitor blind spots, confirming that areas where a single staff person may be alone with an inmate or resident has video monitoring when at all available).</p> <p>c) When designing or planning any substantial expansion or modification of existing facilities, NELSON works with DJJ to consider any accommodations that need to be made to confirm compliance with 15’s limitations on cross-gender viewing when using video monitoring technology.</p> <p>The interview with the agency head indicated that we take into consideration and incorporate the PREA standards, for example, camera setup, room and building layouts, and shower locations and configurations.</p> <p>The facility director interviewed indicated that Macon RYDC had not made any additions or modifications to the building in the last several years.</p> <p>15. 318 (b)</p> <p>The PAQ requires that 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.</p> <p>The facility director indicated that the center conducts a thorough review of all blind spots and general camera needs to enhance resident safety, and then requests these additions through the budget process. He indicated that the center has made some upgrades, including replacing cameras and monitors.</p> <p>Based on this analysis, the facility exceeds the compliance standard, and corrective action is not required.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations

CSEC Response One Pager.pdf

CACGA Community Roster.pdf

CSEC Response Comprehensive Assessment-2022.pdf CSEC Response Contact Sheet_2022.

EMTALA Know Your Rights

First Responders One Page Training Tool.

Memo Child Advocacy Center Revised.

Policy 2.10 Payment of Youth Medical Expenses Section I pg. 1.pdf Policy 8.42 Crime Scene Preservation.pdf

Policy 22.3 Internal Investigations Section III O Pages 6-7.pdf Policy 23.1 Attachment K Requirements of a PREA Case.pdf

Policy 23.1 Prison Rape Elimination Act Section V A-K Pg. 11-12.pdf Policy 23.2 Sexual Assault Section I pg. 1 & Section III pg. 2-3.pdf PREA EMTALA notice.pdf

Property and Evidence General Investigations.pdf MOU with CAC- Crescent House

Hospital and child advocacy group.docx Accountability statement.pdf

115.321 (a)(b)(C):

The PAQ requires that, 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.

The PAQ requires that 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.

The PAQ requires that the agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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.

The center provides Policy 22.3 Internal Investigations, Policy 23.1, Policy 23.2, MOU with CAC- Crescent House, and Policy 8.42 Crime Scene Preservation.

Based on the auditor's review of the MOU, as requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination and investigative interviews, and shall provide emotional support, crisis intervention, information, and referrals. The agency always provides an advocate from a children's advocacy center. It does not use agency staff to accompany and support the victim through the forensic medical examination.

Policy 23.1 mandates that the Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse, in accordance with DJJ 22.3, Internal Investigations. The investigations will follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol.

B. All information regarding sexual abuse and victimization, including assessments and evaluations, is protected health information and will be filed in the youth's Health Record. Access to this information shall be determined in accordance with DJJ 5.5, Health Records.

C. If a youth discloses prior sexual victimization or abuse during a medical evaluation, mental health assessment, or at any time, the staff will report the abuse according to DJJ 8.9, Child Abuse Reporting. For youth over the age of 18, staff shall obtain informed consent from the youth before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others who need to know and are providing care and treatment.

Policy 22.3 requires that trained, qualified, and professional investigators from the Office of Investigations conduct administrative and criminal investigations. Employees shall cooperate fully in internal administrative investigations and provide accurate reports of violations of law, policies, and/or conduct by youth and staff.

Prison Rape Elimination Act (PREA): A United States federal law that supports the elimination, reduction, and prevention of sexual assault and rape within corrections systems. It applies to all federal, state, and local prisons, juvenile facilities, jails, police lockups, private facilities, and community settings, including residential facilities. Substantiated: The allegation has been established by proof or competent evidence. Unfounded: There is no basis in reason or fact that supports the allegation. Unsubstantiated: There is no proof or competent evidence to prove or verify the allegation.

At the request of facility/program/office Directors, coordinating investigations of child abuse, sexual abuse/exploitation, and neglect incidents with the Department of Family and Children's Services (DFCS);

Filing juvenile complaints and/or criminal warrants when appropriate;

As a sworn agency, the Office of Investigations has the authority to investigate all allegations of criminal violations occurring on DJJ property. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies (e.g., GBI, local sheriffs, and police departments) as needed.

The Director of Investigations will be the official liaison with all outside law enforcement agencies. The Director of Investigations will obtain approval from the Commissioner before referring any incident to the GBI for Investigation.

Interviews with (12) random staff confirmed all staff were trained on basic evidence preservation protocols and are well knowledgeable of their responsibilities. Evidence would be protected and preserved until an investigator arrived, who would then proceed with the collection and processing of evidence. These staff also understood that investigations were conducted by the Office of Investigations' PREA Unit and could name the supervising investigator as the primary point of contact. During the tour of the center, staff were asked who conducted the investigations, and it was reported that the investigative staff does so.

The director of the office of investigation indicated in an interview that the investigative unit is notified whenever there is an allegation of sexual abuse or sexual harassment. They contact the center and, based on the incident, will immediately have staff report to the center to begin the investigation.

The agency has an MOU with the Crescent House that is collocated with the Children's Hospital and provides SAFE evaluation, forensic interviews, and victim advocacy services.

According to the PAQ, the center has not sent any resident for SAFE or SANE in the past 12 months.

115.321 (d)(e):

The PAQ requires 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 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.

As requested by the victim, the victim advocate, a qualified agency staff member, or a 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.

The facility provided an MOU with Crescent House. The Crescent House would provide a victim advocate.

	<p>In an interview, the PREA compliance manager indicated that the MOU includes advocacy, emotional support, SANE examinations, and an emotional support hotline. The Crescent House is part of the Child Advocacy Center of Georgia.</p> <p>115.321 (f)</p> <p>The PAQ requires, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.</p> <p>Policy mandates that the Office of Investigations, as a sworn office, has the authority to investigate all allegations of criminal violations occurring on DJJ property. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies (e.g., GBI, local sheriffs, and police departments) as needed.</p> <p>The Director of Investigations will be the official liaison with all outside law enforcement agencies. The Director of Investigations will obtain approval from the Commissioner before referring any incident to the GBI for investigation.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Policy 8.5 SIR Section III A-B pg. 3 & Section V J. Pg. 11 & Section VI C. Pg. 12-13.pdf</p> <p>Policy 22.3 Internal Investigations Section I Pg. 1 & Section III C pg. 3 & Section III N-O Pg. 6-7.pdf</p> <p>Policy 23.1 PREA Section V L-M Page 12.pdf Investigation</p> <p>A. SIR</p> <p>B. SIR</p> <p>C. SIR</p> <p>Sexual Abuse and Sexual Harassment Reports</p> <p>2024 Mandated Reporter Form.docx</p> <p>Interviews with</p>

PREA Compliance Manager

Facility Director

Agency Head

Investigator

115.322 (a & b)

The PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The agency shall have in place a policy to ensure that allegations of sexual abuse and/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.

The facility provided Policy 8.5, 22.3, 23.1 DJJ Website and investigative files Policy 8.5 mandates that All staff, volunteers, interns and contractors having first knowledge of an incident, or receiving a report of an alleged incident will report in compliance with conditions in this policy and Prison Rape Elimination Act, if applicable. Reports may result from having firsthand or direct knowledge of an incident or receiving a report or an allegation from a youth, either verbally or in writing (to include grievances), a parent or guardian, a friend, an organization, anonymously, or through other third parties. B. Verbal Reporting: 1. The staff member filing the Special Incident Report SIR (Attachment A) will provide a verbal report of the incident to his/her immediate supervisor. The staff member will record the supervisor's name on the SIR as being notified of the incident.

The staff supervisor will provide a verbal report to the Director or designee as soon as possible when the incident includes:

- a. A situation which endangers the operation of a facility, community services office or community residential program;
- b. A serious personal injury to staff or youth requiring outside medical attention;
- c. A situation that has a significant potential for media attention;
- d. A situation that has a significant potential for legal liability for DJJ; or
- e. A situation alleging any PREA-related incident, including allegations of sexual harassment and retaliation.

The Director or designee will provide prompt telephone notification of critical incidents through the chain of command to the respective Assistant Deputy Commissioner and/or the respective Deputy Commissioner. If the Deputy

Commissioner or Assistant Deputy Commissioner is unavailable, the Director will immediately notify the Director of Investigations. The Director or designee will immediately notify the appropriate Office of Investigations (OI) Field Supervisor assigned to the location. Critical incidents include the following:

Youth-on-youth sexual penetration occurring on DJJ property. Youth-on-youth sexual contact on DJJ property

Youth-on-youth sexual harassment, Staff/Contractor/Volunteer-on-youth sexual penetration

Staff/Contractor/Volunteer-on-youth sexual contact - non-penetrative touching Staff/Contractor/Volunteer-on-youth indecent exposure (PS3); Staff/Contractor/Volunteer-on-youth voyeurism and/or sexual harassment

The center will also advise the Child Protective Services, utilizing a mandated reporter form that was provided in the PAQ.

Policy 22.3 requires that trained, qualified, and professional investigators from the Office of Investigations conduct administrative and criminal investigations.

Policy 23.1 requires that the Facility Directors will ensure that all allegations of sexual abuse or sexual harassment are referred for investigation in accordance with DJJ 8.5, Special Incident Reporting.

The Director of Investigations will ensure that all allegations of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations must follow the procedures in accordance with DJJ 22.3, Internal Investigations.

Based on the PAQ during the last 12 months, 4 allegations of sexual abuse or sexual harassment were or are being investigated.

The Georgia Department of Juvenile Justice provides the DJJ PREA Website.docx, which can be accessed through <https://djj.georgia.gov/prison-rape-elimination-act-prea>.

The auditor reviewed the website and confirmed that the information was located as indicated in the PAQ.

115.322 (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.

The agency investigator or sworn law enforcement officers will conduct all investigations at Macon RYDC.

The interviewed agency head reported that the GA DJJ has a PREA unit within the Office of Investigations. When there is an allegation of sexual abuse or sexual harassment, the person reporting the allegation will contact the PREA investigations manager. Upon making that call, the investigator will assess the inquiry to

	<p>determine if it is PREA. Upon determining that it is an allegation of sexual abuse or sexual harassment, an investigator will be deployed to conduct interviews. After completing a thorough investigation, a summary and recommendations are provided. The investigation process includes, but is not limited to, interviews, file review, camera footage review, and collection of evidence. The investigation process uses the National Sexual Abuse Protocol guidelines.</p> <p>GA DJJ has employed investigators who conduct administrative and criminal investigations. We have a process in place for the investigators to respond immediately to allegations of sexual abuse and sexual harassment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and a corrective action plan is not required.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations.</p> <p>Module 2 Residents' Right to be free from sexual abuse and sexual harassment and from retaliation.pdf</p> <p>Module Five Response and Reporting of Sexual Abuse and Sexual Harassment.pdf Module Four Prevention and Detection of Sexual Abuse.pdf</p> <p>Module One Overview of the Law and Your Role.pdf</p> <p>Module Six Respectful and Professional Communication with Youth.pdf Module Three Professional Boundaries.pdf</p> <p>Policy 3.22 Attachment B Statewide Sexual Harassment Prevention Policy.pdf Policy 4.1 Training Program Section I pg. 1.pdf</p> <p>Policy 4.2 Attachment A Security OJT Checklist and Manual.pdf Policy 4.5 Attachment A Training Matrix.pdf</p> <p>Policy 4.5 Staff Training Requirements Section I, pg. 1.pdf Policy 23.1 Attachment G PREA Training Series.pdf</p> <p>Policy 23.1 PREA Section VI A-C Page 13.pdf PREA 2020 Pre-Service 2021.</p> <p>PREA Refresher Training.docx PREA Staff Poster.</p> <p>Staff First Responder Cards.pdf PREA Acknowledgement Form.</p> <p>Interview with Random Staff</p>

115.331 (a):

The PAQ requires 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 typical 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.

The facility provided Policy 4.5, Staff Training Requirements; Policy 4.1, Training.

Requirements: the training curriculum, staff acknowledgement of training, yearly training, and initial training.

All Macon Youth Regional Detention Center staff members in direct contact with detainees shall be trained on the following topics:

- a. The agency has a zero-tolerance policy on sexual abuse and sexual harassment;
- b. b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention,
- c. detection, reporting, and response policies and procedures;
- d. Detainees' right to be free from sexual abuse and sexual harassment;
- e. The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- f. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- g. The common reactions of juvenile victims of sexual abuse and sexual harassment;
- h. 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 detainees;
- i. How to avoid inappropriate relationships with detainees.

j. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees;

k. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and Relevant laws regarding the applicable age of consent.

Staff training is conducted annually, and a monthly refresher is provided on the above topic.

Random Sample of Staff – The interviewed random sample of staff reported that they have been trained on the agency’s zero-tolerance policy for sexual abuse and sexual harassment.

How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

Residents' right to be free from sexual abuse and sexual harassment;

The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamics of sexual abuse and sexual harassment in resident facilities; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents;

How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and

Relevant laws regarding the applicable age of consent.

The staff reported receiving the training as new hires and annually. The staff made it clear that they are mandated reporters and must first report to their shift supervisor. Staff indicated that they had received training on working with male and female youth. All staff were aware of the applicable age of consent. Staff interviewed indicated they are required to complete refresher training yearly.

The PAQ requires that 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 reassigned from a facility housing only male residents to one housing only female residents, or vice versa.

The facility provided Policy 4.5 Staff Training Requirements.

Policy 4.5 requires the Department of Juvenile Justice (DJJ) to provide a training program for staff that meets job-relevant training requirements. Staff may be

required to complete mandatory annual training and specialized training, depending on job specifications.

Employees assigned to work with specialized populations will receive training specific to their job functions. Specialized training will be coordinated by the appropriate division head or designee in collaboration with the Office of Professional Development.

Macon RYDC presently houses male residents, and its training is tailored to this population. The center previously housed male and female residents, and the training was tailored to both populations.

115.331 (c):

The PAQ requires that all current employees who have not received such training 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.

The PAQ also indicated that staff will receive refresher training each year.

Policy 4.1 requires all staff to receive annual training on PREA procedures and policy. The center also provides refresher courses throughout the year.

Training also includes staff meetings, email communication, and daily staff highlights.

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting, and responding to sexual abuse or sexual harassment.

In interviews with staff, all indicated that PREA was discussed daily and that formal training was provided through instructors and videos.

Ten of the twelve staff interviewed had attended the DJJ academy and received additional training there.

115.331 (d):

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

The facility provided sign-in sheets and electronic signatures. All training files are maintained on the DJJ portal (HUB) for all center employees.

The center requires the program to record attendance on an attendance sheet with a staff signature or electronic verification, to ensure staff understand the training they have received. Documentation is logged in the HUB program, and a copy is

	<p>kept in employee files.</p> <p>There are PREA posters on sexual safety located throughout the facility. All staff interviewed articulated their understanding of each training topic.</p> <p>Exceed Compliance was determined by reviewing the preservice and in-service training curricula and staff training records. An interview with a randomly selected staff member also confirmed completion of the required refresher training.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Volunteers and Contractors Training</p> <p>Policy 4.1 Training Program Section I Page 1 & Section III Page 2.</p> <p>Policy 14.3 Attachment C Volunteer Guest Consent and PREA Acknowledgement</p> <p>Policy 14.3 Citizen and Volunteer Involvement Section III E. Pg. 7-9.</p> <p>115.332 (a):</p> <p>The PAQ requires 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.</p> <p>The facility provided the volunteer and contractor Policy 4.1 Training Program, Sections I (Page 1) and III (Page 2), the training acknowledgement, and the PREA training curriculum.</p> <p>The training curriculum includes the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Full-time contractors are required to complete the PREA training program as defined in provision 331.</p> <p>115.332 (b):</p> <p>The PAQ requires that the level and type of training provided to volunteers and contractors shall be based on the services they offer and the level of contact they</p>

	<p>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.</p> <p>The facility policy states that the level and type of training for volunteers and contractors are based on the services they provide and the level of contact with youth.</p> <p>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 of how to report such incidents.</p> <p>115.332 (c):</p> <p>The PAQ requires the agency to maintain documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>Volunteer and contractor interviews indicated that they had received PREA training and had signed the training certificate before meeting with residents.</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement, containing the participant's signature and date, confirming their understanding of the PREA information. During the last year, the center had 26 volunteers or contractors.</p> <p>Based on this analysis, the facility was substantially compliant with this provision, and corrective action was not required.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Youth PREA Acknowledgement</p> <p>Youth Orientation Statement.pdf PREA Certificate.pdf Accountability Statement.</p> <p>Education Ga PSC certifications.pdf Resident handbook English and Spanish.pdf Special Education Services (1).</p> <p>Department of Juvenile Justice PREA Video Link.docx Education PREA letter December 13, 2012.</p>

Female Break the Silence English Poster.

Female Break the Silence Spanish Poster.pdf

Male Break the Silence English Poster

Male Break the Silence Spanish Poster

GA DJJ PREA Curriculum (Additional Six Sessions).pdf Intake Flyer English Version.pdf

Intake Flyer Spanish Version.pdf

Policy 15.4 Viewing, Listening, and Reading Materials.pdf

Policy 18.30 Attachment B Approved Selection of Programs Protocol.pdf Policy 18.30 attachment B-PREA Class.pdf

Policy 23.1 PREA Section VI H-L Pg. 14.pdf PREA - Copy.mp4

PREA Curriculum- Condensed Version- Female- 11-25-19 (6)

RYDC.docx PREA Curriculum- Condensed Version- Male 11-25-19 (5) RYDC.

Youth Education 2017 Page 1.pdf Youth Education Page 2.

Youth Poster No Means No in English and Spanish.

Youth Poster Sexual Abuse and Harassment are Never OKAY English and Spanish.pdf

Youth Poster Sexual Abuse is not part of your placement English and Spanish.

Youth Safety Guide for Community Residential Facilities.

Youth Safety Guide for Community Service Offices.

Youth Safety Guide for Secure Facilities English Version.docx Youth Safety Guide for Secure Facilities Spanish Version.pdf Youth safety Tips handout.

RYDC Student Handbook Spanish and English

PREA acknowledgement form

115.333 (a):

During the intake process, the PAQ requires that residents 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.

The facility provided Youth Safety Tips handout, Youth Safety Guide for Secure Facilities English and Spanish Version, Policy 23.1 PREA Section VI H-L Pg. 14, Youth Handbook English and Spanish, and Youth Orientation Statement.

Policy 23.1 states that within 72 hours of intake, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The materials will inform the youth of agency protocol for responding to such incidents. The Agency PREA Coordinator must authorize all materials used for the orientation. Completion of the one-hour PREA orientation must be documented in the youth's JTS file.

The Intake Staff confirmed the facility ensures that residents are educated 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 by providing the information in various educational formats and requiring the residents to sign an acknowledgment form stating they understand the information. She confirmed residents are made aware.

Youth Safety Guide for Secure Facilities English and Spanish Version informs the residents about their right to be free from sexual abuse and sexual harassment, the zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment.

The Resident Handbook, available in English and Spanish, includes youth safety guides and instructions for contacting Crescent House.

During interviews with the facility director and intake staff, the youth are shown the PREA video. The youth is provided with a handbook and a safety guide and signs an acknowledgement that they received the information.

Within ten (10) days of intake, the PREA compliance team meets with the youth and goes over the PREA brochure and shows the video.

Policy 23.1 Youth Sexual Abuse and PREA also requires that resident education is provided 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. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available to residents through posters, resident handbooks, or other written materials.

The interviewed intake staff reported that residents are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The information is provided to residents through the SafetyFirst manual, video, youth handbook, and dayroom information boards.

Sixteen residents interviewed indicated they received the resident brochure and training upon arrival at the facility. Staff read the orientation to them, discuss the information, and have them sign to confirm their understanding. The residents indicated that they see a PREA video upon arrival and several times during each week.

Over the past 12 months, 429 residents have completed the initial orientation.

115.333 (b):

The PAQ requires that, 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.

Policy 23.1 requires that within 72 hours of intake, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The materials will inform the youth of agency protocol for responding to such incidents. The Agency PREA Coordinator must authorize all materials used for orientation. Completion of the one-hour PREA orientation must be documented in the youth's JTS file.

DJJ has developed a curriculum that was provided to the auditor for review. The curriculum model comprises several sets of resources. Resources include male and female gender-specific materials, as well as elements addressing LGBTQ youth, those with behavioral health issues, and youth with handicaps or disabilities.

The model is designed around a core element, provided to all youth at different stages in their programming, starting at the reception process. Different models address youth who are present for short stays, as well as those who may be with us for several years.

Short-stay youth (less than 10 days) receive a basic PREA curriculum. Long-stay youth receive additional PREA elements to complement the core Phoenix/New Freedom 100 Curriculum, our Functional Thinking CBT curriculum, our basic interpersonal skills resource, and our Returning Home transition resources.

Behavioral health clinicians provide additional issue-specific PREA resources to youth on their caseloads and to youth who may be in multiple higher-risk categories. And a very significant element is the inclusion of PREA Motivational Interviewing (MI) assessments and several sets of PREA-specific situational confidence resources.

The PREA materials have several critical objectives:

Reduce their risk of being a target or a victim of any sexual assault while in our custody. Specifically, it explains how they can protect themselves by taking steps to minimize the risk of such an incident.

Guide them in identifying external risk factors, including people, places, things, and situations that put them at risk. Help them increase their situational awareness about both overt and less obvious risk factors, including grooming or other approaches by potential predators.

Guide them in identifying their own internal risk factors, including their own thoughts, feelings, and behaviors, and reduce their risk for PREA-type events by addressing these risk factors in productive ways.

Provide insight and support to youth who enter the system with vulnerabilities from past experiences of trauma, abuse, or victimization, including guidance in reducing the risk from such experiences.

Increase their motivation to practice and master the self-management techniques outlined above. Develop specific action plans to increase their linkage to available protective factors, both within the correctional environment and afterward.

Expand the awareness of all youth of the range of predatory and sexual acting-out behaviors, including bullying, sexual labeling, and name-calling. Clarify these behaviors as PREA offenses.

The curriculum goes beyond simply saying "11th-grade behavior is not allowed." It is designed to empower youth to make good choices, actually 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.

Our goal is for the youth to change - to reduce their vulnerability, and to increase the positive steps in self-management. To support this process, several Motivational Interviewing (MI) assessments and supportive elements are provided, linked to the TTM Stages-of-Change model.

Among the additional curriculum elements are a series of short stories and discussion starters called "Food for Thought," which address such topics as:

- Prior abuse
- Youth who are vulnerable, or likely targets due to age, size, and similar factors
- Youth who are overtly gay or attention-seeking
- Youth who may be gay, lesbian, bisexual, inter sex, transgender
- Past sexual experiences (gay, lesbian, bisexual, and experimental behaviors}
- Youth who are questioning or uncertain about their sexuality
- Past sexual experiences: "street life, prostitution, running away
- Sexual thoughts or desires while locked up
- Vulnerability due to their own thinking (illustrating Internal risk factors)
- Sexual bullying
- Dealing with verbal comments or actions of a sexual nature

- Making others "targets" for abuse (verbal, emotional, physical, or sexual
- Vulnerability to predatory Individuals
- Identifying predatory, manipulative, or grooming behaviors
- Dealing with sexual advances or touching (see PREA SIR Code PYS)
- Increased vulnerability due to prior victimization
- Setting yourself up
- Poor situational awareness versus good situational awareness
- Trigger Points for asking for help
- How to ask for help
- Seeking out protective factors in this environment
- Developing an action plan
- Increasing specific situational confidence in handling Internal and external risk factors

The facility will maintain documentation of each youth's orientation participation, and the facility's case manager will document the youth's involvement in a JTS PREA communications note.

In addition to providing orientation, the facility Director will ensure that key PREA information is consistently available to youth through posters, student handbooks, or other written materials.

Education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment (see DJJ 13.32, Special Education Services). The facility provided a PREA juvenile-comprehensive video with English captions and a Spanish-language version with Spanish captions, along with information on emotional support and an acknowledgement form confirming that the resident saw the video, received the orientation trifold, and understood the PREA training.

The comprehensive video includes all aspects of the PREA 115.333 standard. According to an interview with the facility's PREA compliance team, the resident watches the video within 10 days of arrival at the center.

115.333 (c):

The PAQ requires that current residents who have not received such education shall be educated within one year of the effective date of the PREA standards.

Additionally, they shall receive education upon transfer to a different facility if the

policies and procedures of the new facility differ from those of the previous facility.

Policy 23.1 requires Policy requires that residents who are transferred from one facility to another be educated 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 to the extent that the policies and procedures of the new facility differ from those of the previous facility.

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 youth to reduce their vulnerability and increase positive steps in self-management. DJJ offers an extensive PREA education program for both short- and long-term residents.

The Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment, regardless of whether they are transferred from other facilities. The auditor reviewed the intake records of residents entering the facility in the past 12 months and interviewed residents for verification.

115.333 (d):

The PAQ requires 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.

The facility provided numerous Posters, brochures, and Handbooks in English, as well as contracts for a language translator.

The Policy mandates that Education staff provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) with 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 (see DJJ 13.32, Special Education Services). Accommodations will be made in accordance with DJJ 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.

The facility can provide PREA education in formats accessible to all residents, including those who may be hearing impaired, Deaf, have intellectual, psychiatric, or speech disabilities, be low-vision or blind, have limited reading skills, or have limited English proficiency, and can be tailored to the individual needs of each resident.

The PREA videos are available in English and Spanish.

Staff interviews confirmed that residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education supervisor, and medical staff would work with the community resources to provide education to residents regardless of their limitations or disabilities.

The facility agency head indicated that the center has access to all resources provided by the juvenile courts to support the training program.

The education department provides one-on-one assistance, including large-print materials, visual aids, magnifiers, translation services, and other supports, through each resident's individual Education Plan.

115.333 (e):

The PAQ requires the agency to maintain documentation of resident participation in these education sessions.

The facility provided acknowledgement forms for resident education. Youth who complete the six PREA modules receive a certificate of completion, signifying that they have received the training and that they understand the training.

A sample of signed acknowledgement statements was reviewed, which supported the residents' involvement in PREA education sessions.

A file review of residents included an acknowledgement statement for orientation and comprehensive education.

115.333 (f):

The PAQ requires, in addition to providing such education, that the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The facility provided a poster indicating that, in addition to formal 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.

Posters were located in the multipurpose room, front entrance, intake area, housing unit, and dining room. All posters were multicolored and easy to read. There were no posters that were blocked from being seen. The residents also receive a resident brochure.

Signage is provided in English and Spanish.

Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and was determined to be provided at an age-appropriate reading level.

They included:

	<p>A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment) Break the Chains of</p> <p>No Means No Rules and</p> <p>How to Report outlines several ways for youth to report, including the child abuse/neglect hotline.</p> <p>Break The Silence</p> <p>Youth Poster Sexual Abuse and Harassment are Never OKAY English and Spanish.</p> <p>All residents interviewed, both formally and informally, during the tour and subsequent visits to the recreation area, confirmed that staff talk to them daily about PREA.</p> <p>Exceed Compliance was determined through a review of agency policies, training curriculum, posters, resident files, and interviews with staff and residents.</p> <p>Based on this analysis, the facility exceeds compliance with this provision, and corrective action is not required</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>GBI 2023-02 FORENSIC SERVICES UPDATE OPS bulletin.</p> <p>GBI Evidence Protocol.</p> <p>GBI Operations Support Final rev 10.04.2022 (1).</p> <p>Module 2 Residents' Right to be free from sexual abuse and sexual harassment and from retaliation.pdf</p> <p>Module Five Response and Reporting of Sexual Abuse and Sexual Harassment.pdf Module Five Response and Reporting of Sexual Abuse and Sexual Harassment.pdf Module Four Prevention and Detection of Sexual Abuse.pdf</p> <p>Module One Overview of the Law and Your Role.pdf</p> <p>Module Six Respectful and Professional Communication with Youth.pdf Module Three Professional Boundaries.pdf</p> <p>NIC PREA Investigating Sexual Abuse in a Confinement Setting_ Policy 8.42 Crime Scene Preservation.pdf</p>

Policy 22.1 Sworn Law Enforcement ID Cards Section I page 1.pdf Policy 22.3 Internal Investigations.pdf

DOJ PREA Letter.pdf

Training Certifications

115.334 (a):

The PAQ requires in addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

The agency provided general training standards for all staff and specialized training through NIC, GBI, and Standard 22.3 Internal Investigations. The agency also provided documentation of acknowledgement of the general and specialized training.

Policy 22.3 requires that trained, qualified, and professional investigators from the Office of Investigations conduct administrative and criminal investigations.

Employees shall cooperate fully in internal administrative investigations and provide accurate reports of violations of law, policies, and/or conduct by youth and staff.

Before conducting a PREA-related investigation, investigators must receive the following training:

PREA Investigations Training

Internal affairs investigations;

Interviews and interrogations; and

Fundamentals of Criminal Investigations, if the investigator has no previous investigation training.

115.334 (b):

The PAQ requires Specialized training that 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.

In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (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 required to substantiate a case for administrative action or prosecution referral.

The agency utilizes GBI and NIC training curricula in training staff on 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.

The chief of investigation provided a memo of facts stating that this letter confirms compliance with DJJ 22.3 - DJJ Investigations Process and that all timelines for completing PREA Investigations have been met.

The Georgia Department of Juvenile Justice, Office of Investigations, has a PREA Investigative Unit to investigate DJJ PREA allegations statewide. The team comprises four investigators (currently one vacancy), a supervisor, and a chief investigator.

Each member of the team has reviewed the National Sexual Assault Evidence Protocol manual and follows the National Sexual Abuse Protocol while conducting PREA and sexual abuse investigations.

Each member of the PREA Investigations Unit has completed the online PREA training "Investigating Sexual Abuse in a Confinement Setting" sponsored by the US Department of Justice, National Institute of Corrections.

In addition to the DOJ online training, the senior members of the PREA Unit, as of this date, have received numerous hours of specialized training to include Fundamentals of Criminal Investigations, Interviews and Interrogations, Cross Gender Pat Search, Commercial Exploitation of Children, Child Sexual Abuse Prevention, PREA Management Training, Specialized PREA Training, Sexual Assault Investigations, Crime Scene Processing, Responding to Sexual Assaults, Victim Assistance Training, Investigation and Prosecution of Child Abuse, Investigations of Crimes Against Children, and Crime Scene Photography.

During the interview with the Director and Assistant Director for Investigations, they indicated that their staff have received NIC training and POST specialized training.

All of their staff also receive generalized PREA training.

115.334 (c):

The PAQ requires the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The center provided certifications from all staff who have received specialized training. The auditor requested and received acknowledgement that the facility investigator had completed annual PREA refresher training.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations, Module One Overview of the Law and Your Role

Module 2 Residents' Right to be free from sexual abuse and sexual harassment and from retaliation.pdf

Module Four: Prevention and Detection of Sexual Abuse

Module Five Response and Reporting of Sexual Abuse and Sexual Harassment.pdf

Module Six: Respectful and Professional Communication with Youth

Policy 23.1 PREA Section VI O-P Pg. 15.pdf PREA Training Matrix.pdf

Augusta Medical College Contract with DJJ.pdf Interview with

Medical Nurse

Mental Health staff

115.335 (a):

PAQ requires 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.

The agency contracts with Augusta Medical College for Medical staff. The contract stipulates that AU agrees to assist DJJ in complying with the standards outlined in the Prison Rape Elimination Act (42 U.S.C. § 15601 et seq.) ("PREA") and its applicable regulations (Standards for Juvenile Facilities, 28 C.F.R. § 115.311 et seq.). AU employees, agents, officials, or subcontractors providing services in DJJ facilities will be required to submit to criminal background checks by DJJ and to sign a statement agreeing not to sexually abuse or harass any DJJ youth and to participate in training, as determined by DJJ.

The facility provided policy 23.1 and training modules that address the Zero Tolerance policy, all full- and

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.

4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse.

6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.

115.335 (b)

The PAQ requires If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility provides that its medical or mental health staff does not conduct forensic medical examinations.

115.335 (c):

The PAQ requires 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.

The agency provided certificates of specialized training to medical and mental health practitioners who regularly work in its facility. The staff receive documented training.

115.335 (d):

The PAQ requires that 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.

The contracted staff received annual training, as verified by interviews with medical and mental health personnel and by review of training acknowledgements.

In an interview with the medical staff, she indicated that she is a contracted full-time employee and has received new staff PREA training through the DJJ HUB and additional specialized training through Augusta Medical College.

In an interview, the mental health professionals indicated that they had received both basic PREA training and specialized training.

In the last 12 months, 11 mental health or medical staff members received the specialized training.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination.</p> <p>Initial Custody and Housing Assessment.</p> <p>Re-Assessment C&H.pdf PREA Screening Report.pdf SOGIE Forms.pdf</p> <p>Incident-based screenings 2.pdf</p> <p>Policy 11.2 Nurse Health Assessment and Physical Examination</p> <p>Policy 11.1 Medical Intake Screening Section III G Pages 3-4.</p> <p>Policy 12.10 Mental Health Screening.</p> <p>Policy 17.1 Admission to A Secure Facility.</p> <p>Policy 17.3 Custody and Housing Assessment.</p> <p>Policy 20.20 Screening and Placement of Youth.</p> <p>Policy 23.1 PREA Section VII A-L Pages 15-18.</p> <p>PREA-Assessment Screening Report Training Guide(May24) Interviews</p> <p>Staff responsible for Risk Screening</p> <p>PREA coordinator</p> <p>PREA compliance manager</p> <p>Random Residents</p> <p>Targeted Residents</p> <p>115.341 (a)(b)(c)</p> <p>The PAQ requires 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.</p> <p>Such assessments shall be conducted using an objective screening instrument.</p> <p>The PAQ requires 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)</p>

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 detainees that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other detainees.

The center provided policy 23.1, , 12.10 Mental Health Screening, 11.1 Nurse Health Assessment, and copy of the screening instrument and documentation of resident screenings.

Policy 23.1 requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

A. The intake worker/officer must ask each youth, in a private area, the following question prior to being searched and showered: "Have you been sexually exploited, assaulted, raped, and/or molested within the past 72 hours (3 days). If the youth answers YES, staff will immediately follow the protocol in DJJ 23.1, Prison Rape Elimination Act (PREA), Section VIII. G, Preserve and Protect any Evidence.

B. 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).

C. Youth vulnerability assessments will be conducted and documented by generating the PREA Screening Report (PSR). At a minimum, the report will attempt to ascertain information about the following:

1. Prior sexual victimization or abusiveness;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse;
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 youth's perception of vulnerability; and
11. Any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths.

115.341 (d).

PAQ requires 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.

Policy 23.1 and in interview with the staff that conducts the initial screening information, the resident's information will be ascertained through conversations with the youth during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or Juvenile Tracking System (JTS). Information from the screening and other resources will be populated into the youth PREA Screening Report (PSR).

115.341 (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.

Policy 23.1 mandates that the facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and the Facility PREA Compliance Manager. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or other residents.

Residents interviewed confirmed that when they first came to the facility, they were asked questions about whether they had ever been sexually abused, whether they identified with being gay, bisexual, or transgender, whether they had any disabilities, and whether they thought they might be in danger of sexual abuse at the facility. They stated they were asked these questions on the first day at the facility. Ten of the residents had previously been housed at MRYDC. Each indicated they must complete the screening process each time they return to the center.

The Staff Responsible for Risk Screening confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she

	<p>screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. Resident’s risk levels are reassessed every three months.</p> <p>The PREA coordinator interviewed indicated that the Screening Instrument is considered protective HIPPA information. The information is provided to the facility management team members on a need-to-know basis.</p> <p>The auditor reviewed the Screening of the 16 youth that were selected to be interviewed. Eight of the youth had been at the center for less than 72 hours and the screening instrument had not been uploaded to the JTS program at the time of the interviews. All residents said the medical staff ask them questions about sexual abuse. The mental health staff asked about our sexual orientation or if we like girls or boys.</p> <p>Compliance with this standard was determined by review of the screening instrument, interviews with random staff, the PREA compliance manager, and the facility director.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Policy 15.11, Request for Service.</p> <p>Policy 23.1, Prison Rape Elimination Act (PREA) Section VII. M-P, Pages 17-18 - Placement of Residents in Housing, Bed, Program, Education, Work, and Assignments</p> <p>Custody and Housing Assessment</p> <p>Policy 17.3, Custody and Housing Assessment Policy 18.4, Work Activities for Youth Interviews with:</p> <p>Facility director</p> <p>PREA Compliance Manager</p> <p>Random Staff</p>

Medical Mental Health

115.342 (a)(b):

The PAQ requires the agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents to keep all residents safe and free from sexual abuse.

The PAQ requires that 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.

The facility provided policies 23.1, 17.3, and 18.4

Policy 23.1 mandates that all information obtained shall be used to make housing, bed, program, and work assignments for youth with the goal of keeping all youth safe from sexual abuse. The facility makes individualized determinations about how to ensure the safety of each youth. The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

Residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

The interviewed PREA Coordinator reported that the facility does not have special housing units for lesbian, gay, bisexual, transgender, or intersex residents. All youth are placed in the same type of room/cell. They're individual rooms, so there is immediate separation for all.

The interviewed staff responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. The facility places sexual abuse victims and sexual abuse predators completely separate and makes sure they do not rotate together.

The staff interviewed responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. The facility places sexual abuse victims and sexual abuse predators completely separate and makes sure they do

not rotate together.

The facility director indicated that the center does not utilize isolation to house youth who are subject to being victims or fear of being victimized.

115.342 (h)(i)

The PAQ requires that if a resident is isolated pursuant to paragraph (b) of this section, the facility shall 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.

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.

The center provided a statement of fact from the facility director that indicated that if a resident is isolated, the facility shall clearly document:

Policy mandates that, before segregating youth, the facility document the following:

- (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

In the last audit cycle, the center has not had a youth at risk of sexual victimization who was placed in isolation.

If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

According to interviews with the facility director, the facility would place residents under one-on-one supervision until the risk was resolved. They would not isolate in a room or housing unit.

The RYDC also completes a Custody and Housing assessment on all youth that includes parts of the screening form. However, the Custody and Housing assessment includes past behavior while housed in JDC facilities and criminal history and charges that facilitated the youth being placed at the RYDC.

Compliance with this standard was determined through a review of the screening instrument, interviews with randomly selected staff, and interviews with the PREA compliance manager and the facility director.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence relied upon in making the compliance determination

15.2 Grievance Process.docx

17.1 Admission To A Secure Facility.

Resident handbook English and Spanish.

Policy 8.5 Special Incident Reporting.pdf

Policy 15.2 Attachment A Grievance Form

Policy 15.3, Youth Access to Courts and Counsel

Policy 15.5, Youth Visitation

Policy 15.7, Access to Telephone

Policy 17.1, Admission and Release

Notification of Foreign National in Detention Form

Posters with Telephone Numbers and/or Mailing and Email Addresses

Sexual Abuse and Harassment are Never Okay Poster

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

The National Sexual Assault Hotline

DJJ Office of Victim Services 3408 Covington Highway, 1st Floor Decatur, Georgia 30032

DJJ Office of the Ombudsman 3408 Covington Highway, 4th Floor Decatur, Georgia 30032

DJJ Office of Investigations 3408 Covington Highway, 4th Floor Decatur, Georgia 30032

The Georgia Department of Family and Children Services Hotline (Child Protective Services Hotline)

Georgia Center for Child Advocacy

Georgia DJJ Online Intelligence

Tip Form

Interviews

Random Residents

PREA compliance manager

Random Staff

115.351 (a)

The PAQ requires 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.

The agency provided multiple reporting options for youth. They include completing a Help Request Form;

Filing a Grievance (there is no time limit for filing a sexual abuse-related grievance);
Dropping a note in the Director's box;

Telling a counselor, JCO, community juvenile detention counselor, medical staff, mental health staff, the Director, an Assistant Director, parent/guardian, chaplain or minister, or any adult or friend that you trust.

Calling Georgia Department of Juvenile Justice Office of Victim Services
(1-866-922-6360)

Georgia Department of Juvenile Justice Ombudsman Office (1-855-396-2978)

Calling the National Sexual Assault Hotline operated by RAINN (800-656-4673)

Calling the Outside Victim Advocates for Emotional Support Services Related to Sexual Abuse.

The facility provided an email from the Victim Services stating that one complaint was filed by a resident during the 12 months preceding the audit. The complaint was not PREA-related.

The auditor dropped a note in the drop boxes and was contacted shortly by a staff member. The auditor called the Victim Services and spoke with a victim services advocate. The auditor called the GDJJ Ombudsman office and spoke with a staff member in that office. The auditor called the National Sexual Assault hotline and was connected to the Child Advocacy Center.

PREA posters guide the residents on multiple ways to make a report. On-site, the

auditor observed that posters were placed throughout the facility. In addition, there were grievance boxes located in the housing area. Near the grievance boxes, there were accessible forms ready for the residents or staff to complete a grievance.

Posters were located in the multipurpose room, front entrance, intake area, housing unit, and dining room. All posters were multicolored and easy to read. There were no posters that were blocked from being seen. The residents also receive a resident brochure.

Posters included

No Means No, Report Sexual Abuse

Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
Sexual Abuse and Harassment are Never Okay

The National Sexual Assault Hotline (RAINN)

DJJ Office of the Ombudsman 3408 Covington Highway, 4th Floor Decatur, Georgia 30032

DJJ Office of Investigations 3408 Covington Highway, 4th Floor Decatur, Georgia 30032

The Georgia Department of Family and Children Services (Child Protective Services Hotline)

Georgia Center for Child Advocacy

United States Immigration and Customs Enforcement

115.351 (b):

The PAQ requires the agency to 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 can 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 with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The center provided the telephone number and address of the Advocacy Services Outside of Georgia DJJ Facilities, The Georgia Department of Family and Children Services Hotline, and the National Sexual Assault Hotline

The three numbers were called by the auditor, and the auditor spoke with staff at the center. The DFCS indicated the staff would contact the local DFCS, the DJJ investigative unit, and local law enforcement if the report was criminal in nature. The RAINNS staff indicated they would contact the State Child Abuse Hotline and offer to connect the resident with a local victim advocate.

The center has a poster with contact information for the United States Immigration and Customs Enforcement. This information is also provided to youth when they arrive at the center.

A resident can request writing materials to write and send a letter to one of these resources. Interviewed residents were aware of the abuse hotline and could articulate how to access the telephone. Residents indicated they use the same phones to call their parents, legal guardians, and attorneys.

115.351 (c):

The PAQ requires staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Policy 8.5 Special Incident Reporting requires any staff, contractor(s), or volunteer(s) who receive a report of sexual misconduct or possible sexual misconduct to ensure that it is reported to the Child Abuse hotline, local law enforcement if criminal in nature. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. In addition to reporting to supervisors or officials and designated state or local service agencies, staff are prohibited from disclosing any information related to a sexual misconduct report to anyone, except as necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff who follow up to report the allegations shall not be afforded anonymous status.

All staff, contractors, and volunteers are required to report immediately any knowledge, suspicion, or information received regarding 1) any incident of sexual misconduct that has occurred in a facility; 2) retaliation against youth or staff who report sexual misconduct; and 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the Child Abuse Hotline, local law enforcement if criminal in nature, as required by mandatory reporting laws and Department policy.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All staff and residents interviewed revealed they are familiar with the provisions of the standard.

All of the residents' interviews demonstrated their familiarity with the various ways they may report, either in person, in writing, by phone, completing a PREA/ grievance or Medical Request Form, or through a third-party.

Interviewed residents and staff were aware that third-party reports could be made and that reports could be made anonymously.

Staff members interviewed were aware of their duty to receive and document third-party reports. Staff indicated they would accept a verbal report, which was completed.

115.351 (d):

The PAQ requires that the facility provide residents with access to the necessary tools to make a written report.

The facility provides residents with access to the tools required to make a written report. Writing materials are readily available for residents to complete the accessible forms. During the site visit, the auditor observed the accessibility of writing utensils to the residents. The resident handbook provides information to the youth on how to access paper and pencils from staff.

Drop boxes were located in the multipurpose area and front entrance of each housing unit.

A resident can request writing materials to write and send a letter to one of these resources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access to the telephone. Residents indicated they use the same phones to make calls to their parents, legal guardians, and attorneys.

115.351 (e):

The PAQ requires the agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.

Policy 23.1 provides that Staff can privately report sexual abuse and sexual harassment of residents by calling the National Sexual Abuse Hotline or using the DJJ Online Intelligence Tip Form. 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 a method for the staff, the public, parents, or friends to report sexual abuse in the facility.

Staff interviewed identified that they can report to their supervisor, use the DJJ Online Intelligence Tip Form, or speak with the facility director on a one-on-one basis at any time.

Staff are trained during their first 5 days of employment on their reporting requirements and how to submit a report. Staff receive refresher training annually.

During the tour of the center, the auditor had conversations with ten staff. While there were various ways staff would utilize to make a private report, all staff were aware of how to submit a private report.

Compliance was determined through a review of posters, policies, and staff interviews, as well as calls to the child abuse hotline and consultations with the PREA Coordinator.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DJJ Policy 15.2, Grievance Process Section I.-IV., Pages 1-7 - Grievance Process Grievance Form Grievance Tracking Sheet (January 2025 - November 2025) Resident Handbook (p 14) Pre-Audit Questionnaire Facility Accountability Statement</p> <p>15.352 (a):</p> <p>The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>The center provided Policy 23.1 and 15.2.</p> <p>Policy and practices: Youths are allowed to submit a grievance regarding an allegation of sexual abuse and/or sexual harassment at any time, regardless of when the incident is alleged to have occurred. The facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith. Policy 15.2 Grievance Process indicates a directive clarifying that any grievance that involves PREA shall follow the procedures in Policy 23.1, Prison Rape Elimination Act, rather than the guidelines of Policy 15.2 Grievance Process. Any allegations of sexual abuse or harassment will be immediately forwarded to the Office of Investigation to be investigated by trained investigators from that office.</p> <p>If it is an emergency grievance, the center will take proactive measures to protect the youth, including meeting with the youth and implementing a retaliation log.</p> <p>Instructions for filing grievances are provided to residents in the residents' handbook and on PREA posters.</p> <p>Based on the PAQ and documents provided to the auditor, there were no grievances filed reporting either sexual abuse or sexual harassment. There were no emergency grievance files.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and a corrective action is not required.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination.</p> <p>Reporting Sexual Abuse or Contacting Advocacy Services Outside the Facility (Emotional Support Flyer)</p> <p>Help Request</p> <p>Outside Victim Advocacy</p> <p>Consular and Trade Offices</p> <p>CSEC Response Comprehensive Assessment-CSEC Response Contact Sheet_2022</p> <p>First Responders One Pager Training Tool</p> <p>115.353 Office of Victim Services Brochures.</p> <p>Policy 15.3 Youth Access to Courts and Counsel.</p> <p>Policy 15.5 Youth Visitation.pdf</p> <p>Policy 15.6 Access to Mail.pdf</p> <p>Policy 15.9 Rights of Youth Ombudsman</p> <p>Policy 15.11 Request for Services</p> <p>MOU with CAC- Crescent House.</p> <p>115.353 (a):</p> <p>The PAQ requires 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 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.</p> <p>The facility provided Poster and Resident handbook information on contacting the CAC - Crescent House, National Child Abuse Hotline (RAINN), and orientation for immigration purposes. The center also provides the telephone numbers and</p>

pamphlets from Consular and Trade Offices.

Policy 23.1 mandates 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.

When a foreign youth arrives at the center, the intake staff provides the resident with a copy of the Consular and Trade Offices pamphlet. The intake staff then reads the following to the youth, which may include an interpreter as needed: "We are required to notify your country's consular officers here in the United States that you have been arrested or detained. We will do this as soon as possible. In addition, you are entitled to communicate with your consular officers. You are not required to accept their assistance, but your consular officers may be able to help you obtain legal representation and may contact your family and visit you in detention, among other things."

Sixteen residents at the center were interviewed. All residents who were interviewed regarding the victim knew about the emotional support hotline. The residents indicated that you just have to ask for a call, and staff would allow you to call and let you use the private office next to the housing unit, and you could call at any time.

115.353 (b):

The PAQ requires 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.

The facility provided that the center had an MOU with the CAC-Crescent House and allowed residents to use the program. When contacted, the center staff indicated the program has a crisis center hotline, provides emotional support staff, and victim advocates.

Policy 23.1 requires the center to inform residents, prior to granting them access, the extent to which their communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses the confidentiality of the advocacy support services. The resident is informed of the limitations of confidentiality during the intake process. When contacted by phone, the center's staff explained that they always inform callers that calls are confidential.

115.353 (c):

The PAQ requires 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.

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.

The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of confidential external support services for residents. The agency has an MOU with the Children's Advocate Center, specifically with Crescent House, which is located on the grounds of Macon Children's Hospital.

In an interview with staff from the Victim Services, it was noted that the center provides a crisis hotline for emotional support and victim advocacy services, and the auditor noted the emotional support (Crisis) hotline during the tour.

The Crescent House also provides telephone numbers and the address of the Crescent House. The MOU with the Crescent House provides services to residents of sexual abuse through the investigative process and offers emotional support to residents through the examination, interview, and after completion of these services, and follow-up when the youth leaves the detention center.

115.353 (d):

The PAQ requires 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.

The facility provided Policy 15.3 Youth Access to Courts and Counsel, and Policy 15.6 Access to Mail, 15.7 Access to telephone, and 15.5 Youth Visitation.

Policy 15.3 mandates that youth in Department of Juvenile Justice (DJJ) facilities/ programs shall have the right to uncensored, confidential contact with their legal representative by telephone, in writing, or in person. Youth in DJJ facilities/programs shall not be denied access to the courts. Youth shall be assured that seeking judicial relief will not be met with reprisal or penalty from any agent of the Department.

These rights shall not be diminished or denied for disciplinary reasons. The center will inform youth during the intake process that they will have reasonable, confidential access to their attorneys and other legal counsel.

A youth's attorney will have the right to meet with the youth at any reasonable time. Except in unusual circumstances, the attorney requesting the meeting should be encouraged to hold it at a time most convenient for the youth. All attorneys must

present their Bar card in addition to any other required identification at the time of the visit.

The center provides residents with access to parents or legal guardians through phone calls, weekly face-to-face visits, and two stamps for written communication via mail. This information is located in the resident handbooks.

The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians.

Residents indicated they may call their parents twice a week and may make a private call in an office if they need to discuss legal or private matters with their parents or legal guardian.

According to an interview with the facility director, we ask the attorney to make an appointment to see the youth or set up a time to talk by phone or have a visit with the attorneys whenever they would like. However, we will not turn a verified attorney away from seeing his client.

The site tour identified areas where residents could meet privately with a legal representative and the visitation area for family visits.

All residents interviewed stated that families could visit and provided the days and times for visits and phone calls. The resident indicated that staff dial the number and then allow them to take the phone into their room to speak with their attorney or parents.

The facility director confirmed that the Facility provides residents with reasonable, confidential access to their attorneys or court representatives and to parents or legal guardians. Residents can contact their attorney by requesting an attorney call. Staff will expedite the call and allow the resident to call from a private office.

The PREA compliance manager indicated that attorneys or residents can schedule call times, and residents may use one of the cell phones in the common area or a private office to speak with their attorney.

The PREA compliance manager indicated they handle the same process with parents in an emergency or when the resident needs to speak with them about private matters.

Residents interviewed, both formally and informally, while touring the facility, indicated they were allowed to visit their families and to speak privately with their parents or legal counsel.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence was used in making the compliance determination. Posted Information Policy 23.1 PREA Section VIII Q-R Pg. 21-22.pdf Office of Victim Services Brochures. Policy 15.3 Youth Access to Courts and Counsel. Policy 15.5 Youth Visitation.pdf Policy 15.9 Rights of Youth Ombudsman Policy 15.11 Request for Services Test for the third-party reporting 115.354 (a)</p> <p>The PAQ requires 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.</p> <p>The center provided 23.1, posted third-party reporting procedures, and information for families, volunteers, contractors, and the public.</p> <p>Reporting Posters were posted in the visitation room, the control room window, the front entrance, and the main lobby of the facility. The posters contain a phone number and the various ways for families to make a notification of sexual abuse or sexual harassment to the Department of Juvenile Justice or Macon RYDC. The poster was brightly colored and prominently displayed.</p> <p>All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child abuse hotline, and the office of investigations.</p> <p>The auditor called the Victim Services reporting phone number and spoke with an agency staff member.</p> <p>A review of the website provided a reporting form that was submitted by the auditor. The auditor received a confirmation that the report had been received and will be investigated, and the auditor will be notified of the outcome</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

<p>115.361</p>	<p>Staff and agency reporting duties</p>
	<p>Auditor Overall Determination: Meets Standard</p>

Auditor Discussion

Evidence relied upon in making the compliance determination.

Policy 23.1, Prison Rape Elimination Act (PREA) Section IX, A-C, Pages 22-23 - Official Response Following a Youth Report: Staff and Agency Protection Duties

Policy 8.5, Special Incident Reporting Chain of Command Notification

Georgia Child Protective Services Mandated Reporter Form Special Incident Report (SIR) Form

Interviews with

PREA Compliance Manager

Facility Director

Randomly Staff

Medical and Mental Health Staff

115.361 (a) (b)(c)

The PAQ requires 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. The agency shall also require all staff to comply with applicable mandatory child-abuse reporting laws.

The PAQ requires, apart from reporting to designated supervisors or officials and designated State or local services agencies, that 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.

The facility provided policies 23.1 and 8.5, as well as annual refresher training for staff.

All staff are required to follow the Georgia Mandated Reporter Law - O.C.G.A. §19-7-5 (2016).

The agency provides a Mandated Reporting Form that is required for Mandated Reporters. The form provides the following notice to the reporter:

Georgia Child Protective Services Mandated Reporter Form

A report can be made by calling 1-855-422-4453, 24 hours a day, 7 days a week, 365 days a year. A Centralized Intake Specialist will respond to your call quickly and gather the necessary information needed to assess the child's safety.

Mandated Reporters also have three additional CPS reporting options.

Please use only one CPS reporting option:

Option One: Complete your report on the CPS mandated reporter website at: <https://cps.dhs.ga.gov>. Upon submitting the report, you will receive an automated reply from the website confirming receipt of the CPS report. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and the stage is progressed in SHINES, you will receive a mandated reporter letter via email to the email address used to log into your account.

Before you can register on the mandated reporter website, you must take a short, free online mandated reporter training offered by Pro Solutions training at: <https://www.prosolutionstraining.com>.

Option Two: E-mail this form to cpsintake@dhs.ga.gov. You will receive an automated reply confirming receipt of the CPS report. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and the stage is progressed in SHINES, you will receive a mandated reporter letter via email to the email address provided on this form.

Option Three: Fax this form to 229-317-9663. Once the report is entered and the stage is progressed in SHINES, you will receive a mandated reporter letter via email to the email address provided on your fax. You will receive a return phone call within 2 hours if additional information is needed.

All reporters can submit an anonymous report. Your information will be kept confidential and will not be shared. If court action is initiated, the case record may be subpoenaed in court proceedings, and the reporter cannot be assured that confidentiality will be fully protected. It may be necessary for you to appear in court to protect the child. All reporters are immune from liability when the report is made in good faith.

Staff confirmed that PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse.

Policy 23.1 and 8.5 mandate all staff to report immediately in accordance with the DJJ

8.5, Special Incident Reporting, and DJJ 8.5, Child Abuse Reporting, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners are required to report sexual abuse to designated supervisors or the PREA Unit Field Supervisor. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than medical and mental health professionals.

Upon receiving an allegation of sexual abuse, the facility Director or designee will

promptly report the allegation to the appropriate agency office and to the alleged victims' parents/legal guardians, unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim's caseworker rather than to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility Director or designee shall report the allegation to the youth's attorney of record within 14 days of receiving the allegation. Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors.

When completing the required Special Incident Report (SIR) (DJJ 8.5, Special Incident Reporting, Attachment A: Part A), staff must complete the JPPS/Court notification and Parent/Guardian notification sections.

Twelve staff were interviewed. Each of the people interviewed knew they were mandated reporters and understood they reported to their shift supervisor and the Child Abuse Hotline, and only to another person on a need-to-know basis. All staff interviewed indicated they can submit a private report by calling the Child Abuse Hotline or by speaking with the PREA coordinator or facility director in private.

The PREA compliance manager confirmed that the center operates in accordance with policy mandates.

An interview with the facility Director confirmed that upon notification of a sexual abuse allegation, he will notify the Regional Administrator, DJJ PREA Investigations Unit, the Department of Family and Children Services (DFACS), and the Georgia Mandated Reporter Form will be completed. Additionally, the youth's parent or legal guardian will be notified in accordance with DJJ policy. She further stated that if a juvenile court retains jurisdiction over the victim, the allegation would be reported to the juvenile's attorney or other legal representative of record.

115.361 (d):

The PAQ requires (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.

In interviews with medical and mental health staff, each was aware of their reporting obligations to inform residents. Neither has received an allegation at the center. Each also indicated that they are mandated reporters and advised their duties to report to all residents upon admission to the center. Interviews with the Medical Director and two mental health professionals confirmed that limitations of confidentiality are explained before each assessment and session; as a mandatory report, they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it

115.361 (e):

The PAQ requires 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 guardianship of the child welfare system, the report shall be made to the alleged victim's case worker 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.

The facility provided interviews with the PREA Compliance Manager and facility director and Child Abuse Reporting provides that upon receiving any allegation of sexual abuse, the facility head or their 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.

Upon receiving any allegation of sexual abuse, the facility director 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.

If a juvenile court retains jurisdiction over the alleged victim, the facility director 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.

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

The interviewed PREA compliance manager reported that when the facility receives an allegation of sexual abuse call, they will call the Child Protective Services hotline. Following the call, the reporting staff must prepare a report. If a juvenile court retains jurisdiction over the victim, they are informed within 24 hours of any allegations of sexual abuse.

The facility director reported that if there is an allegation of sexual abuse or sexual harassment, the allegation is reported to them. Then he would report it via the hotline for investigation.

115.361 (f):

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

The facility provided 23.1, 8.5, and staff training:

	<p>Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately 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 to the shift supervisor, PCM or Administrator.</p> <p>Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect, and retaliation.</p> <p>The center has had four allegations of sexual abuse or sexual harassment in the last 12 months.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination: Youth Safety Plan Memo</p> <p>PREA Accountability Statement</p> <p>Policy 8.7 Attachment B Confinement Checks Form Policy 8.7 Protective Custody.</p> <p>Policy 8.9 Child Abuse Reporting.</p> <p>Policy 23.1 PREA Section IX A-C pg. 22-23. Policy 23.2 Sexual Assault.</p> <p>Interview</p> <p>PREA Compliance Manager</p> <p>Facility Administrator,</p> <p>Random Staff</p> <p>Agency Head</p> <p>PAQ</p> <p>115.362 (a)</p> <p>The PAQ requires 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 residents.</p>

The center provided policies 23.1 and 8.7, which require staff to protect the residents by immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety during the intake process and during the administration of Screening assessments.

Policy 8.7 requires the Department of Juvenile Justice to ensure that all youth have a mechanism to inform DJJ staff that they believe they are at risk of harm from others. Facilities staff will ensure that youth who make such a notification are protected utilizing the least restrictive alternative and that the situation is addressed as soon as possible.

Policy 23.1 mandates that staff will take appropriate steps to protect all youth and staff who report sexual abuse or cooperate with sexual abuse investigations from retaliation by other youth or staff. The facility/program/office will employ multiple protection measures, including custody and housing changes, Special Management Plans, "No Contact Status," or transfers for youth victims or abusers.

During the formal interviews with residents, the auditor asked each resident about their feelings of safety at the center. All residents indicated they felt safe, and the center's staff were available to address any concerns.

The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse, they will separate the involved parties, move them to a safe location, immediately contact the shift supervisor, and the facility director. Such actions will be taken immediately.

The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, the center would immediately remove the resident from the immediate danger/unsafe zone until less restrictive measures can be found. We would make sure that the resident/victim is not in contact with any perpetrator with whom the resident is at risk of imminent sexual abuse. Staff are expected to respond immediately.

The interviewed facility director reported that when they learn that a resident is at substantial risk of imminent sexual abuse, staff are trained to separate the residents immediately. We may have to change cottages, monitor daily, and change classrooms. Check for any additional red flags. Staff are expected to respond immediately.

In a memo from the director of Macon RYDC, in the past 12 months, the facility has not determined an incident where the facility would have taken action regarding a youth being subject to substantial risk of imminent sexual abuse.

Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility director.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.363	Reporting to other confinement facilities
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1406 416">Evidence relied upon in making the compliance determination Policy 23.1 PREA Section IX F pg. 23.pdf</p> <p data-bbox="280 456 976 492">PREA Accountability Statement (s).pdf Interviews</p> <p data-bbox="280 533 699 568">Facility Director Agency Head</p> <p data-bbox="280 609 466 645">115.363(a-d)</p> <p data-bbox="280 685 1474 873">The PAQ requires that 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 the appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p data-bbox="280 913 1442 990">Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="280 1030 1206 1066">The agency shall document that it has provided such notification.</p> <p data-bbox="280 1106 1426 1182">The facility head or agency office that receives such notification shall make sure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="280 1223 1452 1581">Policy 23.1 states that Upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Director of the facility that received the allegation will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation. The facility will document that it has provided the required notification. The document will be provided as soon as possible, but no later than 72 hours from receipt of the allegation. The PREA Compliance Manager shall maintain documentation of notification.</p> <p data-bbox="280 1621 1452 1697">During the past 12 months, there were no allegations received that a resident was abused while confined to another facility.</p> <p data-bbox="280 1738 1474 1850">The agency head indicated in the interview that the center must immediately notify the sending center, the receiving center, and the Office of Investigation to conduct the investigation.</p> <p data-bbox="280 1890 1442 2002">The facility director indicated that no notification has been received at the center. However, if it were to be received, he would notify the office of investigation to conduct the investigation.</p> <p data-bbox="280 2042 1474 2119">Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

115.364	Staff first responder duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1406 416">Evidence relied upon in making the compliance determination Policy 23.1 PREA Section IX G-I pg. 23-24.</p> <p data-bbox="280 456 1477 533">Policy 23.2 Attachment A Facility Coordinated Response To SA Incident Sexual Abuse Coordinated Team Response</p> <p data-bbox="280 573 1342 609">Policy 23.2 Sexual Assault.pdf Staff First Responder Cards.pdf Staff training</p> <p data-bbox="280 645 628 680">Random Staff interviews</p> <p data-bbox="280 788 775 824">Random non-direct care interviews</p> <p data-bbox="280 900 496 936">115.364 (a)(b):</p> <p data-bbox="280 1043 1469 1662">The PAQ requires 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 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.</p> <p data-bbox="280 1697 1458 1818">The PAQ requires that if the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.</p> <p data-bbox="280 1854 1433 1930">The facility provided policy 23.1,23.2, Sexual Abuse Team Coordinated Response, and staff/contractor training.</p> <p data-bbox="280 1966 1458 2042">All center staff have been trained in direct supervision and can serve as direct care staff at any time. All staff are also considered first responders.</p>

Policy 23.1 requires the staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation, in accordance with DJJ 23.2, Sexual Assault.

The first direct care staff member to respond to the allegation will:

1. Take immediate action to protect and ensure that the victim is safe, and separate the alleged victim and perpetrator;
2. Obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions;
3. Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure that the abuser does not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.; and
5. If the first staff responder is a non-direct care staff member, they are required to ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff.
 - a. Youth who are alleged victims of sexual abuse will be treated in a sensitive and non-judgmental manner.
 - b. The agency prohibits the use of youth interpreters, youth readers, or other types of youth assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties under §115.364, or the investigation of the youth's allegations.
 - c. In secure facilities, staff will ensure that the garments/clothing worn by those involved and the scenes where the alleged act(s) occurred are protected to ensure that evidence is not further contaminated. This simply means securing any evidence until the arrival of law enforcement and/or the DJJ Office of Investigations. Securing means maintaining control over the evidence or scene and documenting any access to or deviations from that evidence. Staff shall not move, touch, or alter the evidence in any way. Staff should not discuss any facts of the incident with anyone except those directly involved in the response or investigation. All of this information is reportable to law enforcement and subsequent investigators.

	<p>Twelve staff were interviewed. Each of the staff members was able to articulate their responses if a resident made an allegation of sexual abuse. Each of the staff indicated they would separate the victim and abuser and request that the victim and abuser not do anything to destroy any evidence.</p> <p>One teacher and one maintenance staff were interviewed and were able to articulate their response to include notifying the closest direct care staff.</p> <p>Staff interviewed confirmed they knew their obligations when a resident makes an allegation or they suspect an incident of sexual abuse has occurred.</p> <p>Based on the PAQ and review of investigative files in the past 12 months, two allegations that a resident was sexually abused were reported.</p> <p>Of these allegations, security staff member were the first staff to respond to the report separated the alleged victim and abuser:</p> <p>Of these allegations in the past 12 months, no staff were notified within a time period that still allowed for the collection of physical evidence, and 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:</p> <p>Of these allegations in the past 12 months no staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report 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:</p> <p>Of the allegations that a resident was sexually abused made in the past 12 months, no non-security staff member was the first responder:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination.</p> <p>Policy 23.1 Attachment M Sexual Abuse Coordinated Team Response.</p> <p>Policy 23.1 PREA Section IX J-N pg. 24-25.</p>

	<p>Sexual Abuse Coordinated Team Response</p> <p>Interview with the facility director</p> <p>115.365 (a)</p> <p>The PAQ requires 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.</p> <p>Policy 23.1 Policy 23.1 establishes that the facility will use the Sexual Abuse Coordinated Team Response. The facility has confirmed that when residents are transported offsite for services, they are taken to Atrium Navient Medical Center and will be provided with an advocate from the Crescent Hose.</p> <p>The interviewed facility director reported that the facilities coordinate response is that initially direct care staff they are going to ensure safety with the victim, separate involved parties, make sure that they are not tampering with the evidence (no shower, change of clothes, leave site in tac), they will notify me and I will contact the local sheriff’s office and making a hotline call. We would offer a follow-up for emotional support services. We also provide residents with the opportunity to have a community victim advocate offer support services. Staff are trained on the plan each year.</p> <p>This plan outlines the procedures and specific duties of the First Responders, Control Room Operator, Medical Staff, Mental Health Staff, Administrative Duty Officer, Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members.</p> <p>Compliance was determined through a review of the Coordinated Response plan and interviews with the facility director, Captain, Shift Supervisors, medical director, mental health provider, and a randomly selected staff member.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination
	Memo Statement of Fact

	<p>Policy 23.1 PREA Section IX O pg. 25.</p> <p>The PAQ requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The center provided policy 23.1 and an interview with the agency head.</p> <p>Policy 23.1 indicates that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Note: DJJ is not involved in "collective bargaining" with union employees.</p> <p>In interviews with the agency head, 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.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination
	Retaliation Log (blank)
	Completed retaliation forms
	Policy 23.1 PREA Section IX P Pg. 25-26.pdf
	Policy 23.1 Attachment L PREA Retaliation Monitoring Sheet Memo for the Record
	Interviews with
	Agency Head
	Facility Director

Staff who conduct Retaliation Monitoring

115.367 (a):

The PAQ requires 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.

The facility provided Policy 23.1, retaliation sheets, and the Retaliation Monitor.

Policy 23.1 mandates that Directors, Facility PREA Compliance Managers, and other supervisors take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident reports alleged sexual abuse or sexual harassment, staff must complete the retaliation Log Sheets on each resident involved in the retaliation.

Monitoring.

Monitoring for retaliation shall start immediately once an allegation of sexual abuse or sexual harassment has been made. Monitoring shall last for at least 90 days.

Termination of monitoring may occur up to 90 days prior if the investigation determines that the allegation is unfounded or that the person (youth/staff) is no longer at the site. Monitoring may continue beyond 90 days if there is reason to believe retaliation or fear is an ongoing concern, or if there are any extenuating circumstances.

The PREA Compliance Manager shall immediately begin monitoring for retaliation upon receipt of an allegation.

When monitoring for retaliation, the following should be observed:

1. The conduct and treatment of a resident or staff member who reported the sexual abuse and sexual harassment.
2. Resident disciplinary reports.
3. Housing.
4. Program changes.

5. Negative performance reviews; or

6. Reassignment of staff.

The center provided a memo that indicated that during the last 12 months, there have been no allegations of sexual allegation of sexual abuse that resulted in retaliation.

An interview with the Agency head indicated that facility leadership will assess the situation and speak with the youth about their safety. Additionally, the facility has a PREA Compliance Manager who is responsible for monitoring for retaliation. If necessary, we will change housing units, change facilities, remove alleged abusers, and youth are offered follow-up with mental health or outside counseling services.

In interviews with the facility director, he indicated that the center would monitor throughout the investigation. We would move the resident to other modules, classrooms, and recreation periods. If we expected retaliation, we would request that the Office of Investigation conduct an investigation.

We can also place staff on no-contact status or administrative leave.

If an individual who cooperates with an investigation expresses fear of retaliation, how does the agency take measures to protect that individual? We will monitor the situation and remove any parties that are involved in inciting fear among staff or youth. If the local staff are unable to conduct the monitoring, the agency PREA Coordinator or the Director of the Office of Victim Services will perform the monitoring. If retaliation occurs, it will be investigated.

The retaliation monitor indicated that she would meet with the staff and residents and explain the retaliation monitoring process. I would review any unexpected changes in the resident's routine, such as eating alone, not being with peers, staff not actively involved with the youth, a change in housing unit, and disciplinary reports. I would also give the youth a chance to speak with the emotional support staff at the Crescent House and ask for their input.

115.367 (b):

The PAQ requires the agency to 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.

The facility 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.

The facility director stated that he would meet with the youth as soon as the

incident was reported, ask about their safety concerns, and make immediate accommodations as needed to protect the resident and staff.

The interviewed staff charged with monitoring for retaliation reported that their role in preventing retaliation against residents and staff who reported sexual abuse or sexual harassment, or against those who cooperated with sexual abuse or sexual harassment investigations, was to keep the victim and predator separate and let the resident know of the supportive services available. The different measures taken include rotating residents separately from the accused. Have them in non-contact.

When asked Do you initiate contact with residents who reported sexual abuse it was reported that we would make contact and check in at least once a shift.

The retaliation monitors and PREA compliance manager indicated they would provide resident housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services.

115.367 (c):

The PAQ requires that, 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. It shall act promptly to remedy any such retaliation. Items the agency should monitor include resident disciplinary reports, housing or program changes, and negative performance reviews or staff reassignments. The facility provided Policy 23.1, which requires the facility to monitor residents, beginning as soon as a resident or staff member makes an allegation of sexual abuse or sexual harassment, and will continue for a minimum of 90 days. Retaliation may continue beyond 90 days if the investigation, the resident's safety, the resident's perception of safety, or staff concerns warrant it.

There have been no incidents of retaliation during the 12 months preceding the audit.

115.367 (d):

For residents, the PAQ requires that monitoring also include periodic status checks.

The Retaliation monitor indicated status checks would be initiated with staff and residents.

The facility director indicated he would see the youth at least once a week to check in on how they are doing.

115.367 (e):

The PAQ requires that if any other individual who cooperates with an investigation

	<p>expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>The facility provided interviews with the agency head and facility administrator.</p> <p>The agency head and facility director indicated that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states that if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member.</p> <p>The facility director indicated he would monitor staff who report and/or cooperate with any investigations. The retaliation monitor interviewed indicated they would meet with the resident every week to ensure there is no retaliation for reporting sexual abuse or sexual harassment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination, Statement of Fact memo</p> <p>115.368 Policy 8.7 Protective Custody.pdf</p> <p>115.368 Policy 8.8 Use of Isolation.pdf</p> <p>115.368 Policy 8.5 Special Incident Reporting.pdf</p> <p>115.368 Policy 23.1 PREA Section IX Q pg. 26</p> <p>115.368 Policy 23.2 Sexual Assault.pdf</p> <p>Interviews</p> <p>Facility Administrator</p> <p>Medical and Mental Health Staff</p> <p>115.368 (a):</p> <p>The PAQ requires 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.</p> <p>The center provided policies 8.7, 8.8, 23.1, and 23.2. The center also provided a</p>

memo from the facility director stating that it has not used isolation during the last PREA cycle.

Policy 8.7 states that the Department of Juvenile Justice does not use isolation as a disciplinary sanction. When isolation of youth is required to maintain the facility's safety and security, it will be time-limited and only for as long as necessary to restore order. This policy will be consistent with all other DJJ policies regarding the use of isolation.

Policy 23.1 and 23.2 require that.

A Protective Custody Plan will be required for all youth determined to need ongoing protective custody measures. The SIR team will ensure that a staff person is assigned to complete the plan; and

Consideration of requesting that the youth be transferred to another facility. Any transfer request will be forwarded by the Director, via the chain of command, to the appropriate Assistant Deputy Commissioner (ADC). The Assistant Deputy Commissioner will inform the Director whether a transfer is feasible

1. Before placing a youth in isolation, all least-restrictive measures have been considered.

2. Any time a youth has been placed in isolation, staff must notify the Approving Authority within 30 minutes of placement. The Approving Authority must then authorize placement of the youth within 15 minutes of notification.

3. Use of Isolation is not required to begin with a "Cool Off"; however, if a youth's isolation period does begin as a "Cool Off," this period of time will count towards the 240 minutes (4 hours) of continuous isolation.

4. The Approving Authority must consult with mental health staff (in person or via the on-call process) before authorizing/requesting any extension of an Apparent Behavior isolation period. Mental Health staff will document this consultation in an Isolation Consultation progress note in JTS. The Approving Authority shall document this consultation on the Authorization for Use of Isolation (DJJ 8.8, Attachment C)

5. Apparent Behavior isolation will not continue beyond a scheduled sleep period.

Youth at risk for sexual victimization, or those who have been alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, the conditions must meet the minimal standards required by PREA Standard 115.342.

All initial action taken in response to a request for protective custody will be documented in the administrative review portion of the SIR.

The Managing Team will review all youth whose issues are addressed by a solution other than ongoing protective custody measures at the following two Managing Team meetings to ensure the solution adequately addresses the youth's concerns. These reviews will be documented as a team note in the appropriate JTS module.

If a youth is isolated, agency policy 8.7, Protective Custody, would be implemented.

If a youth is in PC and determined to require a Protective Custody Plan, the SIR team may authorize a PC extension of up to 48 hours while the Plan is developed.

This extension will be documented in the Administrative Review section of the SIR. The Director or designee must include in the documentation why no less restrictive means cannot ensure the youth's safety.

Plans will include at a minimum:

- a. The location(s) in which the youth identifies as feeling unsafe;
 - b. The situation(s) in which the youth identifies as feeling unsafe;
 - c. The individual(s) by whom the youth feels threatened;
 - d. Measures to be taken to assure the youth's safety. These will include:
 - (1) Measures for which the youth is responsible;
 - (2) Measures for which staff are responsible;
 - (3) Modifications to the youth's environment to help assure safety; and
 - (4) Any alternate programming or movement plan that will be utilized to help assure youth safety.
 - e. If PC is identified as a safety measure, the plan must also include a plan to reintegrate the youth back into regular programming as soon as possible;
 - f. The criteria for ending the Protective Custody Plan; and
 - g. Youth and staff signatures, including dates.
3. The completed Protective Custody Plan will be presented at the next Managing Team meeting by the staff member who was assigned to complete the plan with the youth.
 4. Active Protective Custody Plans will be filed in a separate section with Safety Protocols and Special Management plans.
 5. The shift supervisor will review all active protective custody plans daily.

6. The Protective Custody Packet will be uploaded to the correspondence module in JTS.

a. A mental health staff member will conduct daily rounds to evaluate all youth who are on PCC. (If a youth enters PCC after daily rounds have been performed, the youth may be assessed during the next rounds, but no later than 24 hours after the start of PCC.)

b. Mental health staff will document the daily rounds for each youth on PCC on the PCC Confinement Checks Form (Attachment A). Mental health staff will also enter a progress note into the Juvenile Tracking System (JTS) to document the PCC visit.

c. Encounters for youth on PCC will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to a private, adequately equipped area for evaluation.

d. If the youth's condition contraindicates continued PCC, the Designated Mental Health Authority will notify the facility Director to develop alternative arrangements for the youth until the condition improves.

a. A medical services staff will conduct daily rounds to evaluate all youth who are on PCC. (If a youth enters PCC after daily rounds have been performed, the youth may be assessed during the next rounds, but no later than 24 hours after the start of confinement.)

b. The medical services staff will document the daily rounds for each confined youth on the PCC Confinement Checks Form (Attachment A). The nurse will also enter a progress note into JTS to document the PCC visit.

c. Encounters for youth on PCC will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to a private, adequately equipped area for evaluation.

d. If the youth's condition contraindicates continued PCC, the Designated Health Authority will notify the facility Director to develop alternative arrangements for the youth until the condition improves.

When a youth is placed in a separation room for these circumstances, the conditions must meet the minimal standards required by PREA Standard 115.342.

The facility director provided a memo that indicated the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. There were no residents who had suffered sexual abuse who were placed in isolation during the past 12 months.

	<p>The facility director's interview confirmed compliance with this standard. According to the facility director, there has been no time when a resident was separated or isolated from other residents for an allegation of sexual abuse or harassment, or for fear of being sexually abused.</p> <p>The medical and mental health staff interviewed indicated that they visit any youth placed in time-out or cooling-off in their rooms. They also showed that they would visit residents segregated for their safety several times each day.</p> <p>During a tour of the center, staff, youth, and administrators did not identify any isolation rooms or areas. A review of the investigation reports did not reveal any youth who were segregated.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>NIC PREA Investigating Sexual Abuse in a Confinement Setting</p> <p>Policy 8.5 Special Incident Reporting pg. 1-8.</p> <p>Policy 22.1 Sworn Law Enforcement ID Cards pg. 1-3.</p> <p>Policy 22.3 Internal Investigations pg. 1 & pg. 6-7.pdf</p> <p>Policy 23.1 PREA Section X A-E Pg. 26-27.pdf</p> <p>Accountability Statement.pdf</p> <p>Interviews</p> <p>Facility Director</p> <p>PRA Coordinator</p> <p>Investigator</p> <p>Investigation File</p> <p>115.371 (a):</p> <p>The PAQ requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly,</p>

thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The center provided several policies that establish the agency's policy that all allegations of sexual abuse or sexual harassment will be investigated, including third-party reports of sexual abuse or sexual harassment. All allegation of sexual abuse is referred to the Office of Investigations.

The agency head, facility director, and investigator indicated that all allegations of sexual abuse or sexual harassment are investigated. When an allegation is made, the center calls the DFCS Child Abuse Hotline and the Office of Investigation. The local DFCS and DJJ investigators conduct independent investigations.

115.371 (b):

The PAQ requires that, 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.

Agency policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution. The Office of Investigations maintains documentation of each investigator's training. The Office of Investigations has a specialized PREA investigation unit comprising investigators and investigator supervisors. All investigators have completed the NIC Investigating Sexual Abuse in a Confinement Setting training.

15.371 (c):

The PAQ requires that Investigators gather and preserve direct and circumstantial evidence.

Evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy 8.5 Crime Scene requires the Office of Investigations to maintain the chain of custody for all evidence gathered during the investigation until completion or, if applicable, until the evidence is relinquished to law enforcement officers for further testing. Investigators shall collect and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence

including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating”

All staff interviewed were aware of their responsibility to secure the scene and not allow victims or abusers to destroy the evidence.

The investigator gathers all surveillance documents, telephone calls recording if available, conducts interviews with the resident victim, witnesses, staff on duty, control room staff, and lastly the abuser.

115.371 (d):

The PAQ requires the agency not to terminate an investigation solely because the source of the allegation recants the allegation

The policy states that if an employee resigns or is terminated, or if the victim/ reporter recants the allegation, the investigation will still be completed by the Office of Investigations.

The Investigator’s supervisor confirmed that an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e):

The PAQ requires 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.

The policy states that the Office of Investigations, as a sworn office, has the authority to investigate all allegations of criminal violations occurring on DJJ property. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies (e.g., GBI, local sheriffs, and police departments) as needed.

The Office of Investigation Supervisor confirmed that when he discovers evidence that a prosecutable crime may have occurred, he will consult with a prosecutor to determine whether the agency shall conduct compelled interviews. In Georgia, it is not required when there is overwhelming evidence.

115.371 (f):

The PAQ requires the credibility of an alleged victim, suspect, or witness, who will be assessed on an individual basis and not determined by the person's status as a resident or staff member. 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.

Policy 23.1, as confirmed in an interview, stipulates that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person’s status as a resident or staff member. The agency will

not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 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.

115.371 (g):

The PAQ requires 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.

Policy 23.1 mandates that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 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.

The investigator's written final report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Additionally, investigators review any prior reports and complaints of sexual abuse involving the suspected perpetrator. If, during an investigation, an accused employee resigns or is terminated, or if the victim/reporter recants the allegation, the investigation will still be completed. Also, the investigation will be completed even if the involved youth departs the facility during the investigation.

The investigator interviewed reported that the following efforts would be made during the administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse.

115.371 (h):

The PAQ requires that criminal investigations 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.

Policy and confirmed by review of investigative reports require the investigator to produce a final investigative report within the established timeframes for completion of the investigation, unless time is extended in writing by the Commissioner or designee. The final report will determine whether staff actions or failure to act contributed to the abuse. It will include a description of the physical and testimonial evidence, the rationale for credibility assessments, and investigative facts and findings.

The agency PREA coordinator provided an accountability statement. The center has not received any allegations that were referred for prosecution in the last 12 months.

115.371 (i):

The PAQ requires that Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy 23.1 requires that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

115.371 (j):

The PAQ requires 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 a juvenile resident and applicable law committed the abuse requires a shorter period of retention.

Policy 23.1 states that 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 a juvenile resident and applicable law require a shorter retention period.

115.371 (k):

The PAQ requires the departure of the alleged abuser or victim from employment or control of the facility or agency, which shall not provide a basis for terminating an investigation.

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

115.371 (m):

The PAQ requires that 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.

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.

A review of the investigative files was conducted via the Investigative Files Portal, maintained by the Office of Investigations. These files are password-protected and accessible only to staff with access to this portal. The center maintains

The core investigative special incident report is in a locked file cabinet in the director's office.

Compliance was determined through interviews with the Director and Assistant

	<p>Director of Investigations, the investigator, the PREA Coordinator, the Agency Head, the Agency website, and the facility Superintendent.</p> <p>Compliance was also assessed through a review of 4 investigative files.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination.</p> <p>Policy 23.1 PREA Section X F Pg. 27.pdf</p> <p>Policy 23.1 Attachment K Requirements of A PREA Case.pdf Investigator Training Curriculum</p> <p>Investigative Files</p> <p>115.372 (a):</p> <p>The PAQ requires 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.</p> <p>Policy states the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The investigator interviewed indicated that the finding is based on the preponderance of the evidence.</p> <p>Four allegations of sexual abuse or sexual harassment were reviewed. All indicated that the investigation outcome was based on the preponderance of the evidence.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determination:

Resident Notifications of Investigative Outcome.

Policy 23.1 PREA Section X H pg. 27.

Policy 23.1 Attachment I Resident Notification of Investigation Outcome.

Notification of Investigation Form (Located in the investigative file

Interviews with

Facility Administrator Director of Investigation

115.373 (a)(e):

The PAQ requires the following: 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.

All such notifications or attempted notifications shall be documented.

The facility provided Policy 23.1, notification forms, and an interview with the director of investigation and the facility director.

Investigator Training Curriculum: When an investigation into a youth's allegation of sexual misconduct occurring in a facility is conducted, the facility shall inform the victim or the victim's parent(s) or legal guardian(s) by letter whether the allegation has been substantiated, unsubstantiated, or unfounded.

At the conclusion of an investigation, based on an interview with the Director of Investigation, the Victim Services staff will inform the victim whether the allegation has been substantiated, unsubstantiated, or unfounded.

Investigations of sexual abuse resulted in one notification of the outcome of the investigation.

Policy 23.1 requires that all such notifications or attempted notifications be documented. The center has developed a form to notify residents of investigation outcomes.

115.373 (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.

Based on the PAQ and review of investigative files, the agency conducted all investigations during the last 12 months.

	<p>115.373 (c)(d):</p> <p>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 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.</p> <p>Following a resident's allegation that another resident has sexually abused him or her, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted 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.</p> <p>The review of the Resident Notification of Investigation outcome form, confirms that the facility notifies the alleged victim whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency's obligation to report under this standard shall terminate upon the resident's release from the agency's custody.</p> <p>Based on a review of the policy, interviews with the investigator and facility director, and the investigation files, the agency was determined to comply with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Policy 3.80 Employee Progressive Discipline.</p> <p>Review of investigative reports</p> <p>Policy 23.1 PREA Section XI A-D pg. 27</p> <p>Interview with</p>

Facility Administrator

115.376 (a)(b) (c) (d) :

The PAQ requires that staff be subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely, any degree of sexual abuse and harassment will be met with termination of the staff member.

All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement.

The PAQ requires that 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.

The facility provided policies 23.1 and 3.80, as well as an interview with the facility director.

The facility director indicated that upon the conclusion of the investigation, if staff are determined to have been involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.

Policy 3.80 states that the Department of Juvenile Justice emphasizes quality and excellence in all aspects of its operations and treats employees with dignity and respect. The Employee Progressive Discipline (EPD) process, managed by the Office of Human Resources (OHR), is used to address attendance problems, performance deficiencies, and behavioral issues as they arise, unless the offense warrants a higher level of action. The EPD is designed to support employee commitment to the organization and to encourage/promote the development of effective working relationships between supervisors and their subordinates. The EPD process does not relieve a manager of their responsibility to coach employee performance regularly.

A process that consists of a series of disciplinary actions, or steps, that are progressively more severe and lead to an employee's improved performance or dismissal from employment. The seriousness of the employee's deficiency or misconduct will determine the severity of the disciplinary action, which may include a Memorandum of Concern, Written Reprimand, or Adverse Action.

Policy 23.1 states that employee misconduct and/or negligence involving youth, for both classified and unclassified employees, will be investigated by the DJJ Office of

Investigations. Investigative findings will be forwarded to OHR and OLS to determine any applicable employee disciplinary action.

A. Staff will be subject to disciplinary sanctions up to and including termination and

Criminal prosecution for violating the agency's sexual abuse or sexual harassment policies. (See DJJ 3.80, Employee Progressive Discipline.)

B. Termination will 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) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

D. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be reported to the appropriate law enforcement agency and to any relevant licensing bodies unless the activity was clearly not criminal.

The PAQ indicated that two staff members received an adverse action that did not result in termination.

The PAQ requires 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.

According to an interview with the facility administrator, all staff members who are terminated or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated are reported to the local law enforcement unless the activities were not clearly criminal.

The auditor reviewed the investigative report and the Special Incident report and noted that staff received a reprimand and a level-one counseling due to a violation of operational standards.

Compliance was determined through a review of the agency policy and interviews with the PREA facility director.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determination,

Policy 14.3 Citizen and Volunteer Involvement Section H, pg. 9.

Policy 23.1 PREA Section XI E-F pg. 28.

Accountability statement.

Interview with Facility Director

115. 377 (a)

The PAQ requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies.

The facility provided policies 14.3 and 23.1, as well as an interview with the facility director.

Policy 14.3 Citizen and Volunteer Involvement Section H pg. 9 States that the Department or volunteer may terminate his or her service at any time.

A volunteer's services may be postponed, curtailed, or terminated if the volunteer has not provided services within 12 months, or if the volunteer's activity threatens the order and security of the program or the volunteer's safety.

The assigned Volunteer Coordinator will confiscate and deactivate the volunteer badge immediately upon termination of services.

Contractors or volunteers who are in contact with youth must report to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Policy 23.1 requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with youth and will be reported to the law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal.

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (see 14.3, Citizen and Volunteer Involvement, Section regarding Termination of Volunteer), the facility will take appropriate remedial measures. It shall consider whether to prohibit further contact with the youth.

115.377 (b)

The PAQ requires the facility shall take appropriate remedial measures and shall

	<p>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.</p> <p>The facility provided interviews with the facility director and an accountability statement.</p> <p>In interview with the facility director, he indicated that he has the authority to take remedial measures to prohibit contractor or volunteer from entering the centers. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents.</p> <p>Based on the PAQ and accountability statement, there have been no PREA-related adverse actions involving contractors or volunteers during the last 12 months.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Accountability statement.</p> <p>Policy 8.8 Use of Isolation.</p> <p>Policy 16.5 Attachment B Behavior Infractions Grid. Policy 16.5 Disciplinary Reports and Hearings.</p> <p>Policy 23.1 PREA Section G-I pg. 28. PAQ</p> <p>Interview with</p> <p>Facility Director</p> <p>Mental Health Staff</p> <p>115.378 (a) (b):</p> <p>The PAQ requires that 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.</p>

The PAQ requires that any disciplinary sanctions 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.

The facility provided policies 23.1 and 8.8 (Use of Isolation), the accountability statement, and mental health interviews.

Policy 23.1 states that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre-adjudicated youth will not be placed in a sexually harmful behavior treatment program.

The Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. The agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Policy 8.8 clearly states that the Department of Juvenile Justice does not isolate youth as a disciplinary sanction. When isolation of youth is required to maintain the facility's safety and security, it will be time-limited and only for as long as necessary to restore order. This policy will be consistent with all other DJJ policies regarding the use of isolation.

a. In the event a disciplinary sanction results in the isolation of the detainee, the Juvenile Detention Center shall not deny the detainee daily large muscle exercise or access to any legally required educational programming or special education services.

b. Detainees in isolation shall receive daily visits from a mental health care clinician.

c. Detainees shall also have access to other programs and work opportunities to the extent possible.

Based on the accountability statement and interviews with the facility director, there has been one allegation of sexual abuse or sexual harassment, and no finding of resident-on-resident consensual sexual activity. None of the allegations resulted in isolation.

115.378 (c):

The PAQ requires 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.

The facility provided Policy 16.5 and the rules, along with a disciplinary grid.

Policy 16.5 establishes that the hearing officer will consider extenuating circumstances when imposing sanctions, including age, mental condition, and prior conduct. If the youth is on the mental health caseload, his primary clinician will attend the hearing to serve as an advocate when possible. If it is determined that the youth cannot understand the proceedings or present a defense due to disability, the hearing officer will appoint a staff member to serve as an advocate.

115.378 (d):

The PAQ requires that 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 provide 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 of access to general programming or education.

According to the mental health staff, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, it considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

115.378 (e):

The PAQ requires that 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.

The facility provided 23.1, which indicates 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.

115.378 (f):

The PAQ requires 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.

Policy 23.1 states that for the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

115.378 (g):

	<p>The PAQ requires that 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.</p> <p>The facility provided 23.1, which indicates the center prohibits 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.</p> <p>Residents interviewed indicated they were advised that they would be disciplined for any sexual abuse, sexual harassment, or sexual misconduct. Most indicated that they are reminded of their duties to hold one another accountable for maintaining a safe environment for all residents.</p> <p>Based on this analysis, the facility is substantially compliant with this provision; no corrective action is required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence relied upon in making a compliance determination</p> <p>Nurse Health Assessment and Physical Examination.</p> <p>Policy 23.1 Attachment F Consent To Disclose Protected and Confidential PREA Related Information.</p> <p>Office of Victim Services Brochures Office Of Victim Services Card.</p> <p>Policy 8.5 Attachment I SIR Codes Guide-B6P Code Policy 11.1 Medical Intake Screening.</p> <p>Policy 12.10 Mental Health Screening. Policy 20.12 Community-Based Services.</p> <p>Policy 20.20 Screening and Placement of Youth. Policy 22.3 Internal Investigations</p> <p>Policy 23.1 PREA Section XII A-C pg. 28-29. Attachment M Coordinated Response Plan. Medical and Health Services.</p> <p>Consent to Disclose.</p> <p>Interview with Medical Staff</p> <p>Mental Health Staff</p>

115.381 (a)(b)(c)

The PAQ required 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.

The PAQ requires 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.

The PAQ requires any information related to sexual victimization or abusiveness that occurred in an institutional setting that 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.

The facility provided Policies 23.1, 12.10 (Mental Health Screening), 11.1 (Medical Screening), and the Victim Services Brochure.

Policy 23.1 Medical services staff and mental health practitioners will obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in a facility setting, unless the youth is under the age of 18. (See Attachment F, Consent to Disclose Protected & Confidential PREA Related Information.

If an intake 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 will ensure that the resident is offered a follow-up meeting/session with a mental health or medical practitioner within 14 days of the intake screening.

The information collected during the medical and mental health screening is strictly limited to informing security and to making management decisions regarding treatment plans, housing, work, education, and program assignments, or as otherwise required by DJJ 5.5, Health Records, and all other federal, state, and local laws.

Policy 11.1 requires the staff to complete the Medical Intake Screening, which will complete the "Intake Screening Results" section according to the following:

1. If there is a "yes" response in any of the CAUTION areas, the medical services staff on duty or on-call will be immediately notified by the certified screener. If PREA responses are "yes", intake staff will immediately follow protocol in accordance with DJJ 23.1, Prison Rape Elimination Act (PREA). The medical services staff on duty or on call will order medical isolation and/or provide additional medical instructions, as documented in a progress note, until the youth is re-evaluated. The youth will remain under constant observation until further instructions are received from

medical services staff. The medical services staff on duty or on call will ensure that an appropriate medical alert is set in JTS.

2. If no risk factors are indicated (i.e., no Cautions or Warnings), the youth will be placed in the general population.

3. All admitted youth will receive routine health assessments as indicated in DJJ 11.2, Nurse Health Appraisal and Physical Examination.

Policy 12.10 mandates that during the intake screening, the youth's responses will be recorded on the "Intake Screening" section of the Mental Health Screening. If the youth answers "yes" to any question, their verbatim responses will be recorded in the "Comment" section.

The "Intake Screening" section will be completed by interviewing the youth in a private setting using the "Intake Screening" questions as a reference. The youth's responses and staff observations will be recorded on paper or in the Mental Health Screening form, or entered directly into the Juvenile Tracking System (JTS) Mental Health Screening Module.

When the paper form is used, the mental health screening will be entered into the youth's JTS record within the same shift that the screening is administered. (The mental health screening may be entered directly into JTS without using a paper form.

The facility indicated on the PAQ that 100% of those who reported prior victimization received follow-up services. Youth are screened by medical within two hours of arrival during intake. An interview with the Medical Director and (2) mental health counselors found that referrals to mental health for youth with a history of sexual victimization are made within 72 hours, and the youth is seen within 14 days after the referral. The auditor reviewed mental health evaluations for the youth who disclosed prior sexual victimization during their intake screening; these evaluations clearly documented that the referrals were made in a timely manner and who was notified as a result of the information being disclosed. All residents who are assigned to the Macon RYDC are seen by a medical and mental health professional as part of the intake process. At the time of the audit, no resident had made an omission indicating they had been victimized at a facility or in the community. There were 25 youth who were seen by mental health staff who indicated they had been victims during the intake process in the last 12 months. A review of the JTS program did not identify any residents who were still at the center during the on-site audit.

The mental health staff indicated they interview every resident the day they arrive at the center. Before the interview, they review the JTS alerts to determine if they have been a victim of sexual abuse or exploitation.

115.381 (d):

The PAQ requires medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization

	<p>that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>If a youth discloses prior sexual victimization or abuse during a medical evaluation, mental health assessment, or at any time, the staff will report the abuse according to Policy 8.9, Child Abuse Reporting. For youth over 18, staff obtain informed consent before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others who need to know and are providing care and treatment. During intake, each youth signs the Consent to Disclose Protected & Confidential PREA-Related Information, which explains mandatory reporting laws and the limitations of confidentiality; the auditor reviewed 18 signed forms.</p> <p>The mental health staff interviewed indicated that they explain their duties to report and explain their options if they are over 18. They also provide youth with the opportunity to speak with victim services and to receive a victim services brochure.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making a compliance determination</p> <p>Policy 23.1 Attachment M Sexual Abuse Coordinated Team Response. Policy 23.1 PREA Section XII D Pg. 29.</p> <p>Policy 23.2 Attachment A Facility Coordinated Response to a Sexual Assault Incident. Policy 23.2 Sexual Assault.</p> <p>Policy 2.10 Payment of Youth Medical Expenses. Attachment M Coordinated Response Plan.</p> <p>Interview with Medical Staff Mental Health Staff</p> <p>Crescent House Executive Director (SANE)</p> <p>115.382 (a) (b)</p> <p>The PAQ requires that 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.</p> <p>The facility provided Policy 23.1 and 23.2, as well as interviews with medical and</p>

mental health staff.

Policy 23.1 indicates that the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). Victims of sexual abuse while confined in a secure facility will be offered tests for sexually transmitted infections as medically appropriate.

Female victims of sexual abuse, while confined in a secure facility, will be offered a pregnancy test. If pregnancy results from sexual abuse while confined, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the Medical Department. The facility will provide the required services or enter into an MOU with the nearest Rape Crisis Center to ensure youth receive the necessary services.

The facility will conduct a mental health evaluation of all known youth-on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Policy 23.2. includes Any youth reported or believed to have been sexually assaulted shall be immediately referred to the on-site health care staff for initial screening. Appropriate first aid or emergency care will be provided, and the youth will be transported to a hospital for further examination, treatment, and forensic evidence collection. When on-site medical services staff are unavailable, the youth will be transported to the hospital for initial screening.

When there is a report of a sexual assault from a youth to a staff member, or there is suspicion of sexual assault, the staff member will immediately refer the youth to the medical services staff. An initial evaluation and determination of the need for an outside medical referral for further testing and evaluation will be performed.

1. Any allegation, suspicion, or report of a sexual assault that includes penetration will be immediately referred for outside medical testing and evaluation.
2. The facility Director or Office of Investigations staff may independently decide that a youth must be referred for outside medical testing and evaluation.
3. Facility/program or medical services staff members are strictly prohibited from performing any forensic examinations or testing that may be used as evidence against the youth (e.g., Sexual Assault Nurse Examiners [SANE] examinations. DJJ 11.14.III.M). In addition, examinations of alleged perpetrators will be performed by an outside medical provider.
4. The medical services staff or the investigating PREA Investigator will contact the emergency room staff to request that the youth be evaluated for injuries related to the alleged sexual assault, using the sexual assault kit and standard chain-of-custody procedures.
5. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if

appropriate), and offer pregnancy prophylaxis.

6. Security staff will not be present in the room during the emergency room physician's evaluation unless security needs dictate otherwise.

7. Health information will be kept confidential. The youth will be asked to sign a release of information authorizing the hospital to release the evaluation records to the facility's medical services staff for placement in the youth's health record.

8. Medical services staff will provide appropriate follow-up care and treatment. At the follow-up appointment, the youth's physical and emotional status will be assessed. The provider will review records from the external medical facility to determine whether all medical aspects of the evaluation were completed.

The facility Director will ensure that victims of sexual abuse while confined shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

An interview with the agency's Medical Director confirmed that a resident who experiences sexual abuse will be taken to Atrium Navient Medical Center for treatment. Interviews with the facility Director, PREA Coordinator, and medical

Staff explained that an advocate from Crescent House, which is located at the medical center, will be present.

The auditor interviewed the executive director of the CAC - Crescent House, who confirmed that a youth confined at Macon RYDC would receive timely, unimpeded access to emergency medical treatment.

An interview with the Nurse Manager confirmed that youth would be offered timely information access to sexually transmitted infection prophylaxis at the local hospital. The facility will provide follow-up treatments according to the physician's orders. These services will be provided in a timely and consistent manner, in accordance with the professionally accepted standards of care.

No youth received emergency medical treatment for sexual abuse within the audit cycle.

In an interview with the Crescent House staff, she indicated that they had been trained to conduct SAFE. A victim advocate is always present with the child during the examination.

Before the SAFE, the victim advocate will meet with the child to explain the procedures and will remain with the resident during the examination and interview. The victim advocacy center has staff on duty or on call twenty-four hours a day.

115.382 (c):

The PAQ requires that resident victims of sexual abuse while incarcerated shall be

	<p>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.</p> <p>The facility provided Policy 23.2 and an interview with medical staff and Crescent House staff.</p> <p>The Crescent House staff indicated that the information about emergency contraception and sexually transmitted infections prophylaxis is part of the SANE process, and any child will have follow-up services as part of the SANE process. The same information will be provided to victims in the follow-up meeting, examination, and mental health follow-up.</p> <p>Policy 23.1 indicates victims of sexual abuse receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>Medical staff and random staff indicated that the center would transport victims of sexual abuse to the Crescent House.</p> <p>The center has posters regarding these victims and pregnancy services posted in the center.</p> <p>115.382 (d):</p> <p>The PAQ requires that treatment services 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.</p> <p>The facility provided 2.10 Payment of Youth Medical Expenses, which requires that treatment services be provided to the victim at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. This was also confirmed through staff interviews.</p> <p>Based on the analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Memo Child Advocacy Center</p>

Policy 23.1 PREA Section XII E-G pg. 29

Policy 23.2 Sexual Assault

Counseling referrals.

Mental Health Qualifications.

Consent to Disclose

Interview with

Crescent House Facility Director

Medical Staff

Mental Health Staff

115.383 (a)(b):

The PAQ requires 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.

The PAQ requires that 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.

The facility provided Policy 23.1 and 23.2, as well as interviews with medical staff, mental health staff, and staff from Crescent House.

Policy 23.1 indicates the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). Victims of sexual abuse while confined in a secure facility will be offered tests for sexually transmitted infections as medically appropriate.

Female victims of sexual abuse, while confined in a secure facility, will be offered a pregnancy test. If pregnancy results from sexual abuse while confined, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the Medical Department. The facility will either provide the required services or enter into an MOU with the nearest Rape Crisis Center to deliver them to the youth. At the time of the onsite audit, the female youth at Macon RYDC had been relocated to the Macon YDC.

The facility will conduct a mental health evaluation of all known youth-on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility director indicated in the interview that the facility would provide

treatment, as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone who provides information on prior victimization or past predator behavior to comply with the standard.

Residents receive a mental health and medical screening upon arrival at the center and can request these services at any time.

The mental health staff indicated they see each resident upon arrival at the center and at least once a month. They are usually seen each week. When the youth arrive at the center, I do a mental health evaluation and develop a treatment plan when appropriate.

The Crescent House interview indicated that anyone who undergoes a SAFE/SANE evaluation is scheduled for a follow-up meeting with the victim advocate.

The Crescent House provides ongoing mental health counseling services for residents assigned from their geographic location and makes referrals to the Georgia Coalition against sexual Violence.

The facility provided the Facility 23.1, which includes a provision that the evaluation and treatment of such victims shall consist of, 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.

During intake, youth will receive written information on how to access medical, mental health, and dental health services.

Health education on preventive medicine and strategies to support the development of personal health care regimens will be provided to youth. Such education shall include, but not be limited to, counseling during medical screening, history & physical examinations, and orientation on personal hygiene and disease control, and may include the benefits of regular exercise and proper nutrition. In addition, when appropriate, health care personnel will assist youth /parents in identifying community health care referrals, including chronic and convalescent care, preventive maintenance, and emergency care.

Interviews with the director and residents confirmed on-going medical and mental health care will be provided as appropriate and will include, but not be limited to, additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.

115.383 (c):

The PAQ requires that the facility shall provide such victims with medical and mental health services consistent with the community level of care. In the interview, the medical and mental health staff indicated that the services provided to the youth meet or exceed community standards.

115.383 (d-e):

The PAQ requires that Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described 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.

The center policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.

In an interview with the Crescent House, victims will be offered a pregnancy test and provided information on access to lawful pregnancy-related medical services during the SANE process.

115.383 (f)

The PAQ requires that resident victims of sexual abuse while incarcerated be offered tests for sexually transmitted infections as medically appropriate.

Policy states that "Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards. As part of the intake process, residents complete a medical screening that includes questions about whether the resident is sexually active.

According to an interview with the nurse, all residents are advised of sexually transmitted infections and are tested when they arrive at the center.

115.383 (g)

The PAQ requires that 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 facility provided 2.10 Payment of Youth Medical Expenses, which requires that treatment services be provided to the victim at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. This was also confirmed through staff interviews

115.383 (h)

The PAQ requires 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.

Services will include, but not be limited to, individual, group, and family counseling. Additionally, an evaluation or reassessment will be conducted using the Screening Assessment.

	<p>The mental health staff interviewed indicated that all residents receive a mental health screening when they arrive at the center, and all residents are rescreened within 60 days of arrival at the center. Any resident who is known to have abused another resident would be seen when they first arrived at the center, and as soon as the mental health staff knows it.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Policy 23.1 Attachment J Sexual Abuse Incident Review Team Meeting Minutes</p> <p>Policy 8.5 Special Incident Reporting</p> <p>Attachment M Sexual Abuse Coordinated Team Response with signatures</p> <p>Policy 23.1 PREA Section XIII A pg. 30</p> <p>Interviews with</p> <p>Incident Review Team</p> <p>PREA Compliance Manager</p> <p>Facility Director</p> <p>115.386 (a):</p> <p>The PAQ requires 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.</p> <p>The PAQ indicated there have been two incident review team meetings in the last 12 months.</p> <p>The facility provided PREA Policy 23.1 and completed the incident review team minutes.</p> <p>Policy mandates that Macon RYDC conduct a sexual abuse incident review at the</p>

conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

1. Sexual abuse incident review will ordinarily be conducted within 30 days of concluding the criminal or administrative investigation.

2. The sexual abuse incident review team will include upper-level management officials and allow for input from line supervisors, investigators, and medical or mental health practitioners.

3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement, and submit such report to the Executive Director and PREA compliance manager.

4. Macon RYDC will implement the recommendations for improvement or document the reasons for not doing so.

During the interview with the facility director, he acknowledged her role in convening the Incident Review Team and providing the investigative files at the meeting.

115.386 (b):

The PAQ requires that Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There have been nine allegations of sexual abuse that required an IRT meeting.

115.386 (c):

The PAQ requires the review team to include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Sexual Abuse Incident Report lists the staff who will participate in the meeting. The list includes the facility director, assistant director, medical staff, mental health staff, Captain, and supervisory staff.

115.386 (d):

The PAQ requires 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.

The facility provided interviews with the Incident Review Team Member, the Facility PREA compliance manager, the superintendent, and the agency head.

Each was asked if they would review the following based on the PREA policy.

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

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.

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

Assess the adequacy of staffing levels in that area during different shifts.

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings utilizing a critical incident review form. Implement the recommendations for improvement.

Document implementation of recommendations or its reasons for not doing so.

A member of the incident review team, the facility director, and the PREA compliance manager confirmed that all areas identified above are reviewed in completing an incident review in interviews.

115.386 (e):

The PAQ requires the facility shall implement recommendations for improvement or shall document its reasons for not doing so.

Policy 23.1 outlines the standard's requirements for the areas to be assessed by the incident review team.

The interview with the facility director and a review of documentation confirmed that the incident review team meeting is documented, including recommendations.

The interview with the Incident Review Team Member confirmed that the facility prepared a report of its findings and recommendations for improvement following a sexual abuse incident review.

	<p>The PREA compliance manager and facility director told me that any recommendations for the center are completed as soon as possible.</p> <p>A review of the investigative files included an incident review team meeting minutes for allegations of sexual harassment and sexual abuse. This exceeds the standard's expectations.</p> <p>Based on this analysis, the facility exceeds expectations with this provision and corrective action is not required</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Georgia Department of Juvenile Justice 2023 PREA Annual Report</p> <p>Policy 8.5 Special Incident Reporting.</p> <p>Policy 23.1 Attachment K Requirements of A PREA Case</p> <p>Policy 23.1 PREA Section XIII B 1. pg. 30.</p> <p>SSVIJ_2023</p> <p>115.387(a)(b)</p> <p>The PAQ requires 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.</p> <p>The Georgia Department of Juvenile Justice is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control, using a standardized instrument and set of definitions. Macon RYDC will provide the Georgia Department of Juvenile Justice with information and data upon request to accomplish that task.</p> <p>The auditor reviewed the annual reports for 2023 and 2022.</p> <p>In interviews with the PREA compliance manager, the Georgia Department of Juvenile Justice states that it uses a standardized instrument to collect information and sends it to the PREA coordinator's office at least once a year.</p> <p>The Georgia Department of Juvenile Justice uses the DOJ Form SSV-5 and the Survey of Sexual Victimization Report as its standardized instruments. All data from the previous calendar year is provided to the Department of Justice upon request.</p>

115.387 (c):

The PAQ requires that incident-based data collected include, at a minimum, the information necessary to answer all questions in the most recent version of the Department of Justice's Survey of Sexual Violence.

DJJ utilizes the DOJ Form SSV-5 and Survey of Sexual Victimization Report as its standardized instrument. All data from the previous calendar year is provided to the Department of Justice as requested each year

115.387 (d):

The PAQ requires the agency to maintain, review, and, as needed, collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of PREA-related data and documents. The facility collects and maintains data in accordance with Georgia DJJ.

115.387 (e) (F):

The PAQ requires the agency to also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The PAQ requires that, upon request, the agency provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Policy 23.1 requires the agency to collect accurate, uniform data on every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), in accordance with DJJ 8.5, Special Incident Reporting; DJJ 23.1; PREA; and Attachment K. The SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency will maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, as needed.

An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. She further confirmed that the SSV is completed and submitted to the DOJ as requested.

The most recent Annual Report is for the 2022 reporting year and is consistent with all requirements of this standard. The annual comparison report began in FY2013 and has been produced consistently since.

115.387 (f):

Policy mandates that upon request, the center shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made in the prior calendar year.

	<p>The facility's PREA compliance manager indicated that she is required to submit an annual report to the Georgia DJJ.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>2023 PREA Annual Report</p> <p>Policy 8.5 Special Incident Reporting.</p> <p>DJJ Website PREA Reports.</p> <p>Interview with</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Agency Head</p> <p>Facility Director</p> <p>115.388 (a)(b):</p> <p>The PAQ requires 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.</p> <p>The DJJ PREA coordinator provides a statistical review for the past four years and a summary of the analysis of the comparison. In reviewing the documentation, the GDJJ indicated that the analysis of aggregated data collected illustrates the agency's commitment to sexual safety in our facilities and to a zero-tolerance culture. The following pages of the report will reflect a detailed view of the PREA Allegation for the year 2023.</p> <p>The agency head indicated that the agency compares reports to review policies and enhance training.</p>

	<p>The interviewed PREA Coordinator reported that the agency reviewed data collected and aggregated, and pursued 115.387, to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. It is reviewed annually. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings.</p> <p>The agency leadership reviews and approves the after-action plan, then signs off on the final report.</p> <p>In the reports, no specific identifying information is made available to the public about who was involved in any particular matter. This information is not included in the report for HIPAA and other privacy considerations.</p> <p>115.388 (c):</p> <p>The PAQ requires that 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.</p> <p>The annual report is reviewed by the PREA coordinator, her supervisor, and agency leadership staff, and is signed by the Agency Head. It is then uploaded to the Georgia Department of Juvenile Justice portal at https://djj.georgia.gov/prea-reports</p> <p>The agency commissioner approved a review of the 2023 annual report</p> <p>115.388 (d):</p> <p>The PAQ states that the agency may redact specific material from reports when publication would pose a clear and specific threat to a facility's safety and security, but the agency must indicate the nature of the redacted material.</p> <p>Policy 23.1 - Data Collection states that all information posted on the website will not include personal information.</p> <p>The interviewed PREA Coordinator reported that redacting specific material from the report would be permissible only if publication would present a clear and specific threat to the facility's safety and security. We would indicate the nature of the redaction.</p> <p>Compliance was determined by reviewing data collected over the preceding three years and the Georgia Department of Juvenile Justice Website.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determination

Policy 5.1 Records Management.

Interview

PREA Coordinator

PREA Compliance Manager

115.389 (a)(b) (c) (d):

The PAQ requires the agency shall ensure that data collected pursuant to § 115.387 are securely retained.

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.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The PAQ requires the agency to maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The facility provided the Policy 5.1 Records Management, which states that the Georgia Department of Juvenile Justice is responsible for ensuring that incident-based and aggregated data are securely retained for a minimum of 10 years.

Data will be made readily available to the public at least annually through the Georgia Department of Juvenile Justice Website (<https://djj.georgia.gov/prea-report-s>).

During the center tour, the auditor spoke with the medical staff about medical file storage. The staff indicated that hard copies of medical files are maintained in a locked cabinet in the medical file office and are available only to medical and mental health staff.

The investigative files are maintained on the JTS-protected portal and are password-protected. The director has the incident reports locked in a cabinet in his office and is available only to the assistant director.

Compliance was assessed by reviewing the website and interviewing the PREA coordinator.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1437 416">Evidence relied upon in making the compliance determination https://djj.georgia.gov/prea-reports</p> <p data-bbox="280 456 480 488">Interview with</p> <p data-bbox="280 528 504 560">Facility Director</p> <p data-bbox="280 600 469 631">Agency Head</p> <p data-bbox="280 672 533 703">PREA Coordinator</p> <p data-bbox="280 743 663 775">PREA Compliance Manager</p> <p data-bbox="280 815 1465 972">The PAQ requires during the three-year period starting on August 20, 2013. During every three years 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.</p> <p data-bbox="280 1012 1465 1088">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.</p> <p data-bbox="280 1128 1465 1205">The facility provided 23.1, which requires all DJJ facilities to be audited every three years for compliance with the Prison Rape Elimination Act.</p> <p data-bbox="280 1245 1465 1357">Macon RYDC was audited in 2014, 2017, 2020, and 2023 by certified PREA auditors for juvenile facilities. This is the fifth audit and is being audited by an auditor certified in adult and juvenile facilities.</p> <p data-bbox="280 1397 1477 1554">The PREA Coordinator stated the agency ensured that each facility operated by the agency or by a private organization on behalf of the agency was audited at least once, which was corroborated by the auditor's review of the agency's public website which contained final reports for all facilities, including contract facilities.</p> <p data-bbox="280 1594 456 1626">115.401 (h):</p> <p data-bbox="280 1666 1477 1742">The PAQ requires the auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p data-bbox="280 1783 1465 1984">During the audit, I was allowed access to all areas of the center. I was permitted to visit places throughout the facility during the official tour and to conduct additional visits while interviewing and observing camera locations. There were no limitations on interviewing staff or residents, and no obstacles in conducting tours during waking and sleeping hours.</p> <p data-bbox="280 2024 456 2056">115.401 (i):</p>

	<p>The PAQ requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms for use in the audit process. Each document was provided on a timely basis.</p> <p>115.401 (m):</p> <p>The PAQ requires that the auditor be permitted to conduct private interviews with residents.</p> <p>I interviewed random on-duty staff for the first 24 hours of the audit and a random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n):</p> <p>The PAQ requires residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Postings were displayed throughout the facility with the name and address of the PREA auditor. The auditor received no correspondence from residents. The information was posted on October 9, 2025</p> <p>The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to the auditor.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Georgia Department of Juvenile Justice website</p> <p>This is the fifth audit for this facility. It will be posted on the Georgia Department of Juvenile Justice website.</p> <p>The first audit was conducted in 2014, the second in 2027, and the third in 2020. The fourth audit was conducted in 2023. This is the center's fifth audit. All of the previous audits were found at https://djj.georgia.gov/prea-reports</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321	Evidence protocol and forensic medical examinations	

(b)		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321	Evidence protocol and forensic medical examinations	

(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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who	yes

	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?	
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	yes

	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).)	
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	Resident reporting	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	na

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352	Exhaustion of administrative remedies	

(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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	na

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378	Interventions and disciplinary sanctions for residents	

(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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

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

	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.)	
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or	yes

	<p>has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	
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